# Notice of Meeting and Agenda
# Renfrewshire Health and Social Care Integration Joint Board Audit Committee

| Date | Time | Venue |
|---|---|---|
| Friday, 26 January 2018 | 09:00 | Abercorn Conference Centre, Renfrew Road, Paisley, PA3 4DR |

KENNETH GRAHAM
Clerk

## To Follow Item

I refer to the agenda for the meeting of the the Renfrewshire Health and Social Care Integration Joint Board Audit Committee to be held on 26 January 2018 at 9.00 am and enclose the undernoted report relative to item 2 - Internal Audit Progress and Performance - Quarter 3 - previously marked 'to follow'.

## Membership

Councillor Lisa-Marie Hughes: Councillor Scott Kerr: Morag Brown: Dorothy McErlean: Alan McNiven: David Wylie

Councillor Lisa-Marie Hughes (Chair)

## Further Information

This is a meeting which is open to members of the public.

A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at www.renfrewshire.cmis.uk.com/renfrewshire/CouncilandBoards.aspx

For further information, please either email democratic-services@renfrewshire.gov.uk or telephone 0141 618 7112.

## Members of the Press and Public

Members of the press and public wishing to attend the meeting should report to reception where they will be met and directed to the meeting.

## Items of business

| | | |
|---|---|---|
| **2** | **Internal Audit Progress and Performance - Quarter 3**<br>Report by Chief Internal Auditor. | **5 - 12** |

| | |
|---|---|
| **To:** | **Renfrewshire Health and Social Care Integration Joint Board Audit Committee** |
| **On:** | **26 January 2018** |
| **Report by:** | **Chief Internal Auditor** |
| **Heading:** | **Internal Audit Progress and Performance – Quarter 3** |

## 1. Summary

1.1 A risk based Internal Audit Plan for 2017/18 was approved by the IJB Audit Committee on 3 February 2017. This report provides the Renfrewshire Integration Joint Board's Audit Committee with an update on the progress of that Audit Plan.

1.2 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.

1.3 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.

1.4 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.

1.5 This report also provides a summary to the Renfrewshire Integration Joint Board's Audit Committee of the Internal Audit activity at these organisations to 31 December 2017.

1.6 Internal Audit measures the progress and performance of the team on a regular basis using a range of performance indicators. This report monitors progress from 1 April 2017 to 31 December 2017, in terms of the delivery of the overall Audit Plan for the year and compares actual performance against targets set by Renfrewshire Council's Director of Finance and Resources.

## 2. Recommendations

2.1 That the Integration Joint Board Audit Committee are asked to note the content of the report.

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## 3. Progress on the IJB Audit Plan 2017/18

3.1 The Internal Audit Plan for 2017/18 provided for 35 days of internal audit resource, including assurance work, follow up of previous recommendations, planning and reporting and time for ad-hoc advice. The planned review of compliance with the integration scheme is currently underway.

## 4. Renfrewshire Council Internal Audit Activity

4.1 For the quarter ending 31 December 2017, there were no Internal Audit reports issued to the Renfrewshire Council, Audit, Risk and Scrutiny Board which are relevant to the Integration Joint Board.

## 5. NHS Greater Glasgow and Clyde Internal Audit Activity

5.1 For the quarter ending 31 December 2017, the following Internal Audit reports have been issued to the NHS Greater Glasgow and Clyde Audit Committee, which are relevant to the Integration Joint Board.

| Audit Review | Opinion (Note 3) | Number and Priority of Recommendations | | |
|---|---|---|---|---|
| | | High | Medium | Low |
| Waiting times management | High | 1 | 3 | 1 |
| Suicide risk assessment | High | 1 | 2 | 1 |
| Delayed discharge | Medium | - | 4 | - |
| Temporary staffing: nursing | Medium | - | 2 | 1 |
| Key financial controls: accounts payable | Low | - | - | - |
| Key financial controls: fixed assets | Low | - | - | 3 |

*Note 3*
*High risk indicates findings that could have a significant:*
*impact on operational performance; or*
*monetary or financial statement impact or*
*breach in laws and regulations resulting in significant fines and consequences; or*
*impact on the reputation or brand of the organisation.*

*Medium risk indicates findings that could have a moderate:*
*impact on operational performance; or*
*monetary or financial statement impact; or*
*breach in laws and regulations resulting in fines and consequences; or*
*impact on the reputation or brand of the organisation.*

*Low risk indicates findings that could have a minor:*
*impact on the organisation's operational performance; or*
*monetary or financial statement impact; or*
*breach in laws and regulations with limited consequences; or*
*impact on the reputation of the organisation.*

5.1.1 **Waiting times management - high risk**
Following the findings of a previous audit report, a new corporate capacity planning exercise was undertaken. The programme of demand and capacity gap assessment and improvement was intended to provide a consistent approach to addressing the deteriorating performance against waiting times targets. Workshops have taken place in order to aid the Acute Directors in identifying potential efficiency drivers which can be implemented in order to increase productivity and capacity across the board. Whilst a

significant level of time and resource has been expended to date on implementing the programme of demand and capacity gap assessment and improvement, there is a risk that this exercise will not deliver its key objectives due to the current lack of project management discipline and the absence of a capacity planning approach that considers actual available resource. As such, without refining the programme further to address the issues raised within this report, there is a risk that management's response to the deteriorating performance against waiting time targets will be insufficient. For this reason this report was classified as overall high risk.

5.1.2 **Suicide risk assessment – high risk**

NHS Greater Glasgow and Clyde has a series of risk assessment protocols in place, which address numerous mental health risk factors including suicide. At present there are three key risk assessment tools in place across Mental Health services, Child and Adolescent Mental Health Services and Emergency Departments.

Whilst patient safety is dependent on effective clinical process and judgement, the risk assessment process is important to ensuring that at risk patients are identified and managed through the appropriate pathways and acts as an important aid to clinical judgement. The auditor acknowledged that clinical research indicates that the positive predictive value of suicide risk assessment tools can be as low as 5%, and that there is consequently no direct correlation between completion of a tool and a reduction in suicide rates.

Overall the auditor found that whilst there are risk assessment tools in place which have been tailored for specific service needs, these are not being completed in practice in accordance with the requirements of the Board's policies. Whilst the appropriate clinical care may have been provided in these cases, in numerous instances there was a lack of evidence that the appropriate considerations were made.

Whilst they acknowledged the continued clinical debate on the extent to which suicide risk assessment tools have an impact on suicide rates, they expected that staff within NHSGGC would follow the Board's policies in relation to use of the tools.

They also found that there are gaps in the coordination of suicide risk assessment across service areas in NHS Greater Glasgow and Clyde. At the time of the report, Board suicide prevention guidelines covered adult mental health services only, rather than including CAMHS, Acute and Primary Care services.

A revised risk management policy has been developed after extensive consultation. It introduced a new risk management tool which includes user and carer input, is embedded in the electronic care record, and links directly to care planning and is accompanied by five new auditable standards. Implementation will be supported by SPSP and a new Quality Improvement hub in Mental Health. The data provided in this report will form a useful baseline to assess the effectiveness of this new suite of measures in adult, LD, addictions and older peoples' mental health services.

Management recognise that the use of risk assessment tools was not fully compliant with policy in the audits conducted in CAMHS and ED, two areas that have not so far

had the benefit of SPSP support. Performance needs to be improved, and a suite of measures including training, prompts to policy awareness and audit will be introduced.

As part of the revision of risk management policy, management has recognised that an overarching framework of Suicide Prevention Guidance needed to be developed to bring together all relevant policies into one coherent document. That is now available online through Staffnet. The document did not expressly reference risk management in CAMHS and Acute settings, and that oversight will be corrected.

Management accepted the criticism of suicide prevention training (as distinct from risk management training) made in this audit. A working group to reinstate appropriate training has been established.

It is the Board's view that pathways are in place to guide the management of suicidal behaviour in ED, but it is accepted there is scope to improve the clarity and availability of that guidance.

5.1.3 **Delayed discharge – medium risk**

In 2015/16 NHS Greater Glasgow and Clyde received additional funding from the Scottish Government of £23.66m allocated across the Board's six Health and Social Care Partnerships (HSCPs) over a period of three years. This funding came from the national Integration Fund and was designed to support reduced numbers of delayed discharges.

The key finding of this report is that, in order to drive tangible and sustainable improvement against delayed discharge targets, a more detailed, data-driven and targeted approach must be taken in order to identify and change underlying root causes at a granular, departmental and patient-pathway level. This approach should be based on available delayed discharge data, lost bed days data and any additional understanding that can be gained on detailed underlying root causes for delay. Actions should then be targeted towards the areas which present the poorest performance. By doing this, the Board will be better equipped to create and prioritise meaningful actions.

The Board had reported the risk of an increase in delayed discharges and increased bed days as the highest scored risk in their corporate risk register. At the point in time of the audit review, it was the auditor's opinion that although this risk does have a financial implication, there are other risk areas related to the wellbeing of patients, due to the deterioration caused by each subsequent day spent in an acute hospital bed which had not been reflected in the risk statement. Whilst this is clearly a risk being faced by the Board, the findings of this report do not support the assertion that it is the most significant corporate risk being faced by NHSGGC.

The auditor acknowledged that the challenges in improving delayed discharge performance are complex, multi-faceted and variable across the different HSCPs. Differences in patient populations, demographics, the number of stakeholders involved, and other external factors render a single, consistent approach ineffective.

This review, and the patient case studies conducted, has identified a number of underlying causes for delay. Whilst there are numerous others, these included:

- patient and family choice;
- availability of care homes;
- social work referral/SMAT process;
- slow email communication between healthcare providers; and
- restrictive and inflexible patient pathways.

5.1.4 **Temporary staffing: nursing – medium risk**

In the last 12 months the Board has initiated a series of actions to consider the use of temporary staffing across nursing and midwifery. At present the focus is on reducing the level of agency use. Whilst in the longer term it is the objective that reliance on bank staff will be reduced, it has been acknowledged that bank staff will always be required as a contingency across the health service.

The Board has in place policies and processes to manage the use of temporary staff. The Board follows national guidelines when it comes to workforce planning. Work has been done over the last six months by management to examine rostering and the underlying factors that impact the use of temporary staffing. A number of initiatives are underway to improve and help teams with rostering, sickness absence, enhanced observations and recruitment. The findings and recommendations raised within this report demonstrate that the root cause of the issues is the need to set consistent minimum standards for approving the use of agency requests, for managing and monitoring complaints and to ensure proper on-boarding of agency staff.

NHSGGC accepts the findings of the review and will progress associated actions where practical and reasonable to do so, specifically in relation to the on boarding of agency staff.

5.1.5 **Key financial controls: accounts payable – low risk**

NHSGGC spends around £1.5bn per annum on non-pay related costs. These cover areas of core expenditure including prescribing, estates, suppliers, and service costs. The accounts payable process is critical to ensuring that goods and services are only paid for when they have been appropriately received and that payment processing is controlled. The controls within the accounts payable process are important in ensuring the accuracy and completeness of financial information, that suppliers are paid accurately and on a timely basis and also that the risk of fraud is managed.

In the current year the auditor had no new findings to report and have concluded that, in line with prior years, the control environment for accounts payable remains strong. Overall controls were found to be well designed and sample testing of their operation noted no exceptions. This report has therefore been classified as low risk.

5.1.6 **Key financial controls: fixed assets – low risk**

The fixed asset portfolio of NHS Greater Glasgow and Clyde (NHSGGC) represents a balance of £2.1 billion on the Board's balance sheet. This is comprised of £1.7 billion of buildings representing the large and complex estate of NHSGGC. The size and diversity of the fixed asset balance of NHSGGC can present risks associated with ensuring that all assets are captured and held at an appropriate value within the

financial statements. Key financial controls are critical to ensuring that the fixed asset balance is reflected accurately within the accounts.

Overall, the auditor found that controls are in place to ensure fixed assets are accounted for appropriately, but identified some minor areas for improvement to ensure that processes are suitably formalised and consistently operating as expected.

Management accepts the findings within this report and has an action plan in place to address them.

## 6. Internal Audit Performance

### (a) Percentage of audit plan completed as at 30 September 2017

This measures the degree to which the Audit plan has been completed

| Actual 2016/17 | Annual Target 2017/18 | Audit Plan Completion Target to 31 Dec 2017 | Audit Plan Completion Actual to 31 Dec 2017 |
|---|---|---|---|
| 91.8% | 95.0% | 66.5% | 66.5% |

Actual performance is currently on target.

### (b) Percentage of assignments completed by target date

This measures the degree with which target dates for audit work have been met.

| Target 2017/18 | Actual to 31 Dec 2017 |
|---|---|
| 95.0% | 100% |

Actual performance is ahead of the target set for the year.

### (c) Percentage of audit assignments completed within time budget

This measures how well the time budget for individual assignments has been adhered to.

| Target 2017/18 | Actual to 31 Dec 2017 |
|---|---|
| 95.0% | 97.6% |

Actual performance is ahead of the target set for the year, although this is likely to reduce over the remainder of the year.

### (d) Percentage of audit reports issued within 6 weeks of completion of audit field work

This measures how quickly draft audit reports are issued after the audit fieldwork has been completed.

| Target 2017/18 | Actual to 31 Dec 2017 |
|---|---|
| 95.0% | 95.2% |

Actual performance is ahead of the target set for the year.

**Implications of the Report**

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 progress of the risk based Audit Plan's for the IJB, and those reports relating to 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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**Author:** Andrea McMahon, Chief Internal Auditor