

NHS Lothian
Internal Audit Report 2022/23
TrakCare Theatre Management System
Implementation

Assurance Rating: Significant Assurance

Date: 17 October 2022

Contents

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Timetable

- Date closing meeting held: 21 September 2022
- Date draft report issued: 3 October 2022
- Date management comments received: 13 October 2022
- Date Final report issued: 17 October 2022
- Date presented to Audit and Risk Committee: 21 November 2022

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Executive Summary

Introduction

In September 2013, the Information Management and Technology (IM&T) supplier of NHS Lothian's Theatres system, Operating Room Scheduling Office System (ORSOS), gave notice of their intention to cease development and support for the product from 31st March 2016. Since March 2016 ORSOS has been supported by Carney Consulting Services Ltd, a small independent contractor with a Service Level Agreement (SLA) covering Monday - Friday 9am – 5pm office hours. Carney Consulting Services have only 3 customers in the UK, therefore, a risk was identified that, should this number reduce, it will no longer be commercially viable for them to continue to provide the support service. In addition, a major drawback with the process was managing patients in both ORSOS and the Lothian patient management system, TrakCare.

As such a Business Case was prepared in support of replacing the Theatre management system ORSOS in line with the 2018 – 2021 eHealth Strategic Plan. This was requested by the Diagnostics, Anaesthetics, Theatres & Critical Care Directorate (DATCC) management team and the Lothian Theatre Improvement Board. The option appraisal determined that the TrakCare Theatre Module would be the best fit for the organisation given that TrakCare is the Patient Management System and electronic patient record (EPR) in place within NHS Lothian. The Business Case was formally approved by the Digital Oversight Board in March 2021. Following approval, the following stages have taken place:

- 3-month Project Initiation stage - May – July '21
- Project Launch (August '21)
- Setup stage of software build and signoff.

Go-Live has been phased across sites during 2022 with the first site implementation in February 2022 and full implementation scheduled to be complete by December 2022. Project closure is expected by end of January 2023.

Scope

The objective of the audit was to evaluate the adequacy of internal controls in place around TrakCare Theatre Management System implementation and review the design and operating effectiveness of the controls in place to mitigate against the following potential risk areas:

- There is no established governance structure in place and responsibilities are not clear which could lead to inadequate progress against the implementation plan.
- Due to a lack of planning and coordination, the execution of the TrakCare Theatre Management System implementation programme is not in line with expectations and the programme cannot be delivered.
- Cost benefit analysis is not completed, and issues are not escalated which will prevent lessons being learned and improvements to project delivery implemented timely.

Approach

Our audit approach was as follows:

- Obtain understanding of the key areas outlined in scope above, through discussions with key personnel, review of management information and walkthrough test, where appropriate.
- Identify the key risks relevant to the TrakCare Theatre Management System implementation programme.
- Evaluate the design of the controls in place to address the key risks.
- Test the operating effectiveness of the controls in place.

It is Management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit should not be seen as a substitute for Management's responsibilities for the design and operation of these systems.

A complete list of staff involved in the audit and documents reviewed can be seen at Appendix 1.

Acknowledgments

We would like to thank all staff consulted during this review for their assistance and cooperation.

Limitations in Scope

Please note that our conclusion is limited by scope. It is limited to the risks outlined above. Other risks that exist in this process are out with the scope of this review and therefore our conclusion has not considered these risks. Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing.

Additionally, the Theatres Optimisation project (InFix) is out of the scope of this audit.

This report does not constitute an assurance engagement as set out under ISAE 3000.

Summary of Findings

We have concluded that the controls in place in respect of the TrakCare Theatre Management system implementation provides a **SIGNIFICANT** level of assurance. The table below provides a summary of the findings. The ratings assigned are based on the agreed internal audit rating scale (**Appendix 2**).

Detailed findings, recommendations and agreed management actions are found in Section 2 of this report.

Significant Assurance

HIGH	MEDIUM	LOW	ADVISORY
-	-	2	-

Ref	Issue	H	M	L	A
2.1	<p>Risk area as per scope: Due to a lack of planning and coordination, the execution of the TrakCare Theatre Management System implementation programme is not in line with expectations and the programme cannot be delivered.</p> <p>Cost benefit analysis is not completed, and issues are not escalated which will prevent lessons being learned and improvements to project delivery implemented timely.</p> <p>There are risks not being reviewed and there is a lack of clarity with the issues recorded in the Risks, Actions, Issues and Decisions (RAID) log.</p>	-	-	1	-
	<p>Risk area as per scope: Cost benefit analysis is not completed, and issues are not escalated which will prevent lessons being learned and improvements to project delivery implemented timely.</p> <p>The lessons learned log does not contain all identified lessons learned as part of the project and it is unclear when recommendations have been implemented.</p>	-	-	1	-
TOTAL		-	-	2	-

Areas of Good Practice

The Project Initiation Document (PID) for the TrakCare Theatres Project was approved in April 2021 by the e-Health Programme Manager, InterSystems General Manager and the Diagnostics, Theatres, Anaesthetics and Critical Care (DATCC) General Manager. This document sets out the project approach and controls and includes a high level project plan.

The PID also identified the intended benefits of the project and these are monitored through a Benefits Realisation Plan.

There is a TrakCare Theatres Full Project Plan in place, which confirms that the project has a intended last go live complete date of 27 December 2022. The plan is mapped out in stages for the rollout at each site across the organisation.

A TrakCare Theatres Project Board has been set up to manage the project and reports directly into the TrakCare Programme Board via its Chair, the DATCC General Manager. There is a documented terms of reference for the Project Board which sets out the remit, membership, frequency of meetings, reporting arrangements and responsibilities. The membership of the Project Board comprises of the following from all sites across NHS Lothian:

- Surgeons, and Surgical Assistants
- Anaesthetists, and Anaesthetic Assistants
- Theatre nursing and anaesthetic practitioners
- Perioperative Healthcare support workers
- Waiting List Team
- Administrative and analytical Staff (e-Health)
- Clinical Leads, and operational managers

The project board meets on a monthly basis to discuss the ongoing progress of the project. Key decisions are recorded in the minutes of the meetings. Monthly updates are provided by the Project Manager. At each meeting, a Highlight Report is provided which give members of the project board an update on the following:

- Project Summary
- Detailed Project Summary Update
- Escalated Issues
- Schedule Status
- Benefit Status
- Budget Status
- Reporting Update
- Milestones
- Risks and Issues

As at August 2022, the project was on track with the Last Go Live to be completed by 27 December 2022.

Main Findings

There is a Risks, Actions, Issues and Decisions (RAID) log in place that is used to record all the risks and issues that arise as part of the project. The log should be reviewed in a monthly basis to record progress updates for the risks and issues; however, our review of the log as at 21 September ascertained that there are risks that have not been reviewed since July 2022 and the progress updates for the issues do not have date for when they were provided. Additionally, where issues have been closed, there is no date of closure recorded.

As part of the project, lessons learned exercises are performed at the end of each stage of the project and any lessons learned are captured in a log. Our review of the Lessons Learned log as at August 2022 in comparison with End of Stage reports, identified that there were lessons learned identified that had not been captured in the log. Additionally, each lesson learned has a recommendation for improvement; however, it is unclear within the log how and when the recommendations have been implemented.

Follow Up

Approximately two weeks following issue of the final Internal Audit report, a member of the Audit Team will issue an evidence requirements' document for those reports where management actions have been agreed.

This document forms part of the follow up process and records what information should be provided to close off the management action. The follow-up process is aligned with the meetings of the Board's Audit & Risk Committee. Audit Sponsors will be contacted on a quarterly basis with a request to provide the necessary evidence for those management actions that are likely to fall due before the next meeting of the Audit and Risk Committee.

Management Action Plan

Risk area as per scope:

Risk 2 - Due to a lack of planning and coordination, the execution of the TrakCare Theatre Management System implementation programme is not in line with expectations and the programme cannot be delivered.

Risk 3 - Cost benefit analysis is not completed, and issues are not escalated which will prevent lessons being learned and improvements to project delivery implemented timely.

Finding 2.1 – There are risks not being reviewed and there is a lack of clarity with the issues recorded in the Risks, Actions, Issues and Decisions (RAID) log.

Low

Control

As part of the project controls for the TrakCare Theatres Project, a Risk, Actions, Issues and Decisions (RAID) log is in place to document issues and risks in terms of their resolution or escalation in the project. Risks and issues should be reviewed on a monthly basis with progress updates relating to implementing mitigations being recorded in the RAID log. Where required, risks and issues are escalated to the TrakCare Theatres Project Board within the monthly Highlight reports.

Observation

Our review of the RAID log as at 21 September 2022, identified the following:

- Of the 14 risks identified for the project, eight were reviewed during September 2022. However, for the remaining six risks, four risks were last reviewed in July 2022, one risk does not have date for when the progress update was provided and one low rated risk does not have a progress update recorded.
- It is unclear within the document when progress updates have been provided for open issues. We did, however, obtain evidence in the form of Highlight and Checkpoint reports produced in August 2022 that provided progress updates on the open issues in the RAID log.
- Where issues have been closed, it is unclear when these were in fact closed.

Risk

Without timely review of risks and issues, actions to mitigate risks and issues may not be implemented in a timely manner which could negatively impact the delivery of the TrakCare Theatres project.

Recommendation

The Project Management team should ensure that all risks are reviewed on a monthly basis and progress updates in implementing mitigations are recorded in the Risks, Actions, Issues and Decisions (RAID) log.

The Project Management team should ensure that dates are assigned to progress updates when recorded in the Risks, Actions, Issues and Decisions (RAID) Log. Additionally, where an action has been closed, the date of closure should be recorded.

Management Response

- Agreed: All Risks and Issues were monitored regularly for the TrakCare Theatre project and were reviewed frequently when producing weekly checkpoint reports and Monthly Highlight reports. We appreciate the RAID Risk tab updates had not been updated since July but there was a recent change in project manager and this task was unfortunately missed.
- All of the project risks have been reviewed and updated in September including the updates being prefixed with date of update.
- The programme team use a standard template of the RAID Log which did not include a 'Date Closed' column for Issues being closed. All of the weekly and monthly status reports have a RAG status which provides a "W" update of closed risks/issues which represent "Task complete".

Management Action

- A recurring meeting has been added to the diaries of Project Manager and Senior Project Manager monthly to ensure that all tabs on the RAID log have been reviewed and updated monthly.
- All progress updates on the RAID Log will be prefixed with the date when update have been added.
- The TrakCare Theatre RAID Log has been updated to include 'Issue Closed Date' column and is being used by the project team. The Senior Project Manager has also updated the TrakCare Programme Team template and passed on the shared learning with the wider team.

Responsibility: Project Manager and Senior Project Manager

Target Date: Complete

Risk area as per scope: Cost benefit analysis is not completed, and issues are not escalated which will prevent lessons being learned and improvements to project delivery implemented timely.

Finding 2.3 – The lessons learned log does not contain all identified lessons learned as part of the project and it is unclear when recommendations have been implemented.

Low

Control

Lessons learned exercises form part of the project approach and are conducted at the end of each stage of the project with lessons learned recorded in a log.

Observation

Review of the Lessons Learned Log as August 2022 and the Trakcare Theatres End of Stage Reports for the rollout at the Western General Hospital and St John's Hospital ascertained that of the 29 lessons learned identified, seven are not listed on the lessons learned log.

Additionally, for each lesson learned, there is a recommendation for improvement that needs to be addressed in future phases of the project. While we can evidence that the lessons learned are reported on through the presentations to the TrakCare Theatres Project Board and Checkpoint reports, it is unclear in the lessons learned log how and when the recommendations were implemented.

Risk

Without evidencing if recommendations have been implemented, lessons learned may not be addressed in future phases of the project.

Recommendation

The Project Management team should ensure that all lessons learned are recorded in the log. Additionally, the log should include information on how and when recommendations have been implemented for each lesson learned.

Management Response

- Agreed: The TrakCare Theatre Project team are dedicated to completing lesson learned exercises and encourage learning for all implementations within the project team and across the programme team. On reviewing the mismatch between lessons learned there were 6 lessons learned from the end of stage TrakCare Theatre reports which were not listed on the TrakCare Programme lessons learned log. This would have been an admin error. These have now been added. It is important to note that the Senior Project Manager did present all of the lessons learned reports and logs at a team meeting so all lessons learned had been shared with the wider project team.
- Ahead of each go-live the project team review the lessons learned from previous site implementations and take necessary actions. It is not routine practice for the project team to retrospectively update the lessons learned log with update on progress of the actions but happy to update processes to encourage this practice.

Management Action

- Senior Project Manager has updated the Programme Team Lessons Learned Log for all teams to add progress of the actions/Recommendations of Lessons Learned to the log. Have emailed the team with the updated process and outlined the risk of not doing so.
- Senior Project Manager has updated Lessons Learned Programme Log with the 6 missing end of stage report TrakCare Theatre entries.
- Review closure notes for all TrakCare Theatre Lessons Learned and update the Lessons Learned Log.

Responsibility: Senior Project Manager

Target Date: Complete

Appendices

Appendix 1 – Staff Involved and Documents Reviewed

Staff Involved

- Director of Digital
- Head of Programmes
- Senior Project Manager
- Programme Manager

Documents Reviewed

- TrakCare Theatres Project Initiation Document April 2021
- Benefits Realisation Plan Theatres
- TrakCare Theatres Risk, Actions, Issues, and Decisions (RAID) Log August 2022
- TrakCare Theatres Highlight Reports August 2021-August 2022
- TrakCare Theatre Project Board Terms of Reference
- TrakCare Theatres Project Board Agendas and Minutes August 2021-July 2022
- TrakCare Theatres Project Board Progress Presentations August 2021-August 2022
- TrakCare Programme Board Minutes August 2021-July 2022
- TrakCare Theatres Lesson Learned Log August 2022
- Issue Management Approach for TrakCare Theatres
- TrakCare Theatres Communications Plan
- TrakCare Theatres End of Stage Report for St John's Hospital Rollout August 2022
- TrakCare Theatres End of Stage Report for Western General Hospital Rollout April 2022
- TrakCare Theatres Checkpoint Reports
- TrakCare Theatres Project Plan

Appendix 2 – Our IA Report assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating	Definition	When Internal Audit will award this level
Significant assurance	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable. The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)</p>
Moderate Assurance	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied.</p> <p>There remains a moderate amount of residual risk.</p>	<p>In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)</p>
Limited Assurance	<p>The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.</p>	<p>This may be used when:</p> <ul style="list-style-type: none"> There are known material weaknesses in key control areas. It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
No assurance	<p>The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.</p>	<p>The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)</p>

Appendix 3 - Continued

The table below describes how we grade our audit recommendations based on risks

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> ▪ Key activity or control not designed or operating effectively ▪ Potential for fraud identified ▪ Non-compliance with key procedures / standards ▪ Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> ▪ Important activity or control not designed or operating effectively ▪ Impact is contained within the department and compensating controls would detect errors ▪ Possibility for fraud exists ▪ Control failures identified but not in key controls ▪ Non-compliance with procedures / standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	<ul style="list-style-type: none"> ▪ Minor control design or operational weakness ▪ Minor non-compliance with procedures / standards
Advisory	Items requiring no action but which may be of interest to management or which represent best practice advice	<ul style="list-style-type: none"> ▪ Information for management ▪ Control operating but not necessarily in accordance with best practice

