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**To:** Renfrewshire Health and Social Care Integration Joint Board Audit, Risk and Scrutiny Committee

**On:** 17 November 2023

**Report by:** Chief Internal Auditor

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**Heading:** Summary of Internal Audit Activity in Partner Organisations

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## **1. Summary**

- 1.1 The Renfrewshire Health and Social Care Integration Joint Board directs both Renfrewshire Council and NHS Greater Glasgow and Clyde to deliver services that enable the Renfrewshire Integration Joint Board to deliver on its strategic plan.
  - 1.2 Both Renfrewshire Council and NHS Greater Glasgow and Clyde have Internal Audit functions that conduct audits across each organisation and report the findings of these to the respective audit committees.
  - 1.3 Members of the Integration Joint Board have an interest in the outcomes of audits at both Renfrewshire Council and NHS Greater Glasgow and Clyde that have an impact upon the Integration Joint Board's ability to deliver the strategic plan or support corporate functions.
  - 1.4 This report provides a summary to the Renfrewshire Integration Joint Board's Audit, Risk and Scrutiny Committee of the Internal Audit activity undertaken within these partner organisations.
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## **2. Recommendations**

- 2.1 That the Integration Joint Board Audit, Risk and Scrutiny Committee are asked to note the contents of the report.
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## **3. Renfrewshire Council Internal Audit Activity**

- 3.1 The following Internal Audit reports have been issued to the Renfrewshire Council, which are relevant to the Integration Joint Board.

Audit Engagement	Assurance Level (note 1)	Number and Priority of Recommendations (note 2)			
		Critical	Important	Good Practice	Service Improvement
Disaster Recovery	Limited	0	3	2	0
Care at Home Processes	Substantial	0	0	4	0

*Note 1 – For each audit engagement one of four assurance ratings is expressed:*

*Substantial Assurance – The control environment is satisfactory*

*Reasonable Assurance – Weaknesses have been identified, which are not critical to the overall operation of the area reviewed*

*Limited Assurance – Weaknesses have been identified, which impact on the overall operation of the area reviewed*

*No Assurance – Significant weaknesses have been identified, which critically impact on the operation of the area reviewed*

*Note 2 – Each audit recommendation is assigned a priority rating:*

*Critical Recommendation - Addresses a significant risk, impacting on the area under review*

*Important Recommendation – Implementation will raise the level of assurance provided by the control system to acceptable levels*

*Good Practice Recommendation – Implementation will contribute to the general effectiveness of control*

*Service Improvement – Implementation will improve the efficiency / housekeeping of the area under review*

### 3.1.1 SaaS Disaster Recovery

A review of the Council's disaster recovery arrangements in relation to Software as a Service (SaaS) systems, where software is procured on a subscription basis and hosted by the supplier. The objectives of this audit were to ensure that:

1. A comprehensive list of all Software as a Service solutions in place is maintained, which details the service owner, criticality and responsibility for disaster recovery.
2. There are council standard requirements to be addressed at the tender stage for any proposed SaaS solution.
3. Disaster recovery plans have been prepared and agreed with the Council, are regularly tested and the Council receives formal assurance from the Contractor that the plans continue to be fit for purpose.
4. Contracts include adequate arrangements for data back-up and retention policies and have clearly defined roles and responsibilities for disaster recovery, including communication and decision-making arrangements for major incidents.
5. There is regular engagement with the contractor and disaster recovery arrangements are part of contract management discussions.

The audit has identified scope for improvement in the existing arrangements and recommendations were made to enhance and strengthen this area.

#### **Key Audit Assurances**

- An evaluation questionnaire has been developed, that SaaS providers are required to complete, which is based on the National Cyber Security Centre's cloud principles. This is included in the ICT tender requirements document as well as a document explaining the Council's expectations from SaaS providers.
- The minimum requirements for disaster recovery purposes have been outlined in the relevant standards for procuring SaaS services.
- Contract monitoring arrangements are in place, and where underperformance had been identified a service score card was available.

#### **Key Audit Risks**

- Although it is recognised that a small number of key systems would be treated as priority, there is not an approved central register of critical systems and therefore recovery efforts may be delayed or not be completed in alignment with the Council's priorities.
- ICT procurement arrangements are not formally documented and there is a risk that services may not realise that ICT approval is required for ICT systems especially for low cost subscription-based systems accessed via a web browser.

- If assurance and verification is not sought from SaaS solution providers regarding their ability to meet disaster recovery requirements, services may not be restored in alignment with business continuity requirements.
- For one of the Systems sampled, the councils disaster recovery and backup requirements could not be evidenced in the contract documentation and therefore the Suppliers arrangements in place may not meet the Council's expectations and the Council may not have recourse following a disaster recovery incident.

### **Management Response**

SaaS solutions are provided by different suppliers, so it should be recognised that in a major outage, solutions would be worked on concurrently, negating the need to arbitrarily allocate criticality to each one. However, business continuity information is being developed and this will include supplier and key contact details for systems.

Management are currently progressing the audit recommendations made. A documented procedure will be prepared in conjunction with procurement colleagues to advise services how the purchase of ICT systems should be undertaken, regardless of platform (e.g SaaS, internally hosted etc).

It is essential that any documented procedure is adopted by all services, in conjunction with Corporate Procurement, to ensure any procurement of technology solutions is appropriately assessed by ICT Services. Implementation of the procedure within the Corporate Procurement will be the responsibility of the Corporate Procurement Manager, which will include clear communication of the documented procedures to service managers.

### **3.1.2 Care at Home Processes**

The objectives of the audit were to:

1. Review processes relating to scheduling tasks associated with Totalmobile and ensure that the scheduling of home care staff is adequate and efficient.
2. Review and assess the resource management information available and ensure that it is being utilised effectively to inform management actions.
3. Review access controls to ensure that only current authorised officers can access the system.

### **Key Audit Assurances**

- The processes in place relating to scheduling tasks associated with Totalmobile are of a good standard and efficient.
- Management information available from the Totalmobile system is being used to inform management actions.
- Processes are in place to ensure that only current authorised officers can access the system.

There were no key risk or recommendations made in the report.

## **4. NHS Greater Glasgow and Clyde Internal Audit Activity**

- 4.1 The following Internal Audit report has been issued to the NHS Greater Glasgow and Clyde Audit and Risk Committee, which is relevant to the Integration Joint Board. A summary has been provided for the report, with recommendations graded from limited risk exposure to very high risk exposure and improvements graded from effective to major improvement required. The internal audit service is provided by Azets.

Audit Review	Audit Rating (note 1)	Risk Exposure and Number of Recommendations (note 2)			
		Very High	High	Moderate	Limited
Public Protection Arrangements	Substantial Improvement Required	0	3	4	1

*Note 1 – For each audit review one of four ratings is used to express the overall opinion on the control frameworks reviewed during each audit:*

*Immediate major improvement required – Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.*

*Substantial improvement required - Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met.*

*Minor improvement required - A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate and effective to provide reasonable assurance that risks are being managed and objectives should be met.*

*Effective - Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.*

*Note 2 – Each audit recommendation is assigned a risk exposure rating:*

*Very high risk exposure - major concerns requiring immediate senior management attention.*

*High risk exposure - absence / failure of key controls.*

*Moderate risk exposure - controls not working effectively and efficiently.*

*Limited risk exposure - controls are working effectively but could be strengthened.*

#### **4.1.1 Public Protection Arrangements**

The objectives of the review were to ensure that:

1. NHSGGC has policies and procedures in place for both child protection and adult support & protection, taking into account national guidance and legislation.
2. Both roles and responsibilities and lines of accountability are clearly defined and reflective of the governance structure.
3. Arrangements are in place to ensure that appropriate action is taken in relation to any potential risks or concerns for patients.
4. There is regular reporting to management to provide assurance that the framework is working effectively, and that appropriate action is being taken to address identified issues.
5. Learning from protection reviews and near misses are identified, disseminated and acted upon throughout the organisation.

##### ***Good practice***

- There is a suite of documentation in place to support child protection. We confirmed that the guidance reviewed as part of this audit was in line with Scottish Government guidance on public protection arrangements and had been appropriately approved.
- NHSGGC's Public Protection Service has a 'Learning and Educational Strategy' that sets out staff learning and education requirements. The review confirmed that training was available to staff that covered all areas of public protection (adult and children), aligned to best practice, and is tailored to different groups of staff to align with their roles and responsibilities.
- There are governance groups in place for monitoring child and adult support and protection. It was found that child protection is well managed through this structure and that there are clear escalation routes to Board level.
- There is a public protection team who coordinate the significant adverse event reporting (SAER) investigations and provide support to those involved in the process.

##### ***Areas for improvement***

- Completion of mandatory training (level 1) should be better managed and monitored to ensure the deadline of one month from start date is met. Management should also consider the root cause for non-compliance to help in the management of this.
- A defined deadline for the completion of public protection arrangements training level 3 should be set as this is currently not clearly documented. This will allow management to measure compliance and ensure staff are equipped to perform the controls necessary for public protection.
- Refresher training should be monitored to ensure that all staff who have not received training on public protection arrangements for three years are refreshed in line with policy.
- There is a need to tighten up the recording of concerns through AP1s and NOCs to better evidence each step has been completed. This includes an update to the NOC forms to include the date and time of completion.

Management agreed to address all recommendations raised by the end of January 2024.

1. **Financial** - none.
  2. **HR & Organisational Development** - none.
  3. **Community Planning** - none.
  4. **Legal** - none.
  5. **Property/Assets** - none.
  6. **Information Technology** - none.
  7. **Equality & Human Rights** - none
  8. **Health & Safety** - none.
  9. **Procurement** - none.
  10. **Risk** - The subject matter of this report is the matters arising from the risk based Audit Plan's for Renfrewshire Council and NHSGGC in which the IJB would have an interest.
  11. **Privacy Impact** - none.
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**List of Background Papers** – none.

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