



WALES **AUDIT** OFFICE

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Customer-focused review of the IT services formerly provided by Health Solutions Wales (now provided by NWIS)

Velindre NHS Trust

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Contents

Feedback from stakeholders indicated that IT services were generally adequate and NWIS has strengthened its service support arrangements. However, there is still scope for NWIS to make improvements.

Summary report

Summary	4
Recommendations	5

Detailed report

Planning for IT services has been effective although individual application strategies and service improvement plans should be developed	7
Feedback from users indicates that systems we reviewed are generally fit for purpose, with well established support arrangements, although there is a need to strengthen capacity, continuity and availability arrangements	11
The NWIS has established foundations for the effective performance management of services, although the reporting and monitoring need to be strengthened	17

Appendices

Summary of the IT Infrastructure Library (ITIL) IT Service Management approach	21
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Summary report

Summary

1. Effective informatics services are an essential part of patient care, as good quality information and information systems play an important part in delivering patient-focused services. Organisations responsible for delivering national Information Management and Technology (IM&T) services in Wales have recently been brought together within one organisation. The aim of this is to provide a robust and sustainable health informatics service for the NHS in Wales that meets the challenges of the future and the NHS Wales strategic direction.
2. From 1 April 2010, Informing Healthcare, IM&T parts of the Business Services Centre (BSC), Health Solutions Wales (HSW), Primary Care Information Programme and Corporate Health Information Programme were formally brought together to form the NHS Wales Informatics Service (NWIS). The NWIS is hosted by Velindre NHS Trust.
3. These new arrangements will allow ICT resources to work together more closely to support a consistent approach to health informatics and the implementation of common national systems. An organisational change project has been ongoing during 2011 and has recently been concluded within NWIS to review the current arrangements.
4. In this review we are focusing on HSW as it was were a directly managed division of Velindre NHS Trust. The HSW, now within NWIS, provided key national IT, information and systems services to the NHS in Wales. Our audit work looked at the national delivery impact of the RadIS2, Child Health, Welsh Demographic Service (WDS), Hospital Pharmacy and national IT infrastructure services that were provided by HSW. The NWIS provides support and development for other national IT systems but these were not in the scope of our review. Many people may not be fully familiar with the extent and breadth of the services that were provided by HSW to the NHS in Wales. These included services across three main external facing service areas:
 - software – develops, supports and maintains application systems such as the Radiology (RadIS2), Hospital Pharmacy and Child Health (CCH2000) systems;
 - information – provides data collection and analysis of NHS data via the ‘switching service’ and the development and support of the WDS; and
 - infrastructure – provision of e-mail, network communications, security and server services across Wales.
5. The Auditor General has decided that it is timely to undertake a review into the services delivered by HSW, now NWIS, to establish whether these are effective and to examine whether they are supporting the delivery of value for money and patient-focused IT services.

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6. We have developed this audit to engage with and work closely with external stakeholders. Auditors worked closely with staff who received HSW services in different NHS settings. We gathered the views of clinicians, managers, IM&T and support staff on their experience and views of these services by facilitated focus groups. Findings were supplemented with interviews with health board and trust IM&T staff, NWIS staff and through document reviews.
 7. This audit answered the question: 'Does HSW (now within NWIS) provide effective services to stakeholders in Wales?' This question was answered by reviewing:
 - planning arrangements that inform and support the services delivered;
 - the effectiveness of the arrangements in place to deliver services; and
 - the performance management arrangements for services.
 8. Our overall conclusion is that feedback from stakeholders indicated that IT services were generally adequate and NWIS has strengthened its service support arrangements. However, there is still scope for NWIS to make improvements.
 9. In summary, the reasons for this conclusion are set out below:
 - planning for IT services has been effective although individual application strategies and service improvement plans should be developed;
 - feedback from users indicates that systems we reviewed are generally fit for purpose, with well established support arrangements, although there is a need to strengthen capacity, continuity and availability arrangements; and
 - the NWIS has established foundations for the effective performance management of services, although the reporting and monitoring needs to be strengthened.
 10. These findings are considered in more detail in the following sections of this report. The recommendations arising from our work are set out below.

Recommendations

11. This review has identified a number of recommendations which should help NWIS improve its current approach to planning, delivering and performance monitoring effective IT services.

Strategic and service level planning for IT services

R1 Ensure application strategies are in place for all key systems. Develop, document and *approve application strategies for:*

- WDS
- Hospital Pharmacy
- Child Health

Complete and approve the draft application strategy for RadIS2.

R2 Develop an application Service Improvement Programme (SIP) covering both software and hardware developments which can be used by Service Management Boards (SMBs) to monitor and oversee progress. This should cover:

- WDS
- RadIS2
- Hospital Pharmacy
- Child Health

Feedback from key stakeholders we have identified can be used to inform the development process for the SIP.

R3 Reduce the number of instances or iterations of the Child Health and Hospital Pharmacy systems to single core versions. This will simplify the support and maintenance arrangements making them more effective and efficient.

R4 Strengthen Service Level Agreements (SLAs) between NWIS and NHS organisations:

- develop a Service Schedule for the WDS system; and
- within all existing Service Schedules, identify local health board and trust key contacts for each system.

Service support and delivery arrangements

R4 Complete, approve and implement the draft release management policy.

R6 Strengthen the service delivery service management arrangements by:

- Developing availability management policies, including an availability plan.
- Establishing for each national IT service IT Service Continuity Management policies, including IT Disaster Recovery and Business Continuity plans. These plans should be tested annually to ensure they work as intended.
- Developing capacity management policies, including a capacity plan.

Performance management and monitoring

R7 Establish a Service Management Board for both the Hospital Pharmacy and Child Health systems.

R8 Strengthen performance management arrangements of the IT services we reviewed at the SMBs by improving the SLA monitoring indicators to allow for more effective performance management by SMBs.

R9 Request Public Health Wales for independent member representation at the NWIS and independent member IM&T group.

Detailed report

Planning for IT services has been effective although individual application strategies and service improvement plans should be developed

Strategic planning for effective IT services has been addressed through the National Applications Strategy although individual application strategies and service improvement plans are not yet in place

12. The 2010 NWIS National Applications Strategy outlines all the key information services and architecture required to support health and social care in Wales. These include those systems that already exist, for example, radiology, and those systems, for example, Laboratory Information Management System (LIMS) that are being currently implemented. Together, all these applications and architecture form the information systems or 'building blocks' that will enable the delivery of the single health record. This is the single electronic health record for each patient in Wales taken from a number of existing and new information systems helping to keep the patient's records updated.
13. Within the National Applications Strategy the WDS, Child Health, Hospital Pharmacy and RadIS2 systems are all included and identified as existing key application architecture components. The applications strategy outlines at a high level the purpose of these systems and their use across Wales.
14. We would expect the National Application Strategy to be supported by individual application strategies. These should identify the strategic development framework for the application direction and service improvements plans for these systems, both in terms of system functionality and hardware infrastructure developments.
15. Whilst the National Application Strategy acknowledges the strategic importance of the WDS, Hospital Pharmacy, Child Health and RadIS2 systems, it does not identify in detail the strategic development plans or improvement programmes for these systems. However, the National Applications Strategy does state that these systems will be developed as appropriate to enable full integration with the national architecture.
16. To support the overarching National Application Strategy, strategies for all the WDS, Hospital Pharmacy, Child Health and RadIS2 systems have not yet been fully developed, documented and agreed. Furthermore, these strategies should be supported by a Service Improvement Programme (SIP) to identify those areas where the service can be improved. We have reached this conclusion for the reasons shown in Exhibit 1. Exhibit 1 summarises whether application strategies and service improvement plans are established for the individual application systems reviewed.

Exhibit 1 – Summary of the application strategies and service improvement plans established across the IT systems service reviewed

Service level management group	Child Health System (✓ = yes, ✗ = no)	Welsh Demographic System	Hospital Pharmacy system	Radiology (Radis2)
Application strategy	✗	✗	✗	✗
Service Improvement Plan	✗	✗	✗	✗

Source: Wales Audit Office fieldwork

17. The Hospital Pharmacy system has a master version of the software but there are differences in the versions of the system used by different LHBs which presents a number of challenges for support and maintenance purposes. We understand there are plans in 2012-13 to update the hardware used and it is intended that a single master version of the software used by the whole of Wales will be implemented.
18. The WDS service management board agreed in late 2011 a phase 2 project brief and this is due to be approved by the NWIS executive board in early 2012 and will confirm the resources for this project. The aim of the phase 2 of WDS is to address and focus on some specific system threats and issues over the next two years, for example, to safeguard the continued service after 2013 for NHS numbers for babies by developing a new solution within the WDS. Whilst the project brief addresses some strategic and tactical aspects of the WDS development it does not form a strategy or SIP for the systems future direction.
19. The RadIS2 system application strategy and this is currently in draft. Although a business case for the RadIS2 system was agreed for the system implementation an SIP has not been documented. Most of NHS Wales uses the RadIS2 system with almost all local health boards and trusts using the system. This accounts for 11 out of 13 of the Radiology departments in NHS Wales. Cardiff and Vale ULHB still uses the RadIS1 system and ABMU (west) uses the ISOFT RadCentre system, and both plan to be upgraded to RadIS2 later in 2012. This situation presents a number of challenges for support and maintenance purposes.
20. Each NHS organisation using the Child Health system has a separate iteration or instance of the system, which presents a number of challenges for support and maintenance purposes. The NWIS executive board agreed in late 2011 to update the systems functionality via a core system rewrite. The NWIS plans to implement the redesigned system from April 2013. Whilst the project brief addresses some strategic and tactical aspects of the child health development it does not fully form a strategy or SIP for the system's future direction.

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21. The NWIS has developed a National Infrastructure Strategy to enable service users to access appropriate information services from where they are required in a common standard national approach. To deliver this objective, the strategy outlines the core principles for the infrastructure for NHS Wales. Whilst the infrastructure strategy does not cover the detailed individual hardware that each national application uses, this should be included in the individual application strategies as they are developed.

The NWIS has strengthened the planning process to inform and support national IT systems through improved service level agreements

22. The NWIS has made a commitment to adopt the IT Infrastructure Library (ITIL) approach to IT service management to deliver IT services. The ITIL is widely regarded by the IT industry as a best practice service management framework and the ITIL approach is summarised in Appendix 1. The ITIL uses an integrated approach of processes to support and deliver high quality IT services aligned to NHS organisations' business processes.
23. Service level management requires service targets are documented and agreed in SLAs. It should monitor and review the actual service levels against their targets. Service level management should also aim to improve all service levels within the imposed resource constraints.
24. The NWIS has strengthened during 2010-11 the planning process for the services we reviewed which were formerly provided by HSW. This has been largely achieved by improving the depth and quality of the information within the SLAs that were in place with NHS organisations. These planning agreements set out the service targets agreed in SLAs.
25. The key features that, as a minimum, we would expect an SLA based on good service management practice should include are detailed in application service schedules. These include:
- a description of the service and deliverables provided;
 - agreed service hours;
 - user response times, incident response times and resolution times including response times to change;
 - service availability, security and continuity targets;
 - customer and provider responsibilities; and
 - critical business periods and exceptions including escalation processes.
26. We reviewed the 2010-11 and 2011-12 SLAs in place with LHBs and Trusts to compare these to the good practice suggested by the ITIL service management guidance. Exhibit 2 below summarises the key features of good practice for SLAs in the system service schedules across the IT systems reviewed.

Exhibit 2 – Summary of the key features of good SLA practice across the IT systems service schedules reviewed

SLA good practice (✓ = yes, ✗ = no)	Child Health System	Welsh Demographic System	Hospital Pharmacy system	Radiology (Radis2)
Service and deliverables	✓	✗	✓	✓
Service hours	8 am to 5 pm	✗	8 am to 6 pm	9 am to 5 pm
Response times	✓	✗	✓	✓
Service availability	98%	✗	98%	98%
Responsibilities	Yes, but local leads not identified	✗	Yes, but local leads not identified	Yes, but local leads not identified
Escalation processes	Contacts but no process	✗	Contacts but no process	Contacts but no process

Source: Wales Audit Office fieldwork - system service schedules

27. The WDS system did not have a service schedule located within the SLAs with NHS organisations so the comparison to good practice above could not be made. A WDS service schedule should be developed and included within the SLAs with LHBs and Trusts. The service schedules for each system should also have the contacts at LHBs and Trusts added to each service schedule.

Feedback from users indicates that the systems we reviewed are generally fit for purpose, with well established support arrangements, although there is a need to strengthen capacity, continuity and availability arrangements

Stakeholders of the systems we reviewed generally thought the systems were adequate and fit-for-purpose, although we identified some areas for improvement

28. Key stakeholders and 'customers' of the application systems reviewed gave feedback in facilitated focus group sessions to the Wales Audit Office on whether effective services are being provided. Overall, stakeholders thought the systems we studied were 'generally adequate' and 'fit for purpose' although potential areas for improvement were identified.
29. We reached this conclusion as stakeholders found that the application support and development teams that were formerly under the HSW management and now transferred to NWIS were:
 - overall responsive to users' needs and requirements with a good understanding of local NHS organisation issues;
 - providing application systems which were adequate and generally 'fit-for-purpose';
 - comprised of staff who had a good operational and delivery focus which was valued by users; and
 - providing well supported systems which were managed by experienced staff with specialised knowledge of these applications.
30. However, stakeholders had concerns that with the move to NWIS and within any future re-organisations the delivery focus, responsiveness and specialised nature of support could be weakened by a move to more 'generalised' application development teams. There was also a general concern that resources could be moved to support the delivery and implementation of the projects within the IHC national programme, for example, the LIMS implementation.
31. We would recommend that NWIS review the development areas identified within this report by key stakeholders to inform the service improvement programmes. Potential areas for developments across all the application systems we studied in this review were identified by stakeholders. At a summary level these included:
 - Improving communication to key stakeholders and system users to help ensure both local and application system requirements are included in planning and prioritising developments to national applications. Stakeholders identified that application development teams can strengthen communication and the

integration between different application systems to provide more 'joined-up' developments.

- Strengthening the collaboration and engagement with stakeholders and system users to identify where system functionality and information recorded and output can be improved. This would help ensure that the information provided to manage and inform the planning for clinical services fully meets the users' needs and requirements.
- Improving the resources within the support and development teams to help proactive development and service improvement planning, for example, the Hospital Pharmacy system. This would also help to focus on system development and not just essential support while allowing for succession and continuity planning.
- Strengthening the national IT Disaster Recovery and IT business continuity plans to maintain national services that are needed 24 hours a day, seven days a week. Further resilience and redundancy should be built into systems and networks to minimise system downtime.
- Strengthening the support for critical clinical systems 24 hours a day, seven days a week, for example, Radiology. The current support arrangements is generally service desk hours (Monday to Friday, 8 am to 6 pm) and out-of-hours support is not yet fully formalised.

32. Improvement areas for the individual application systems reviewed are shown in more detail in Exhibit 3.

Exhibit 3: Key issues identified from stakeholder facilitated events

System	Stakeholder comments – Potential improvement areas
Hospital Pharmacy	<p>Stakeholders identified that:</p> <ul style="list-style-type: none"> • Support 24 hours a day, seven days a week is required for the pharmacy system national service. At present this is 'business' hours only. • They have concerns over the resources of the development team and succession planning for system development. • Different version of the core system are in use by NHS organisations making support and development difficult. • The quality of the management information from the system can be improved for the new integrated health organisations. The system is largely a stock control system and the usefulness of the prescribing data analysis outputs can be improved. • There were other integrated electronic pharmacy systems available outside of Wales that provided better functionality.

System	Stakeholder comments – Potential improvement areas
Welsh Demographic	<p>Stakeholders identified that:</p> <ul style="list-style-type: none"> • There was scope to improve the communication from NWIS for the demographics services used in Wales and their functions and integration, for example, WDS and Master Patient Index (MPI). • Scope to improve the demographics services being used, for example, links with Child Health, WDS and MPI. Scope to improve the system is being addressed though the phase 2 development. • They had concerns over the continuity of access to English NHS systems after 2013 and beyond.
RadIS2	<p>Stakeholders identified that:</p> <ul style="list-style-type: none"> • support for the RadIS and RadIS2 systems and service suffered while the new RadIS2 system was being rolled out across NHS organisations; • the RadIS2 implementation team missed agreed project deadlines for the implementation of the system at NHS organisations; • all LHBs are still not on the RadIS2 system; and • system support is the hours of the national service desk while the system is used 24 hours a day, seven days a week by the service. Support 24 hours a day, seven days a week is required for the Radiology Information system national service.
Child Health	<p>Stakeholders identified that:</p> <ul style="list-style-type: none"> • there should be an electronic transfer of records and notifications from GP practices to the child health system to ensure information is updated more frequently than at present; • further development of the system is required to modernise the core system functionality; • each NHS organisation has a different iteration of the system, a single system would be of benefit for information sharing and create efficiencies in support to release time for development; • there was scope to improve system interfaces and linkages to other systems, for example, WDS, to share information; • access to the system could be improved for all LHB staff that need to view data, for example, immunisation data, within the system; and • further resources are provided to further develop the system and provide succession planning for the development team.

System	Stakeholder comments – Potential improvement areas
NHS network infrastructure	<p>Stakeholders identified that:</p> <ul style="list-style-type: none"> • Increased bandwidth is required for network lines for some national services, for example, PACS data communications. • VPN for remote access, for example, from home, is regarded as slow and reliability can be improved. This especially impacts clinicians on call, for example, with the Radiology system. • Internet-based applications tend to be slow at certain times of the day affecting clinical and non-clinical systems. • Video and teleconferencing facilities can be improved in both number and quality, for example, on desktop computers and in addressing connectivity and resilience issues with other NHS organisations and non-NHS organisations.

Systems service support arrangements are well established

33. IT service management processes are considered in two core areas, service support and service delivery. Service support concentrates on the day-to-day operation and support of IT services while service delivery looks at the long-term planning and improvement of IT service provision.
34. The NWIS has taken a planned approach to implement service management and has sought to address the service support area as a priority. This has been addressed via a national service desk function which also provides an interface to other service support processes for incident, problem, change, release and configuration management. NWIS has established the main service support processes for incident, problem and change management and they are well established. Arrangements for release and configuration management do exist and are used and policies for both release and configuration management exist. Although, the release management policy is currently in draft and it is planned for this to be finalised in early 2012.
35. The NWIS has set up a national service desk and it has been established to co-ordinate incidents and requests from service users and local service desks. The service desk provides and allows a single point of contact at this first line of support. It also provides an interface for the activities of problem, change, release and configuration management. It acts as a central point of contact between the service users and IT service management and its aim is to close as many calls at the first point of contact.
36. The service desk is available for users to call in 'business hours', Monday – Friday, 9 am to 6 pm. Service point software is used by the national service desk to record calls from users and deal with simple requests and issues. An initial assessment of all incidents is made and the incident is passed to second line support if it cannot be resolved. Service desk staff can also monitor and escalate incidents according to agreed service levels. The service desk can also keep users informed on the status and progress of calls and service point is used to produce management reports to allow performance monitoring.

37. The NWIS has also established NHS Wales IT Service Management policies and procedures to underpin the service desk. We reviewed the arrangements in place to allow for the management of incidents, problems, changes, release and configuration. Exhibit 4 summarises these procedures reviewed, their function and their status.

Exhibit 4 – Summary of the service support policies and procedures established

Policy and function	Approved (✓ = yes, ✗ = no)	Date approved / drafted
Incident Management policy: <ul style="list-style-type: none"> Its aim is to restore normal service operation as quickly as possible with minimum disruption to users to help ensure that agreed levels of availability and service are maintained. 	✓	July 2010
Problem Management procedures: <ul style="list-style-type: none"> Their aim is to minimise the adverse effect on the service of incidents and problems caused by errors in the application software or infrastructure and to proactively prevent the occurrence incidents, problems or errors. 	✓	July 2010
Change Management procedures: <ul style="list-style-type: none"> Their aim is to ensure that standardised methods and procedures are used for efficient and prompt handling of all changes to IT infrastructure and software in order to minimise the impact of any related incidents upon the service. 	✓	June 2011
Release Management policy: <ul style="list-style-type: none"> Their aim is to ensure a 'holistic' view of a change is considered to a service to ensure all aspects of a release or change, both technical and non technical are considered together. This is used to ensure all hardware, software and infrastructure in releases are planned and deployed successfully. 	✗	Drafted August 2010
Configuration Management policy: <ul style="list-style-type: none"> Their aim is to provide a logical model of the IT infrastructure and software by identifying, controlling and maintaining the versions of all configuration items used in a service. 	✓	May 2011

Source: Wales Audit Office fieldwork

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38. The NWIS plans to approve and implement the release management policy and plans and training to strengthen configuration management understanding for all service support staff in 2012.

Service delivery arrangements can be strengthened particularly in service level, capacity, service continuity and availability management

39. The NWIS has focused on establishing the service support areas of IT service management. Service delivery arrangements are less well developed and the current vacancies within the NWIS service management team have delayed progress in developing service delivery arrangements. The NWIS acknowledges this and plans to fill these vacant posts to further develop these service level, capacity, service continuity and availability management areas for service delivery during 2012.
40. Service Level Management (SLM) is the ITIL process that manages and improves the agreed level of performance between the service provider, NWIS, and the organisations that receive the service, the LHBs and Trusts. Whilst the NWIS has developed SLAs and service management boards have been established for some national IT services the performance management arrangements can be strengthened. The NWIS plans to improve the current performance indicators measured and reported from the service desk to support effective performance monitoring by service management boards.
41. Up-to-date IT Disaster Recovery and Business Continuity plans are not in place for the Child Health, WDS, Hospital Pharmacy and national IT infrastructure services. The NWIS should update and test the individual application IT disaster recovery and business continuity plans. IT service continuity management is the process for ensuring that the required technical and service system facilities can be recovered within the required and agreed business timescales to reduce impact of disaster or major failure. The NWIS should complete a risk analysis and assessment for each application to develop IT Disaster Recovery plans. The NWIS also plans to review its own corporate business continuity arrangements.
42. Capacity management is the process of understanding future user requirements and how that will change from what is currently provided. It ensures that processing and storage capacity provided match the evolving demands of the service users in a cost effective and timely manner. The NWIS should develop and document formal capacity management policies for forecasting future requirements and capacity plans to achieve agreed service levels.
43. The NWIS should develop and document formal availability management policies. Availability management is the process of ensuring the systems are available when the users need them. To achieve a sustainable level of availability that enables the service to achieve its objectives. Although all new services are built with resilience and high availability, each national IT service management board should review and manage system availability against an availability plan.

The NWIS has established foundations for the effective performance management of services, although the reporting and monitoring need to be strengthened

Service Management Boards for some national applications are established although the performance monitoring arrangements can be improved

- 44.** The NWIS has managed the service level management process by establishing a national IT Service Management Boards (SMB). Each national service SMB reports to a Welsh Health IT Service Management Board (WHITSMB). The WHITSMB meets quarterly and provides the strategic direction to the development of co-ordinated service management activity. It acts an escalation point for all SMBs to report key progress and issues. More specifically the WHITSMB oversees all national application SMB activity and includes the following functions:
- to performance manage the managed IT services whether provided internally by NWIS or by external suppliers;
 - to oversee progress for continuous service improvement plans for national IT services;
 - acting as a high level change advisory board for significant and major changes to the managed IT services and interfacing with the National Architecture Design Board for infrastructure architecture changes; and
 - investigation, management and escalation of issues associated with the application whether originating at the service provider or at an NHS organisation level.
- 45.** Performance of the individual systems we reviewed should be monitored via the SMB for each service. An SMB should provide the governance and stewardship to allow the strategic direction for the development of a co-ordinated and managed service across NHS Wales. The SMB is a group that:
- provides governance of the service to ensure ongoing usability and is fit for purpose, and ensures the various interests of users are properly represented and prioritised;
 - monitors service performance and delivery to users based on targets defined within service schedules; and
 - assists in assessing whether new and additional services can be developed in service improvement plans and helps prepare business cases for additional resources where these are needed.

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46. The SMB also prioritises the focus of development and change requests and resources approving these for consideration by the Change Advisory Board (CAB). The CAB is a group that supports the authorisation of changes and assists change management in the assessment and prioritisation of requests for change.
 47. The NWIS has set up both RadIS2 and WDS SMBs and CABs. These meet approximately every two months with representation from the health boards and trust staff from these service and clinical areas. The NWIS has established a defined terms of reference for the WDS and RadIS2 SMBs in June and April 2011. The NWIS has also established a CAB terms of reference in April 2011.
 48. Neither the Hospital Pharmacy nor the Child Health system currently has an SMB or CAB. The NWIS acknowledges this development area and plans to establish a Hospital Pharmacy and Child Health SMB based on the model used for other national applications. The NWIS should plan to establish the Hospital Pharmacy and Child Health SMB and CAB later in 2012.
 49. Each WDS and RadIS2 SMB discusses the key application issues and should be presented with the application performance indicators from the service desk. This allows them to compare the service levels being achieved against the service level target from the SLA. This should allow for any investigative or corrective actions to improve service levels. Exhibit 5 summarises the service level management groups established across the IT systems service reviewed.

Exhibit 5 – Summary of the service level management groups established across the IT systems service reviewed

Service level management group	Child Health System (✓ = yes, ✗ = no)	Welsh Demographic System	Hospital Pharmacy system	Radiology (RadIS2)
Service Management Board	✗	✓	✗	✓
Change Advisory Board	✗	✓	✗	✓

Source: Wales Audit Office fieldwork

50. Arrangements to review the agreed SLA targets against the actual performance can be improved at the WDS and RadIS2 SMBs. Performance measures are measured and reported from the service desk, for example, the WDS report on Key Performance Indicators (KPIs). However, the reporting of service indicators to the WDS and RadIS2 SMBs stopped in mid 2011 as the current service desk tool is weak on reporting indicators. The NWIS acknowledges this and a new service desk reporting module is planned to be implemented in the first half of 2012. This will allow the actual service performance to be monitored against the targets agreed in the SLAs with LHBs and Trusts. The NWIS has agreed in November 2011 a statement of requirements for the

reporting of KPIs on national IT services to SMBs. The NWIS plans to implement the strengthened reporting arrangements to SMBs when the new service desk reporting module is implemented in the first half of 2012.

51. It is also planned in early 2012 for two administrative staff within NWIS to be redeployed to provide support to the SMBs. Administrative support will allow the SMBs to be presented with reports from the new service desk reporting module for them to manage service level performance indicators against targets.
52. We have noted earlier in this report that the application strategies and service improvement plans should be documented, updated and strengthened. This will allow the SMBs to monitor and oversee progress against these agreed and detailed strategic and tactical plans.

Governance arrangements have been established

53. The NWIS has established governance arrangements and mechanisms which would allow for the high level feedback and management of national IT services. This is at an NHS organisation Chief Executive, executive director and independent member or non-officer level.
54. NHS Chief Executives and NWIS directors meet on a bi-monthly basis where the latest progress made against the national IT implementation and development programme can be discussed. Although, the WDS, RadIS2, Hospital Pharmacy, Child Health applications and national ICT infrastructure are not discussed in detail at every meeting if there were serious issues from the NHS service these could be raised and would be presented to the group or discussed.
55. NWIS has set up an Executive Informatics Group (EIG) that meets approximately every two months. This meeting is between NWIS senior directors and those executive directors from the health boards and trusts that have Board responsibility for IM&T.
56. The EIG has agreed terms of reference. The purpose of the EIG is to present, discuss and manage at each NHS organisation the latest progress made against the national IT implementation and development programme.
57. The NWIS has established an LHB and Trust non-officer or independent member meeting which is scheduled approximately quarterly. The independent member or non officer members with responsibility for ICT attend. The group has an agreed terms of reference.
58. The purpose of the non-officer member meeting is to keep all independent members updated on progress across national programmes at each NHS organisation. A summary update of national programmes is given at each meeting. Although, the WDS, RadIS2, Hospital Pharmacy applications and national ICT infrastructure are not discussed in detail at meetings, if there were serious issues or concerns from independent members arising at LHBs and Trusts, these would be presented to the group's meetings.

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- 59.** Attendance at this meetings is by all non-officer or independent member except for an independent member from Public Health Wales NHS Trust. This is because Public Health Wales does not currently have a non-executive director with ICT responsibility. The NWIS acknowledges this development area and is asking for Public Health Wales NHS Trust to be represented on this group.

Appendix 1

Summary of the IT Infrastructure Library (ITIL) IT Service Management approach

IT service management processes are considered as two core areas

Service Support	Service Delivery
Incident Management	Service Level Management
Problem Management	Financial Management for IT Services
Change Management	Capacity Management
Configuration Management	IT Service Continuity Management
Release Management	Availability Management



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