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

On: 10 September 2021

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 content of the report.
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3. Renfrewshire Council Internal Audit Activity

- 3.1 During the period 1 June to 30 June 2021, there were no reports issued to Renfrewshire Council, which are relevant to the Integration Joint Board.

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 from 1 January 2021 to 31 March 2021, 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
IJB Planning and Performance Reporting	N/A Consultancy / Advisory Review	N/A	N/A	N/A	N/A
Payroll	Effective	0	0	0	1
Duty of Candour	Minor Improvements Required	0	0	3	2

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 IJB Planning and Performance Reporting

The objectives of the review were to ensure that:

1. The strategic planning periods of NHSGGC and its partner IJBs are aligned to ensure successful delivery of shared objectives and priorities.
2. There is regular and ongoing engagement between the health board and IJBs as part of their respective strategic planning processes to ensure alignment of objectives.
3. There is a clear governance structure in place within NHSGGC to appraise IJB strategic plans as part of the overarching approval process
4. NHSGGC has allocated responsibility internally for monitoring progress towards delivering IJB strategic objectives, with scrutiny undertaken by an appropriate governance group/committee.

In October 2020, a paper was presented to the NHS Greater Glasgow and Clyde (NHSGGC) Board, setting out two areas of concern in relation to Integration Joint Boards (IJBs):

- The extent to which NHSGGC is able to meaningfully contribute to the IJB strategic planning process; and
- Arrangements for ensuring that Board members receive consistent and timely assurance in respect of the functions delegated to each IJB.

The review identified that there are clear arrangements in place to ensure that IJB strategic plans are considered by NHSGGC via the Finance, Planning and Performance Committee, on behalf of the Board. This responsibility is articulated within terms of reference for the Committee, last updated in August 2020.

It was noted, however, that there is not alignment between strategic planning time periods for each of NHSGGC's partner IJBs, meaning that it is difficult to undertake a whole-system approach to strategic planning. Five of the six partner IJBs are due to refresh their strategic plans from 2022/23 onwards, which allows a clear opportunity to ensure that IJB plans are aligned to key NHSGGC priorities and strategies over the medium to longer term.

It was further noted that NHSGGC receives frequent updates from IJBs as regards financial performance, however, there is not clear allocation of responsibility within NHSGGC for monitoring progress towards delivering delegated functions. As part of the ongoing work to develop the Board Assurance Framework, we recommend that the Board considers its assurance needs over IJB strategic performance and sets clear performance measures to allow assessment of performance.

Management has noted the key findings in the report, and the auditors remain in discussion with the Director of Finance, Head of Corporate Governance and Administration and the Chairman to agree next steps in this area.

4.1.2 Payroll

The objectives of the audit were to ensure that:

1. Changes to payroll standing data, including addition of starters, removal of leavers and processing of salary changes, are authorised and processed on a timely basis. Changes are accurately reflected in both the Payroll and eESS system.
2. Payroll payments are made to valid employees only, at the correct and authorised rate
3. Payroll payments are appropriately reviewed and approved prior to release, and are reconciled for accuracy on a timely basis.
4. Post-implementation review of the eESS system has been carried out to measure the success of the system in achieving expected benefits.

The audit found that, overall, NHS Greater Glasgow and Clyde (NHSGGC) has robust and well-understood processes in place to ensure that payroll costs are accurate and processed on a timely basis. It was also confirmed that the HR and Payroll teams were able to operate effectively despite sustained additional workload pressures during the Covid-19 pandemic, including successfully administering the deployment of 1,300 student nurses and midwives to support the pandemic response. Review of eESS functionality remains ongoing at a national level, with progress delayed in some areas due to the pandemic. It was confirmed, however, that NHSGGC continues to liaise with Health and Social Care Partnerships (HSCPs); NHS National Services Scotland (NSS) and other health boards to ensure that these issues continue to be progressed at both local and national level.

The minor finding included in the management action plan has been agreed with the audit contacts and sponsor. A timeline for completion of the action has also been agreed, which will be followed up as part of the quarterly follow up process.

4.1.3 **Duty of Candour**

The objectives of the review were to ensure that:

1. Policies and procedures have been developed and implemented to fulfil the Board's obligations under the applicable legislation and regulations.
2. Relevant staff have received adequate training to ensure that they are aware of the applicable procedures and their responsibilities under the Duty of Candour.
3. All incidents giving rise to obligations under the Duty of Candour are identified and recorded, with action taken in line with the regulations.
4. Formal review of the circumstances of incidents is undertaken, including the production of a written report.
5. Arrangements for the production and publication of an annual report have been implemented.

NHS Greater Glasgow and Clyde (NHSGGC) has clear policies and processes in place that support compliance with Duty of Candour legislation. Sample testing confirmed that Duty of Candour investigations had been consistently carried out by appropriate specialist teams, with each investigation culminating in a summary report outlining the key issues raised and recommendations for improvement. A few improvement actions were identified to support ongoing compliance with the legislation and enhance internal policies and procedures. These relate mainly to improving compliance with the required timescales for both initiating and concluding Duty of Candour investigations.

The minor findings included in the management action plan have been agreed with the audit contacts and sponsor. A timeline for completion of the action has also been agreed, which will be followed up as part of our quarterly follow up process.

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 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.

List of Background Papers – none.

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