

## **Digital Response to Covid-19 pandemic**

### **Final Internal Audit Report**

**2020/21**

**Cwm Taf Morgannwg University Health Board**

**May 2021**

**NHS Wales Shared Services Partnership**

**Audit and Assurance Services**



<b>Contents</b>	<b>Page</b>
1. Introduction and Background	4
2. Scope and Objectives	4
3. Associated Risks	5
<u>Opinion and key findings</u>	
4. Overall Assurance Opinion	6
5. Assurance Summary	7
6. Summary of Audit Findings	8
7. Summary of Recommendations	13
Appendix A	Management Action Plan
Appendix B	Survey Results
Appendix C	Assurance opinion and action plan risk rating
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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

## **ACKNOWLEDGEMENT**

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

### **Disclaimer notice - Please note:**

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## **1. Introduction and Background**

A review of the management of the deployment of IT in relation to the COVID-19 pandemic within Cwm Taf Morgannwg University Health Board (the 'Health Board' or the 'organisation') has been completed in line with the 2020/21 Internal Audit Plan.

NHS Wales organisations such as the Health Board have had to work quickly, and flexibly under extraordinary pressure to meet the needs of its workforce and the public.

Staff across the Health Board have done a great deal to reduce the risks associated with COVID-19, this has included examples such as repurposing areas for clinical work and working from home wherever possible.

In order to support these changes, the organisation has had to deploy a great deal of digital equipment and solutions in a relatively short amount of time, such as the provision of home working equipment and telemedicine (where services are provided to patients virtually). The move towards the provision of digital services to patients leads to a need to ensure that patients have the appropriate skills to be able to use the equipment and applications properly in order to gain the benefits. Without a process in place to ensure this and assist patients in developing the required skills there is a risk of exacerbating health inequalities.

The relevant lead for the assignment is the Director of Planning and Performance.

## **2. Scope and Objectives**

The overall objective of the audit was to ensure that appropriate control and governance was in place to manage the effective deployment of digital equipment and solutions to support the Health Board during the COVID-19 pandemic.

The areas the review sought to provide assurance on were:

- a mechanism exists to identify and incorporate the needs of users into the planning and delivery process;
- requests for additional equipment and digital solutions to meet the demands of new ways of working during the COVID-19 pandemic were logged and assessed by the organisation;
- requests were assessed and prioritised based on the current need, consistency with the organisation's Digital Strategy, and anticipated benefits;
- the financial consequences are considered as part of the assessment and prioritisation process;
- the digital skills and needs of users and patients were considered as part of the assessment and prioritisation process;

- following the receipt and prioritisation of a request, technology was implemented without any unnecessary or unavoidable delay; and
- the delivery of digital services met the needs of users and delivered the anticipated benefits. Where the delivered service did not meet the user needs or deliver the anticipated benefits the reasons are established.

As part of our audit work we surveyed staff to assess their views on the clarity and impact of the digital response to Covid. We mailed a survey request to a random 200 people, with 49 people returning responses (a response rate of 24.5%).

### **3. Associated Risks**

The potential risks considered in the review were as follows:


- Unnecessary delays in responding to requests for equipment and IM&T solutions to meet the demands of new ways of working during the COVID-19 pandemic.
- Poor oversight and governance in relation to technology deployed under COVID-19.
- The technology deployed under COVID-19 does not deliver the anticipated benefits or fit within the Digital Strategy.

## **OPINION AND KEY FINDINGS**

### **4. Overall Assurance Opinion**

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the digital response to the Covid-19 pandemic is reasonable assurance.

<b>RATING</b>	<b>INDICATOR</b>	<b>DEFINITION</b>
<b>Reasonable assurance</b>		The Board can take <b>reasonable assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to <b>moderate impact on residual risk</b> exposure until resolved.

The Health Board reacted in an agile and rapid manner to the pandemic with the rapid deployment of equipment for homeworking and of digital services for patients and GPs. There were limitations on resources and a prioritisation process was established to ensure services could continue.

The response to the pandemic was in line with the digital strategy and the situation accelerated the implementation of key items within this. We do note however, that the rapid delivery of digital services due to Covid was undertaken before the infrastructure requirement was in place and this may have impacted on the success and on the long terms sustainability of some services. The Health Board has established groups in order to connect the Board and digital strategy with the user needs and operational planning to ensure and agile planning process.

The roll out of digital services means that staff and patients digital skills and equipment needs are greater than before the pandemic, and increased support is needed as part of the implementation. However, there was no process for assessing skill levels and equipment needs prior to roll out, and respondents to our survey indicated that they would have benefited from training.

The increased level of digital services has started to change how staff work, and feedback from our survey is generally positive with 68% of respondents





who have received digital services giving a positive comment. There has been some assessment of benefits, but not from an overall position.

Our audit fieldwork identified one issue that we consider to be a high priority, this is:

- The digital skills and equipment needs of staff and patients are not routinely assessed as part of the roll out of digital solutions. The roll out of digital services to patient groups without assessing required skills and equipment needs may risk exacerbating inequalities in health and unequal access to services.

## 5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
1	Identifying user needs			✓	
2	Recording of requests				✓
3	Assessment and prioritisation			✓	
4	Financial consequences			✓	
5	Digital skills		✓		
6	Implementation of requests				✓
7	Benefit management			✓	

\* The above ratings are not necessarily given equal weighting when generating the audit opinion.

## Design of Systems/Controls

Our findings from the review have highlighted one issue that would be classified as a weakness in the system control/design of the digital response to the Covid-19 pandemic.

## Operation of System/Controls

Our findings from the review have highlighted three issues that are classified as weaknesses in the operation of the designed system/control for the digital response to the Covid-19 pandemic.

### 6. Summary of Audit Findings

In this section we highlight areas of good practice that we identified during our review. We also summarise the high and medium priority findings made during our audit fieldwork. The detailed findings are reported in the Management Action Plan (Appendix A).

As part of our audit we work we conducted a survey for staff. The full results of this are included as Appendix B. Feed back from staff was generally positive and where responses have indicated a potential issue we have raised these in the section below.

Key comments received from staff included:

*"I feel our staff require further support with how to use MS Teams, Office 365, logging in etc so training from the IT department would in invaluable in this area going forward. we have had to find out for ourselves through trial and error a lot and so a lot of time has been wasted."*

*"I had a tough time getting Microsoft teams and outlook installed on my personal mobile and could never install that on my laptop. I think the process can be made more simple or may be more guidance can be given on the process"*

*"In my building I have become the go to person for IT issues, but I have not been trained or have any more skills than other staff, it is just I am willing to have a go. It is a shame that IT have tried so hard but people will still not take responsibility."*

*"Some training around remote use of equipment would have been helpful."*

*"It is taking some time for pts to accept digital options and some patients do not have the skills/equipment"*

*"They have been great, but under such pressure with changing services and sheer demand for their support and services."*

*"Very prompt responses in trying to support, can take a little longer for the action to be resolved. overall, a thorough service in attempt to support NHS staff with new procedures in short notice due to Covid".*

*"Most staff are very helpful and efficient and have helped with working remotely. Thank you"*

*"IT have been helpful throughout the Pandemic; always answer any queries and have provided an excellent service in accordance with facilities they have to help."*



*"IT have provided a very prompt response to any issues that I may have had. I have only recently started in the trust so I have had lots of set up issues, but I have been really pleased with the service."*

*"When raising IT queries, all have been responded to quickly with always friendly and patient advice to resolve query."*

*"Great work. Keep it up"*

**Objective 1: A mechanism exists to identify and incorporate the needs of users into the planning and delivery process.**

We note the following areas of good practice:

- the response to Covid enabled the Health Board to rapidly increase the capability of staff for home working and enable services to be delivered within the constraint of minimal contact.
- the Health Board is putting in place an agile planning process that identifies user needs, assesses these and builds into an operational delivery plan to deliver strategic aims;
- a group (the Digital Delivery Board (DDB)) has been established as a link between the Digital Strategy, Board and user need with an explicit inclusion of user 'wants', within the terms of reference;
- a lower level group (the Project Portfolio Board (PPB)) has been established to receive and evaluate identified ideas and needs for digital services; and
- there is a process in place (the SON (statement of needs)) for users to request / record needs for equipment, both for the pandemic response and for normal operation.

We note that from our survey of staff, 70% thought there was a clear path for requests.

We note the following medium priority finding in relation to this objective.

- A significant proportion of staff (53%) stated that they had not been asked what their digital needs were, and a similar percentage (47%) stated that they had unmet needs.

We note that these identified needs tended to be items that have been widely rolled out, and so may reflect the level of demand and lack of available equipment. However, without ensuring users have their digital needs identified and met the Health Board may struggle to gain full advantage of its investment. (Finding 2)

**Objective 2: Requests for additional equipment and digital solutions to meet the demands of new ways of working during the COVID-19 pandemic were logged and assessed by the organisation.**

We note the following area of good practice:

- there is a process for collating, logging and tracking Covid-19 related digital requests.

We did not identify any issues within this objective.

**Objective 3: Requests were assessed and prioritised based on the current need, consistency with the organisation's Digital Strategy, and anticipated benefits.**

We note the following areas of good practice:

- the digital services that were provided as part of the Covid-19 response were within the remit of the digital strategy;
- the provision of key digital services (deemed as digital enablers) in response to Covid-19 was considered in relation to the fit with the Digital Strategy and direction of travel to ensure that benefits would be realised and strategic alignment;
- there was a prioritisation approach for provision of services and equipment in response to Covid-19 and this was formally set out;
- the prioritisation approach was based on a reasonable criteria, that is, patient needs and service delivery areas were prioritised;
- the requests for equipment are discussed at 2 weekly meetings to ensure consistency; and
- the prioritisation process for areas to roll out the digital enabler services included the high-volume specialities, e.g. Cardiology, to maximise benefits.

We note the following low priority finding in relation to this objective.

- Our survey identified that 67% of staff respondents stated that they felt it was not clear how requests would be prioritised. This may indicate a lack of communication and feed into frustrations felt by some staff. (Finding 4)

**Objective 4: The financial consequences are considered as part of the assessment and prioritisation process.**

We note the following areas of good practice:

- a report on the implications of the move to Office 365 and the move in required funding structure from capital to revenue has been produced;
- the impact of the changed way in working driven by the pandemic response is understood by management and a paper on the pressures for supporting and delivering digital has been done for the Board from the Digital Health Strategy Steering Group;
- the costs and financial requirements for the digital response to the pandemic were tracked; and
- the costs related to the digital response to Covid-19 in terms of equipment and digital enablers are understood by management.

Although there are no issues raised under this objective, we note that there are issues that are being considered on an ongoing basis.

- Without the increased funding provision for support relating to the increased delivery of digital services the position for Digital will be unsustainable and the Health Board will not gain the proper benefits from the investments.
- The Covid-19 response included an escalation in the provision of equipment to enable home working. This equipment will need replacing in future and so an increased funding requirement, over and above the standard replacement funding is downstream.

We did not identify any issues within this objective.

**Objective 5: The digital skills and needs of users and patients were considered as part of the assessment and prioritisation process.**

We note the following areas of good practice:

- the existence of a skills gap is considered as part of the roll out of digital solutions, with additional support and resource provided to try and mitigate the gap;
- the ICT Department has set up a help team and increased help desk provision for Office 365 / remote working; and
- The ICT Department has set up a laptop clinic with drop-in sessions on site for staff to get help / fix problems with their laptops.

The following high priority finding was identified under this objective:

- The digital skills and equipment needs of staff and patients are not routinely assessed as part of the roll out of digital solutions.

We note that there is some consideration of the impact of changing requirements, and support is provided for staff. However, the true skill levels and requirements are not established and assumptions over skill levels are not always accurate.

The roll out of digital services to patient groups without assessing required skills and equipment and may risk exacerbating inequalities in health and unequal access to services.

From our survey of staff, 88% said there was no discussion of their ability and 68% felt there was no consideration of patient skills. It is worth noting that there was a comment received which explicitly stated that patient skills and lack of equipment were having an impact on successful roll out. (Finding 1)

**Objective 6: Following the receipt and prioritisation of a request, technology was implemented without any unnecessary or unavoidable delay.**

We note the following areas of good practice:

- the Digital Enablers Group has been established to manage the rapid delivery of digital services to enable new ways of working; and
- there are processes in place for tracking and monitoring the delivery and implementation of digital equipment and services.

We note due to the nature of the Covid-19 response there were understandable delays in the provision of equipment. From surveying staff, 57% felt it was clear what they were getting and 59% stated the time taken to deliver was satisfactory. We also note that even amongst respondents that felt the time taken was too long, there were comments that acknowledged the unusual circumstances.

We did not identify any issues within this objective.

**Objective 7: the delivery of digital services met the needs of users and delivered the anticipated benefits. Where the delivered service didn't meet the user needs or deliver the anticipated benefits the reasons are established.**

We note the following area of good practice:

- the digital response to Covid-19 has accelerated the Digital Strategy, as such the benefits accruing are the same as were in the original documentation;
- there have been evaluation reports produced for digital enablers (Attend Anywhere & Consultant Connect) which include benefits, however we note that for Consultant Connect, although admission and referral avoidance is noted as a benefit, these have not been quantified; and
- the use of virtual consultations allowed some services to continue at some level, that would otherwise have stopped.

We note that from surveying staff, 82% stated that it was clear what the benefit would be, and 29% of respondents note benefits apart from the immediate impact of home working.

In addition, the success of the response can be noted with 63% stating that the service or equipment worked as expected and 80% noted that benefits achieved.

The roll out of Office 365 is also impacting, with 45% stating that they have changed the way they work following this, with examples quoted such as the use of Teams for virtual meetings, improved sharing and collaboration and improved information collection using forms.

We note the following medium priority finding in relation to this objective:

- We note that work has started on assessing the impact and benefits of the Health Boards Digital response to Covid, however this is piecemeal and there is currently no structured assessment to ensure the benefits are being achieved and if not establish the reasons.

We note that the roll out of digital health services may exacerbate health inequalities, and the removal of face to face contact with clinicians may impact on the efficacy of services.

We also note that the rapidly increased provision of digital services needed due to Covid was undertaken before the required infrastructure was emplaced and the lack of capacity may have impacted on successful delivery.

From surveying staff there was a significant minority (39%) who noted issues which would impact on benefit realisation, and these included:

- a lack of digital skills or equipment in the patient group;
- equipment not working; and
- connectivity issues. (Finding 3)

## 7. Summary of Recommendations

The audit findings, recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority are outlined below.

Priority	H	M	L	Total
<b>Number of recommendations</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>4</b>

<b>Finding 1– Digital Skills (Control Design)</b>	<b>Risk</b>
<p>The digital skills and infrastructure needs of staff and patients are not routinely assessed as part of the roll out of digital solutions.</p> <p>We note that there is some consideration of the impact of changing requirements and support is provided for staff. However, the true skill levels and requirements are not established and assumptions over skill levels are not always accurate.</p> <p>From our survey of staff, 88% said there was no discussion of their ability and 68% felt there was no consideration of patient skills. It is worth noting that there was a comment explicitly stating that patient skills and lack of equipment were having an impact on successful roll out, although we have not explored this comment further as part of our fieldwork.</p> <p>The successful implementation of digital services requires patients to have increased digital skills in terms of using applications and software. Rolling these out to patient groups without assessing required skills and equipment needs may risk in exacerbating inequalities in health and unequal access to services.</p>	<p>The technology deployed under COVID-19 does not deliver the anticipated benefits or fit within the Digital Strategy.</p>
<b>Recommendation</b>	<b>Priority level</b>
<p>The skills and equipment / infrastructure requirements of staff and patient groups should be formally assessed as the part of any roll out of digital solutions, with any skills gap addressed by training.</p>	<p><b>High</b></p>

Management Response	Responsible Officer/ Deadline
<p>We agree with the requirement to undertake a formal assessment of the skills &amp; infrastructure that would be needed by both staff and patients when procuring and rolling out future digital solutions, whenever this is practically possible (this caveat is only stated as the covid-19 pandemic circumstances did require an almost immediate response to maintaining access to services for many patients &amp; precluded a detailed assessment)</p> <p>To put this into action we will seek to include usability and training material as a key selection criterion and requirement in all procurements local and national – managing the objectives of this recommendation at the design stage.</p> <p>In respect of skilling up the population, the UHB recognises that we have a supporting role to play in this area, and will work with Welsh Government, our Regional partners and third sector co-operatives such as Digital Community Wales in this area.</p> <p>To ensure we learn from the covid experience, we will audit the uptake of the virtual consultations to determine whether and where there were constraints which resulted in the digital solutions provided not being used, or the uptake potentially increasing inequalities.</p> <p>In respect of assessing and being aware of the skills of our staff we have commenced this assessment initially via a HEIW all Wales initiative for Allied Health Professionals and will endeavour to do a similar exercise for other staff groups, with tailoring of the assessment tool applied to needs where necessary. Our preference is to do this as part of the national programme, however if this is</p>	<p>Chief Information Officer / Chief Technology Officer – by 1<sup>st</sup> June 2021</p> <p>Chief Information officer – by 31st July 2021</p> <p>Chief Nursing Information Officer AHP Audit – commenced May 2021</p>



<p>not a timely exercise we will proceed locally.</p> <p>Tactically we are also considering strongly recommending that the digital skills required to undertake the responsibilities of a role are identified and assessed when employing new members of staff.</p> <p>In regards to staffing infrastructure, we have and will continue to approach this through considering the needs of the role and environment, rather than individual applications and programmes. We are running our digital wards using different set ups to learn lessons and the second stage of the infrastructure review is considering these requirements in more detail as one of its five deep dives.</p> <p>Strategically we recognise that we need to maintain the huge momentum in adopting digital ways of working that built up during 2020, to ensure that skills gained during this period are maintained and built upon.</p>	<p>Remainder to commence in July 2021 once learning from the AHP assessment has been undertaken</p> <p>Director of Workforce - commenced</p> <p>This work has commenced.</p>
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<b>Finding 2– User needs (Operating effectiveness)</b>	<b>Risk</b>
<p>A significant proportion of staff that responded to our survey stated that they had not been asked what their digital needs were (53%), and a similar percentage stated that they had unmet needs. (47%)</p> <p>We note that these identified needs tended to be items that have been widely rolled out, and so may reflect the level of demand and lack of available equipment. However, without ensuring users have their digital needs identified and met, the Health Board may struggle to gain full advantage of its investment.</p>	<p>The technology deployed under COVID-19 does not deliver the anticipated benefits or fit within the Digital Strategy.</p>
<b>Recommendation</b>	<b>Priority level</b>
<p>A proactive process of contacting users to identify their digital needs should be established within the Health Board that feeds into the assessment structure such as the PPB.</p>	<p><b>Medium</b></p>
<b>Management Response</b>	<b>Responsible Officer/ Deadline</b>
<p>The second phase of the infrastructure review will appraise the gaps that exist between needs and capability in the digital area and the options for bridging this gap in the short and medium term, recognising the myriad of other factors that will need to be considered (e.g. cyber resilience, people's willingness to use their own device, fit within the infrastructure architecture)</p>	<p>Chief Information Officer by 31 July 2021</p>

Finding 3– Benefits (Operating effectiveness)	Risk
<p>We note that work has started on assessing the impact and benefits of the Health Board’s digital response to Covid-19. However, this is for individual items and there is currently no structured assessment to ensure the benefits are being achieved and if not, establish the reasons.</p> <p>We note that the roll out of digital health services may exacerbate health inequalities, and the removal of face to face contact with clinicians may impact on the efficacy of services.</p> <p>We also note that the rapidly increased provision of digital services was undertaken before the required infrastructure was emplaced and this may have impacted on successful delivery.</p> <p>From surveying staff there was a significant minority (39%) who noted issues which would impact on benefit realisation, these included:</p> <ul style="list-style-type: none"> <li>• a lack of digital skills or equipment in the patient group;</li> <li>• equipment not working; and</li> <li>• connectivity issues.</li> </ul>	<p>The technology deployed under COVID-19 does not deliver the anticipated benefits or fit within the Digital Strategy.</p>
Recommendation	Priority level
<p>Work to ensure benefits are achieved should be completed. This should identify what has worked well, what has not worked and should be reconsidered and what needs additional input in to sustain the move towards digital health provision.</p>	<p><b>Medium</b></p>

<p>Factors which have impacted on benefit delivery should be identified to ensure that lessons are learned for the future.</p> <p>As part of this work the impact on clinical outcomes and health inequality should be assessed, both in terms of disease type and population / demographic group.</p> <p>An assessment of the infrastructure required to support the ongoing provision of digital services should be undertaken to ensure that services are sustainable for the future.</p>	
<b>Management Response</b>	<b>Responsible Officer/ Deadline</b>
<p>The UHB is approaching this in two phases. The first is to review the wider impacts of covid on the health and wellbeing of our population, to understand:</p> <ul style="list-style-type: none"> <li>- who got covid</li> <li>- who died during the covid period</li> <li>- who died of covid during the covid period</li> </ul> <p>The second will then be to ascertain whether there were differentials in access to services over the covid period, and whether or not the organisation's digital response inadvertently had an impact by exacerbating or closing these differentials.</p> <p>The second stage of the infrastructure review has been established to make recommendations of the sustainable infrastructure requirements.</p>	<p>Completed May 2021</p> <p>Chief Information officer – by 31 July 2021</p> <p>Chief Information officer – by 31 July 2021</p>

Finding 4– Request prioritisation (Operating effectiveness)	Risk
67% of staff respondents from our survey stated that they felt it was not clear how requests for equipment would be prioritised. This may indicate a lack of communication and feed into frustrations felt by some staff.	Unnecessary delays in responding to requests for equipment and IM&T solutions to meet the demands of new ways of working during the COVID-19 pandemic.
Recommendation	Priority level
The basis by which requests for IT equipment and services are prioritised should be formally stated and included on the webpage and service point request system.	Low
Management Response	Responsible Officer/ Deadline
The UHB has recently launched a new Statement of Need procedure which addresses the points raised.	Completed

## **Appendix B – Survey Results**

1. Was there a clear path to make requests for IT / Digital equipment and services?



2. Was it clear how requests would be prioritised within the Health Board?



3. Were you asked what your IT / Digital needs were as part of dealing with the COVID-19 Pandemic?



4. Did you have any needs that went unmet?

● Yes	23
● No	26



5. What were they

23 narrative responses were received, these have been reflected in the report section where relevant.

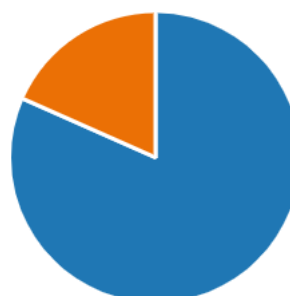
6. Have you received any new equipment, or access to services following the Covid pandemic

● equipment for home working	20
● access to office 365 products	21
● remote consultation products	11
● other service	4
● no	11



7. Was it clear what the benefits of the service / equipment would be?

● Yes	40
● No	9



8. Were there any benefits over and above remote working?

● Yes	14
● No	35



9. What were they? (in your own words)

14 narrative responses were received, these have been reflected in the report section where relevant.

10. Were your digital / IT skills evaluated as part of the request process

● Yes	6
● No	43



11. Have you been involved in providing a new service to patients

● Yes	22
● No	27



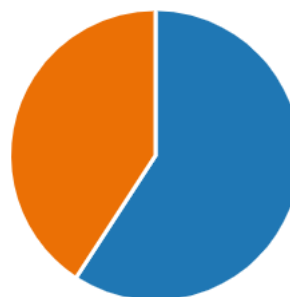
12. Were the IT skills of the patient group assessed?



13. Was it clear what you were getting as part of the equipment / service delivery?



14. Was the time taken to provide the equipment / service acceptable



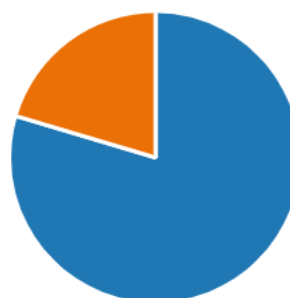
15. Did the equipment / service work as you were anticipating?





16. Did you the gain the anticipated benefits from the equipment / service?

● Yes	39
● No	10



17. What were the reasons (in your opinion) that the benefits did not materialise?

10 narrative responses were received, these have been reflected in the report section where relevant.

18. Were there any issues over what you were provided or how you use it?

● Yes	19
● No	30



19. What were the issues?

19 narrative responses were received, these have been reflected in the report section where relevant.

20. Have you changed the way you work, or deliver services following the rollout of Office 365

● Yes	22
● No	27



21. Could you briefly describe the change and whether it is positive or negative?

22 narrative responses were received, these have been reflected in the report section where relevant.

22. Do you have any further comments over the service provided by IT

49 narrative responses were received, these have been reflected in the report section where relevant.

## Appendix C - Assurance opinion and action plan risk rating

### Audit Assurance Ratings



**Substantial assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



**Reasonable assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



**Limited assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



**No assurance** - The Board can take **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **high impact on residual risk** exposure until resolved.

### Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
<b>High</b>	Poor key control design OR widespread non-compliance with key controls.  PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
<b>Medium</b>	Minor weakness in control design OR limited non-compliance with established controls.  PLUS Some risk to achievement of a system objective.	Within One Month*
<b>Low</b>	Potential to enhance system design to improve efficiency or effectiveness of controls.  These are generally issues of good practice for management consideration.	Within Three Months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.