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

On: 18 September 2023

Report by: Chief Internal Auditor

Heading: Summary of Internal Audit Activity in Partner Organisations

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 |
| Business Continuity Plans – ICT Systems | Limited | 2 | 1 | 2 | 0 |
| Cyber Security | Reasonable | 0 | 2 | 2 | 0 |
| Information Asset Register | Limited | 1 | 2 | 3 | 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 Business Continuity Plans – ICT Systems

The objectives of the review were to ensure that:-

1. Services have undertaken Business Impact Assessments which have been documented and risk assessed.
2. Services have prepared Business Continuity Plans which specifically address recovery arrangements of their business critical ICT systems including prioritising which systems to recover and in what order.
3. Service Business Continuity Plans are clear regarding roles, responsibilities and decision making arrangements for activation of the business continuity plans.
4. Service Business Continuity Plans have considered the optimum way to gather data during an outage in such a way that it facilitates updating the source system on resolution of the outage.
5. Services and ICT (or external supplier) Business Continuity Plans are appropriately aligned in terms of expectations, response times and resources required.
6. Service Business Continuity Plans are tested on a regular basis.

Service level Business Continuity Plans require to be improved to record all the ICT areas referred to in the council's Business Continuity Plan template for all service areas. The main areas to be reviewed and updated are service area restoration plans and plans in the event of ICT system outages. The Crisis and Resilience Management Team have overarching responsibility for Business Continuity Plans and recommendations have been made within the report to address the areas identified and ensure a consistent approach is taken across services.

3.1.3 Cyber Security

The objectives of the review were to ensure that:-

1. Appropriate governance arrangements are in place with accountability and responsibility for cyber security being allocated to appropriate individuals.
2. Cyber risks and vulnerabilities are regularly assessed through internal processes or contracted arrangements.
3. Actions arising from risk assessments are prioritised, planned and monitored at an appropriate level for completion.
4. Incident response planning and decision-making arrangements are adequately documented and understood by the relevant parties; and
5. Arrangements are in place to provide training and awareness raising to relevant employees.

The internal control processes are generally satisfactory with some areas of weakness being identified specifically in relation to the uptake of available training and improving the documentation of incident response plans.

3.1.4 Information Asset Register

The objectives of the review were to ensure that:-

1. An Information Asset Register is in place which records the information required by Article 30 of General Data Protection Regulation (GDPR)
2. Information Asset Owners have been assigned to each information asset and Information Asset Administrators have been appointed to maintain the register;
3. Risks to each information asset have been assessed and procedures have been put in place to mitigate those risks;
4. Additions and deletions of information assets are adequately monitored;
5. The Information Asset Register is regularly reviewed to ensure it is kept up to date.

Work has been carried out by the Enterprise Architecture Team to update the council's Information Asset Register and by the Information Governance Team to communicate to Information Asset Owners/Administrators that they should complete all fields in the Information Asset Register and to keep the register up to date. However, there is a lack of ownership and oversight of the information contained in the Information Asset Register.

The auditor recommended that the Information Governance team should request positive affirmation/sign off annually from Information Asset Owners that the register is up to date. In addition, Information Asset Owners for each service, should usually be at Head of Service level, and should take overall responsibility for maintaining the Information Asset Register for their service area and ensuring that it is up to date.

4. NHS Greater Glasgow and Clyde Internal Audit Activity

- 4.1 The following Internal Audit reports have been issued to the NHS Greater Glasgow and Clyde Audit and Risk Committee, which are relevant to the Integration Joint Board. A summary has been provided for those reports, 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 |
| Use of Agency Staff | Substantial Improvement Required | 0 | 2 | 3 | 0 |
| Moving Forward Together Implementation | High risk associated with the nature of the programme and challenging external factors (note 3) | 0 | 3 | 3 | 0 |

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.

Note 3 - The significant challenge associated with delivering a substantial change programme on the scale of MFT in such a complex and uncertain external environment means that we did not consider a rating of "Substantial Improvement Required" to be appropriate for this report. We note and commend the substantial efforts to date by management (including since the conclusion of our audit fieldwork) to progress MFT, however there are a number of external factors at play that mean we consider the risk in this area to be high.

4.1.1 Use of Agency Staff

The objectives of the review were to ensure that:

1. The level of demand for agency/locum staff clearly correlates to unplanned absences and the proportion of unfilled bank requests.
2. The findings from the previous audit have been cascaded to teams and implemented.
3. The deep dive approach is supporting the long term reduction in Agency.
4. Whether the level of reliance on agency staff for individual wards is proportionate when compared with historic trends, the availability of specialist skillsets and demand.
5. The level of returning agency workers for individual wards to identify whether there are specific wards that routinely rely on specific agency workers without a clear rationale.

The key role of agency workers is to provide cover for unplanned staffing shortfalls that cannot be filled by bank staff.

The auditor reviewed the trends in usage of agency staff in 2022 as compared with 2019, when usage was relatively low, during the course of the audit. It was found that the increased use of agency workers in 2022 as compared with 2019 was in fact driven more by planned than unplanned absences, as would have been expected. It was noted this was reflective of the national picture and the increase was driven by the impact of covid. It is understood that high vacancy and absence rates have made effective rota management more challenging, meaning that it can be hard to manage planned absences within the existing staff cohort and so also sought to establish the extent to which this has contributed towards the increase.

The auditor reviewed a sample of cost centres (wards) with the highest agency use and were able to substantiate that most also had high vacancy and absence rates. It was also however noted a substantial use of agency workers that we could not attribute either to high vacancy levels or to high absence levels (40% of wards sampled). The auditor was unable to substantiate the reason for the increased reliance on agency workers for these wards. In addition to this, instances were identified where the auditor was unable to confirm that agency workers were paid correctly according to their hours worked as the requested invoices could not be provided to us during the course of our work.

In addition, it was noted that the wards who retained a reliance on agency staff pre-pandemic did not necessarily increase their usage of agency staff post-pandemic. The wards who relied most heavily on agency staff in 2022 all had minimal to no reliance on agency staff in 2019. From discussion with management, it is understood that there have been changes in the clinical function of wards and an additional number of beds open, outwith the funded bed base, which due to the high levels of vacancy has further increased the reliance on supplementary staffing.

These issues notwithstanding, workforce has been identified as the "biggest risk to NHS recovery" according to Audit Scotland's annual NHS overview and further work is required to reduce NHSGGC's reliance on agency staff as compared to the pre-pandemic period.

4.1.2 Moving Forward Together Implementation

The objectives of the review were to ensure that:

1. Project plans have been developed and approved to support the prioritised component activities within the overall MFT transformation plan.
2. Project plans have clearly considered the level of resource required to deliver component activities.
3. Information to support the implementation of project plans are collated and monitored by the Project Management Office on a regular basis.
4. There are adequate reporting procedures which provide up to date overview of progress against MFT projects.

5. There is a clear governance structure for review of projects, which is scrutinised by an appropriate group/committee who maintain consistent oversight of all ongoing projects.

Following the Covid-19 pandemic, NHS Greater Glasgow and Clyde (NHSGGC) reviewed the transformational priorities included within the initial Moving Forward Together (MFT) plan originally approved by the Board in 2018, to reflect changes in the operating environment and remobilisation and recovery targets. This review resulted in agreement of ten revised MFT strategic priorities informed by pre-existing transformation activity, Scottish Government remobilisation priorities and NHSGGC's own objectives. We have confirmed a clear alignment of the revised MFT strategic priorities to both pre-Covid MFT activity and wider recovery priorities.

Delivering transformation on this scale within any organisation is challenging; and carries significant risk. In NHSGGC's case, this risk is exacerbated by the extremely difficult operating environment post Covid-19 and associated remobilisation and recovery efforts. Changing Scottish Government priorities, an uncertain future funding landscape and resourcing and capacity issues, coupled with high patient waiting list volumes, means that it is vitally important that NHSGGC has clearly articulated the key objectives that MFT will deliver, and ensure that it has fully considered and articulated how these objectives will be delivered, the associated resourcing requirements, and how progress will be monitored on an ongoing basis.

The audit found that the review of MFT priorities undertaken by management in 2021 resulted in clear alignment of the revised MFT strategic priorities to both pre-Covid MFT activity and wider recovery priorities. However, progress in implementing these revised MFT strategic priorities has been slowed by the ongoing impacts of the pandemic and the need to align transformation activity with new and emerging Scottish Government priorities.

As such, NHSGGC's ability to progress with transformational activity within an extremely challenging operating environment, with increased pressure on services and both resourcing and financial constraints, remains an area of significant uncertainty. Whilst we recognise the importance of progressing the MFT, without clear and consistent articulation of the volume of work, resourcing and timescales expected for successful delivery of its objectives, the viability of the programme within the current environment is not clear.

The audit has identified a number of improvement actions intended to build on the positive work already undertaken in this area and support NHSGGC in establishing and maintaining the arrangements necessary to support successful implementation of MFT. The most notable of these relates to the need to refine and finalise consistent project plans that operationalise the activities needed to attain each of the revised MFT strategic priorities.

4.1.3 Annual Internal Audit Report 2022/23

The NHSGGC Audit and Risk Committee also considered the internal auditor's Annual Internal Audit Report, which concluded that *"In our opinion NHSGGC has a framework of governance and internal control that provides reasonable assurance regarding the effective and efficient achievement of objectives."*

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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