

FTF Internal Audit Service

Internal Control Evaluation 2022/23 Report No. B08/23

Issued To: C Potter, Chief Executive
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Executive Directors Group
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Audit Follow-Up Co-ordinator

Audit and Risk Committee
External Audit

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Draft Report Issued	25 November 2022
Management Responses Received	27 February 2023
Target Audit & Risk Committee Date	8 December 2022
Final Report Issued	6 March 2023

EXECUTIVE SUMMARY

1. As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control and to manage and control all the available resources used in the organisation. This review aims to provide early warning of any significant issues that may affect the Governance Statement.

OBJECTIVE

2. The NHS in Scotland remained on an emergency footing until 30 April 2022. NHS Fife is now at an advanced stage of developing its Population Health and Wellbeing Strategy, which should demonstrate how NHS Fife will deliver services in a post Covid environment whilst reflecting on the financial and staffing challenges facing the NHS.
3. The NHS Recovery Plan 2021-26, issued in August 2021, sets out key headline ambitions and actions to be developed and delivered now and over the next 3 years. The aim of the plan is to drive the recovery of the NHS in Scotland, not just to pre pandemic levels but beyond.
4. The NHS Fife 2022/23 Annual Delivery Plan was submitted on 29 July 2022. The Scottish Government (SG) 2022/23 Annual Delivery Planning Guidance, issued in May 2022, set out a timeline which indicated medium term plans would be required by the end of January 2023. Guidance for the 2023-24 Planning was issued by the SG on 14 November 2022.
5. The internal audit plan provides cyclical coverage of all key elements of Corporate, Clinical, Staff, Financial and Information Governance. The strategic risk profile of the organisation altered significantly as a consequence of the pandemic, and NHS Fife is in parallel making progress in revising and developing its risk management framework. We have prioritised our audit work to provide assurance on the areas of likely highest risk.
6. Together, the Internal Control Evaluation (ICE) and annual report provide an opinion on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year. The ICE and Annual Internal Audit Report do not, and cannot, provide the same level of assurance as a full review but do allow an insight into the systems which have not been audited in full, and provide early warning of issues and allow a holistic overview of governance within NHS Fife.
7. This ICE also provides a detailed assessment of action taken to address internal audit recommendations from previous ICE and Annual Reports, and assesses the adequacy and effectiveness of internal controls, which should allow remedial actions to be taken before year-end, allowing the annual accounts process to be focused on year-end assurances and confirmation that the required actions have been implemented.
8. Whilst there was no overarching corporate/strategic risk relevant to this review, our audit assessed the design and operation of the controls in place and specifically considered whether:
 - Governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

AUDIT OPINION

9. Ongoing and required developments and recommended actions are included at Section 2.
10. The Annual Internal Audit Report was issued on 13 June 2022 and was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers.
11. As well as identifying key themes, the Annual Internal Audit Report made four specific recommendations as follows:

- Provision of a clearer view of how the remaining two years of the Digital and Information Strategy will be delivered within the financial budget, with clarity around elements of the strategy that will not be delivered by the end date of 31 March 2024.
 - An Implementation Plan for delivering the Property and Asset Management Strategy (PAMS) should be properly documented, approved and monitored to ensure the delivery of actions and outcomes and provide assurance to the Board that the PAMS is being delivered.
 - Enhanced written reports to the Staff Governance Committee (SGC) indicating how ongoing workstream and other activity meets the appropriate Staff Governance Standards (SGSs), to be presented in accordance with its Workplan. Any related reports, such as the Health and Wellbeing Update, should also state which strands they provide assurance on and where possible report on the impact as well as the implementation of any actions taken.
 - NHS Fife should be provided with an update/precis on work being undertaken in response to Ministerial Steering Group (MSG) recommendations, to foster closer working relationships with colleagues in local authorities and IJBs.
12. Outstanding actions from previous ICE and Annual Internal Audit Report recommendations are shown in table 1. 11 actions have been completed since the issue of our Annual Internal Audit Report.
13. In this report we have provided an update on progress to date and, where appropriate, built on and consolidated previous recommendations to allow refreshed action and completion dates to be agreed. This has culminated in 11 recommendations for which management have agreed action to be progressed by year end. Whilst this appears to be a large number given the overall positive conclusions within the report, these recommendations are primarily suggestions to enhance governance improvement activities already underway within NHS Fife.
14. We recommend that this report is presented to each Standing Committee so that key themes can be discussed and progress against the recommendations can be monitored.

KEY THEMES

15. Detailed findings are shown later in the report, which also shows, for context, relevant Corporate Risks against each strand of Corporate Governance. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
16. Audit Scotland – NHS Scotland 2021, issued February 2022, previously stated that *“the NHS was not financially sustainable before the pandemic and responding to Covid-19 has increased those pressures.”* Since then, the overall financial position has worsened considerably across the whole of NHSScotland. Previous Internal Audit reports have recorded similar concerns and highlighted the strategic changes required in order to address them. The ongoing impact of UK government budget changes, the pandemic, rising inflation and associated pressure on public pay, substantial rises in waiting lists, difficulties in recruitment, extremely ambitious SG targets across a range of areas and many other challenges have all increased financial risk for NHS Fife, NHSScotland and the public sector in general including our Local Authority partners.
17. We previously highlighted the risks associated with the National Workforce Strategy for Health and Social Care and the need for realistic plans within NHS Fife. Since then, the NHS Fife Workforce Plan 2022-2025, a high-level overview of the workforce and further work is underway to inter-relate and align financial planning to the workforce plan via the Strategic Planning Resource Allocation (SPRA) process using a template to collect both the workforce projections and the SPRA information. Workforce risks remain high across NHSScotland and indeed health

sectors all over the world and the current risk and target risk scores for Workforce within NHS Fife will require careful consideration to ensure they reflect local, national and international pressures and the extent to which these are and can be mitigated locally.

18. In the face of the challenges posed by Covid, maintaining operational performance against mandated targets has been almost impossible to achieve. It is likely that these challenges will continue and that operational improvements, whilst necessary, will only serve to buy time until genuine strategic solutions can be found, including closer working in partnership with the Integration Joint Board (IJB) to address underlying capacity and flow issues.
19. As reported in the Annual Internal Audit Report for 2021/22, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. The shape of future strategy will be dependent on a number of complex factors, with some subject to change. However the Board has continued to respond and risk assess to ensure the most urgent work is prioritised.
20. Whilst the SGHSCD has set a number of very challenging national objectives, many of which appear to be high risk, in terms of delivery, NHS Fife must set achievable strategic objectives which can be delivered within its own risk tolerances.
21. NHS Fife continues to progress its Risk Management Framework Improvement Programme. The Board's overall approach to risk management has been revised with a new Corporate Risk Register replacing the Board Assurance Framework. A Risks and Opportunities Group has been established which aims to embed an effective organisational risk management framework and culture, including assurance mapping principles. Consideration of current risk scores and achievement of target scores by target dates will require constant monitoring to ensure they fully reflect current risk and controls and in particular, target scores must be realistic.
22. Governance and assurance processes for clinical activity undertaken in services provided by the IJB continue to evolve but are not yet fully agreed and in place to ensure that NHS Fife Clinical Governance Committee is assured appropriately and timeously. Assurance should be provided to the NHS Fife Clinical Governance Committee on inspection reports and on Child and Adult Protection risks.
23. We have made recommendations on provision of adequate and effective assurance to the Clinical Governance Committee (CGC), the Clinical Governance Oversight Group (CGOG) and the Organisational Learning Group (OLG) on effectiveness of internal control systems in identifying issues raised in external inspection reports, and on the management of clinical risks due to delayed treatment, and on the management of adverse events.
24. This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. There are opportunities now to further enhance governance through the application of assurance mapping principles. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

KEY DEVELOPMENTS SINCE THE ISSUE OF THE ANNUAL REPORT INCLUDED:

- The reporting of the OPEL (Operational Pressures Escalation Levels) on the NHS Fife intranet, and the high escalation levels reported, reinforces the heightened risk environment both locally and across NHSScotland;
- Establishment of the Financial Improvement and Sustainability Programme Board early in 2022 to oversee Cost Improvement plans which will be required to support delivery of financial balance in the short and medium term;

- An interim update PAMS endorsed by the Finance, Performance & Resources Committee (FPRC) and approved by the NHS Fife Board in September 2022;
 - Three year Financial Plan developed and approved by the NHS Fife Board in September 2022;
 - Scottish Government (SG) approval, on 21 September 2022, of the Annual Delivery Plan (ADP) for 2022/23 and the development of a progress reporting tool to monitor delivery against the ADP;
 - Ongoing enhancements to the Integrated Performance and Quality Report (IPQR) through the IPQR Review Group;
 - Development of Risk Management arrangements including a Corporate Risk Register;
 - Development of the Clinical Governance Strategic Framework with the final approval given by the Clinical Governance Committee in January 2023;
 - The Staff Health and Wellbeing Framework, setting out the NHS Fife ambitions in respect of staff health and wellbeing, presented to the November 2022 Staff Governance Committee (SGC) for approval;
 - The NHS Fife Workforce Plan 2022-2025 endorsed by the SGC and approved by the Board prior to submission to the Scottish Government for 31 July 2022;
 - Whistleblowing directives issued by the Independent National Whistleblowing Officer are being implemented with NHS Fife.
25. Overall, there has been good progress on recommendations from the ICE from last year and the Annual Report for 2021/22. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.




ACTION


26. The action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.


ACKNOWLEDGEMENT

27. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

A Gaskin, Bsc. ACA
Chief Internal Auditor

TABLE 1		
Update of Progress Against Outstanding Actions from previous ICE and Annual Reports		
Agreed Management Actions with Dates	Management Actions Updates with Dates	Assurance Against Progress
Annual Report 2021/22 – B06/23		
<p>1 – Ministerial Steering Group (MSG)</p> <ul style="list-style-type: none"> A report on the MSG indicators will be presented to the Finance and Performance Committee. <p>Original date of expected completion 30 September 2022.</p>	<p>A report on the MSG indicators was not reported to FPRC in July, September, and November 2022, nor Fife NHS Board in July, August, September and November 2022.</p> <p>An update will be provided to the next FPRC meeting.</p>	 <p>Significant Slippage</p>
ICE Report 2021/22 – B08/22		
<p>1. Performance Reporting</p> <ul style="list-style-type: none"> As part of the Active Governance action plan, consideration should be given to how Performance Reports can provide overt assurance on the accuracy of the narrative and scores for related strategic (BAF) risks as well as the adequacy and effectiveness of key controls. The risk section of Board and Committee papers should be given higher priority than at present and should contain basic information to facilitate a focused discussion on the risk implications, be overtly linked to any operational or BAF risks and contain enough information for members to be able to form a conclusion on whether the score narrative and other elements of the related risk are adequately described. <p>Original date 31 March 2022.</p> <p>Revised Date 30 June 2022</p> <p>Further Revised Date March 2023</p>	<p>The Corporate Risk Register and Dashboard paper was approved by Fife NHS Board in September 2022. This included proposals for:</p> <ul style="list-style-type: none"> A risk profile dashboard deep dive reports IPQR including the risk profile dashboard. <p>The revised risk management development are now operational and interpreted within the IPQR. Presentation of the information is continuously reviewed with good evidence of the effectiveness of the 'Deep Dive' presented in the last 2 cycles of the Governance Committees.</p>	 <p>Minor slippage on agreed timelines</p>
<p>2.Organisational Duty of Candour (DoC)</p> <ul style="list-style-type: none"> An update on the number of instances Organisational Duty of Candour has been applied in NHS 	<p>The DoC annual report for 2020/21 included comparative information regarding the previous 2 years and this approach will continue in future.</p>	 <p>Significant Slippage</p>

<p>Fife in 2021/22 should be scheduled for presentation to CGC prior to conclusion in the Annual Assurance Report and Statement, which should highlight any issues experienced and be sufficient allow the CGC to conclude whether there were adequate and effective Duty of Candour arrangements throughout 2021/22.</p> <ul style="list-style-type: none"> The Committee should be told when it can expect the final report on the year's activity and how arrangements will be developed in future to allow more timely reporting. <p>Original date 31 March 2022. Revised Date 31 March 2023</p>	<p>In addition, the SBAR supporting the 2021/22 DoC annual report (now scheduled for presentation to CGC in March 2023) will include commentary on 2022/23 activity to date and whether there are any issues with compliance that the CGC needs to be aware of. The timing of adverse event reviews means that this information will not be definitive, but it will provide CGC with the assurance available at that time ahead of it concluding on its own annual assurance statement.</p> <p>Proposal to extend to 31 March 2023 agreed by Medical Director.</p>	
<p>3.IPQR and Financial Sustainability BAF</p> <ul style="list-style-type: none"> Links between the Financial Sustainability BAF and IPQR should be clear and overtly linked so the controls/mitigations of the BAF provide assurance that challenges within the IPQR is being managed. The financial sustainability BAF should be updated to include links to Strategy, PMO Savings Programme and relevant External audit recommendations. <p>Action Owner: Director of Finance and Strategy</p> <p>Original date 31 March 2022. Revised Date 31 March 2023</p>	<p>The Corporate Risk Register and Dashboard paper was approved by Fife NHS Board in September 2022. This included proposals for:</p> <ul style="list-style-type: none"> A risk profile dashboard deep dive reports IPQR including the risk profile dashboard. <p>The dashboard in the IPQR is to be further developed over the next 4 months and feedback from committee members used to decide whether it is an effective addition.</p> <p>Reporting on corporate risks in the risk profile dashboards, deep dive reports and the IPQR to FP&RC during the remainder of 2022/23, and the manner in which the revised reporting drives discussion at these meetings is key to the actions being considered completed. Therefore the target implementation date has been extended to 31 March 2023.</p> <p>Feedback from committee members has been noted and taken into consideration in the further development of the risk management framework.</p>	 <p>Minor slippage on agreed timelines</p>

ICE Report 2020/21 – B08/21		
<p>1. Long term Strategy</p> <ul style="list-style-type: none"> The EDG should jointly agree how the various strands of work to inform and deliver the long term strategy for NHS Fife will be analysed and translated into a co-ordinated programme, building on the progress already made through the SPRA as well as remobilisation planning, considering how best use can be made of existing expertise and data and understanding constraints on resources. This review should also consider how best to ensure effective governance and oversight of this key area in advance of the Board Development Session A timetable for development of the new Strategy and supporting strategies should be reported to the NHS Board. Reporting on progress should be clearly assigned to an Assurance Committee or the NHS Board and should include a broad overview of whether Recovery, Remobilisation and strategy development is on track, key achievements, challenges and risks and any significant implications for strategy and priorities. <p>Original date 31 March 2022. Revised Date 31 March 2023</p>	<p>The development of the NHS Fife Population Health and Wellbeing Strategy is ongoing.</p> <p>Fife NHS Board was updated in September 2022 on progress against the milestones previously presented to the Board in March 2022. This includes a target of December 2022 for a draft strategy to be ready for presentation to Fife NHS Board at their January 2022 meeting.</p> <p>The original target implementation date for this action was extended to 31 March 2023 and the update provided to Fife NHS Board in September 2022 indicates that this will be achieved.</p>	 <p>Some Slippage</p>

CORPORATE GOVERNANCE

Corporate Risks:

Risk 1 – Population Health and Wellbeing Strategy – High Risk (12); Target (8) Moderate

There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.

Risk 2 – Health Inequalities – High Risk (20); Target (10) Moderate

There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.

Governance Arrangements

The Governance Structure update provided to the May 2022 Board meeting advised that the NHS in Scotland has formally stepped down from its emergency footing and is moving from remobilisation to recovery on a transitional approach. NHS Fife has set up an Executive Directors Group (EDG) huddle which will be kept under review with the possibility of re-establishing the Gold Command, or stepping down the EDG huddle depending on activity levels.

Board Development Sessions were held for a diverse selection of topics during 2022/23, including Clinical Strategy, Equality and Diversity, Cyber Security, role of the Assistant Practitioner, Integrated Planned Care Elective Recovery and Culture, Values and the Role of the Board and Risk Management. Given the importance of these sessions and to ensure their value is maximised, consideration should be given to formal outputs from Board Development Sessions and action plans to ensure any agreed decisions/actions are taken forward.

Whilst there has been significant progress locally, it is unfortunate that delays in proposed national governance initiatives have inhibited the Board's ability to undertake local improvement and assessment work on Board governance.

Committee Assurance

The Terms of References were reviewed by the respective standing committees and a revised Code of Corporate Governance formally approved at the July 2022 Board meeting.

Each Standing Committee has an Action List to ensure any actions from previous meetings are followed up. However, the Board Action List is administered by Corporate Services and should be presented as a standing item to each Board meeting.

The previous action plan for the Blueprint evaluation was reported to the Board in January 2022, with all actions reported as completed. Further national iterations of the Blueprint are awaited.

Policies

A General Policies and Procedures update was provided to the November 2022 meeting of the Finance Performance & Resources Committee (FPRC). 46% (26 /57) of policies are up to date, with 5 currently going through formal approval. The risk section of the SBAR - General Policies and Procedures, did not articulate the risks to NHS Fife of these policies not being up to date. We are also aware of superseded policies remaining on Stafflink which could lead to confusion.

Culture and Values

A Board Development Session in April 2022 focussed on the culture and values of NHS Fife. The NHS Fife Code of Corporate Governance includes references to culture and values and we have seen

examples of the Board and its officers promulgating these values. However, there is further scope to ensure Committee and Board papers reflect and promote these values and assess whether the desired culture is in place.

Strategy

As highlighted within B06/23 Annual Internal Audit Report 2021/22, the process for developing the Population Health and Wellbeing Strategy was approved at the 29 March 2022 Board meeting. The Board has been regularly informed on the development of the Strategy with assurance papers presented to the May, July, September and November 2022 Board meetings and to a Board Development Session in April 2022. The SBAR to the September Board meeting provided an update (to 22 August) on the Milestone Plan and provided assurance that the Population Health and Wellbeing Strategy is aligned with the National Care and Wellbeing Portfolio. The draft Strategy and associated Delivery plan is to be presented to the NHS Fife Board by January 2023.

We note an update on the existing Clinical Strategy 2016-2021 is to be presented to the 29 November 2022 Board meeting.

The Public Health and Wellbeing Committee (PHWC) has oversight of the development of the strategy with the Portfolio Board established to commission and monitor the delivery of key milestone activity related to the delivery of the new strategy. The Portfolio Board reports to the PHWC. The Corporate Risks aligned to the PHWC along with the Assurance Principles were considered at the November 2022 meeting.

On 14 November 2022, the Scottish Government outlined its planning approach for 2023-24 which stated an intention to have a more co-ordinated and coherent approach to delivery planning across the whole system. This new planning approach will include:

- clear, high level, population based priorities for the NHS as a whole
- goal setting at national level
- continuation of short, medium and longer term planning by Boards
- a new commissioning approach which will engender greater collaboration to reflect Scotland's population needs as a whole in local, regional and national plans.

Further guidance will be issued in February 2023, including articulation of national priorities which will form the basis for the strategic 'commission' for Boards' own plans. The extent to which these national priorities will be achievable within the constraints under which NHS Fife operates and also the extent to which they match identified local population needs, will not become clear until then.

Internal audit B14/23 Strategic Planning, will further evaluate the development of the Strategic Plan, including an assessment of whether it is likely to deliver services which are sustainable within key constraints, most notably workforce and finance. We will also be issuing a similar assessment of the Fife IJB Strategic Plan, which will inform NHS Fife's Strategic priorities and direction.

Operational Planning

The draft Annual Delivery Plan 2022-23 is in line with Scottish Government guidance and was presented to the Board in July 2022 before submission to the Scottish Government by the end of July 2022 and subsequent approval by the Board in September 2022.

We commend the Operational Pressures Escalation Levels (OPEL) tool, developed within NHS Fife and introduced to help provide consistency in reporting and the defined levels of action points linked to the OPEL score and escalation in response to key triggers with the process, roles and responsibilities defined. The OPEL tool is published on a daily basis on Stafflink for organisational awareness and has shown the extreme pressures within the system and the high risk environment the Board is currently operating within.

Assurance Mapping

The Committee Assurance Principles were endorsed by the NHS Fife Audit & Risk Committee (A&RC) in May 2021. A development session is planned for the A&RC in February 2023, which will discuss how to roll out these principles further within NHS Fife. The Board Secretary is currently working with Standing Committee Chairs to ensure they continue to be embedded within the Board's formal assurance processes

Internal Audit will continue to promote the use of the assurance principles through continued leadership of the Assurance Mapping Group, attendance at the Risks and Opportunities Group and through individual Internal Audits.

Integration

The Integration Scheme was reviewed and approved by the NHS Fife Board in September 2021. A MSG self-assessment update was provided to the April 2022 meeting of the Fife IJB A&RC. Two areas were identified for further investigation with all other actions having planned completion dates. An update on MSG recommendations has still to be presented to the FPRC, as agreed in the Annual Internal Audit Report for 2021/22.

The SBAR supporting the Board Assurance Framework presented to the September 2022 A&RC stated that the IJB component of the BAF was discussed at the EDG meeting on the 16 June 2022 and, in light of the review of the Integration Scheme and strengthened governance arrangements, a decision was made to close this risk, with any residual elements included within the new Corporate Risk Register.

Performance

Enhancements to the IPQR continue to be progressed through the IPQR Review Group. An update was provided to Fife NHS Board on 29 March 2022 on the format of the IPQR and consideration of which metrics are to be included within IPQR in 2022/23 was undertaken by the FPRC on 12 July 2022. We commend the ongoing commitment to improving the presentation of the IPQR including enhancement of the performance risk section, further information on adverse events and information on the Establishment Gap.

Covid-19 vaccinations and uptake of flu vaccination will be included in the IPQR. The enhanced IPQR should negate the requirement for separate reports on these topics in the future.

The Board, the FPRC, the SGC, the CGC and the PHWC have received regular performance reports against a range of key measures (Scottish Government and local targets). Projected & Actual Activity for Patient TTG, New Outpatients and Diagnostics are also reported.

The latest IPQR presented at the September 2022 Board meeting highlighted:

- There were no breaches against the 31-Day Cancer Diagnostic Decision to first Treatment measure and performance has been above the Standard for the last 26 months. Performance against the 62-day Cancer Standard fell slightly in comparison to May to 84.5% with a target of 95%.
- Antenatal are meeting target, with three indicators not achieving target but performing within the upper quartile within benchmarking: Delayed discharge % Bed Days Lost (Standard); Patient TTG %<=12 weeks and C Diff HAI/HCAI.
- Twelve indicators are not achieving target but are performing within the Mid Range quartile for benchmarking: 4- Hour Emergency Access; Cancer 62 Day RTT; 18 Weeks RTT; New Outpatients; Diagnostics; Detect Cancer Early; ECB – HAI/HCAI; Complaints Closed Stage 2; Sickness Absence; Smoking Cessation; CAMHS Waiting Times and Psychological Therapy Waiting Times. The waiting lists for New Outpatients had an increase of 16% when compared to the previous year, and TTG waiting lists increased by 53%.

- The Projected Activity compared against Actual Activity within New Outpatients and Diagnostics was higher than the forecast and TGG activity was approximately 6% lower than forecast.

Clearly performance against a range of targets is proving challenging for NHS Fife, in common with the entirety of NHSScotland and it is imperative that NHS Fife is able to set and deliver realistic targets, within the context of its new Strategic Framework, as soon as possible.

Risk Management

The Risk Management Improvement Programme has continued with an SBAR update of the programme presented to the September 2022 meeting of the A&RC.

The Board considered its risk appetite pre-pandemic in 2019 and a revised risk appetite statement was considered at a Board Development Session in June 2022, with approval by the Board on 26 July 2022.

Following engagement with the EDG, Senior Leadership Teams and the Board, a Corporate Risk Register (CRR) has now been developed, with the initial presentation of the CRR to each of the standing committees in November 2022, and formal approval at the 29 November 2022 NHS Fife Board meeting.

The Director of Finance and Strategy informed the September Board that *'the CRR is a dynamic document which requires further refinement'*. CRR papers to standing committees in November 2022 were significantly improved and included the Assurance Principles. This should, in future, allow much greater scrutiny of and focus on the risk and target scores within the revised CRR and greater overt consideration of the effectiveness and impact of mitigating actions and controls. We did note some a number of risks where achievement of the target score in the stated timescale would be exceedingly challenging.

Key Performance Indicators still require further development, to allow the A&RC to oversee performance management of the risk management framework. As the framework evolves we would expect risk appetite to be overtly reflected, particularly within target scores, when risks are updated and reviewed.

A risk escalation process was considered by the EDG on 18 August 2022 and the newly established Risks and Opportunities Group (ROG) will take this forward as part of its remit. The ROG's purpose is to provide leadership and promote and embed an effective risk management culture. The group held its initial meeting on 14 September 2022, and is co-chaired by the Associate Director of Quality and Clinical Governance and the Associate Director of Digital & Information. A Terms of Reference has been developed and the group will report to the EDG.

Internal Audit attend the ROG and will input accordingly, with a focus on embedding the assurance principles within the risk processes. A full Internal Audit review of the risk management arrangements, with further exploration of some of the issues identified within this section, will be completed before year-end.

Action Point Reference 1 – Committee Assurances

Finding:

We have noted some areas where there is further scope to enhance governance arrangements:

- a) The Board has an Action List which is administered by Corporate Services and is not presented at Board meetings;
- b) The risk section of the SBAR papers presented to the Standing Committees still do not always articulate risks and possible consequences associated with the paper;
- c) The General Policies and Procedures update provided to the November meeting of the FPRC, reported a significant number of policies which are out of date and, in particular, a number of Staff Governance policies that had surpassed their review date, but did not articulate the associated risks. Superseded policies remain on Stafflink.

Audit Recommendation:

We recommend that:

- a) The Action List is presented to the Board as a Standing Agenda Item, in line with good practice;
- b) The risk section within the SBAR papers presented to the Standing Committees and the Board should fully articulate the risks associated with the report, the linkage to the relevant Corporate or Operational risk and any related consequences;
- c) Future SBARs on Policy updates should include a risk assessment on each policy which has passed its renew date, which highlights the risks and possible consequences of the policy not being reviewed within the timescale. Superseded policies should be removed from Stafflink.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

- a) **It is agreed that the Board's action list, which is currently maintained and followed up by the Corporate Governance & Board Administration team, will be tabled for review at future Board meetings.**
- b) **A new SBAR template for EDG and the Board was released in October, which gives strengthened guidance, including within the risk section, covering the areas cited in the recommendation. It is anticipated this will assist authors in providing the information highlighted.**
- c) **Staff Governance policies are not included within the General Policies update to FPRC, as these are reported separately by the Workforce Directorate to the Staff Governance Committee. It is agreed that further information will be given in future iterations of the FP&R report to highlight any specific risks from General Policies being beyond their due date.**

A programme led by the Webteam is currently underway to remove General Policies from StaffLink, replacing these with a link to the relevant documentation hosted on the NHS Fife website. This will avoid any unnecessary duplication of versions across more than one site and ensure that any out-of-date versions are removed promptly once superseded. In terms of HR Policies, the review cycle is overseen by the HR Policies Group and any risks relating to outstanding review work would be fed back to Staff Governance Committee as part of the annual reporting cycle. As part of this work we note the impact of national 'Once for Scotland' policy review activity.

Action by:	Date of expected completion:
Head of Corporate Governance & Board Secretary	June 2023

Action Point Reference 2 – Risk Management

Finding:

Corporate Risk Register papers to standing committees in November 2022 were significantly improved and included the Assurance Principles. This should, in future, allow much greater scrutiny of and focus on the risk and target scores within the revised CRR and greater overt consideration of the effectiveness and impact of mitigating actions and controls. We did note some a number of risks where achievement of the target score in the stated timescale would be exceedingly challenging.

Audit Recommendation:

Key Performance Indicators still require further development, to allow the A&RC to oversee performance management of the risk management framework. As the framework evolves we would expect risk appetite to be overtly reflected, particularly within target scores, when risks are updated and reviewed.

Assessment of Risk:

Merits
Attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

KPIs will continue to be developed and will be presented for approval by June 2023.

Action by:

Date of expected completion:

Director of Finance

30 June 2023

CLINICAL GOVERNANCE

Corporate Risks:

Risk 3 – COVID-19 Pandemic – High Risk (16); Target (12) Moderate

There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease, including death in a minority of the population.

Risk 5 - Optimal Clinical Outcomes – High Risk (15);Target (10) Moderate

There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium term.

Risk 7 - Access to Outpatient, Diagnostic and Treatment Services - High Risk (16);Target (12) Moderate

There is a risk that due to demand exceeding capacity, compounded by COVID-19 related disruption and stepping down of some non-urgent services, NHS Fife will see a deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife. [Aligned to FP&RC]

Risk 9 - Quality & Safety – High Risk (15);Target (10) Moderate

There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.

Risk 16 - Off-Site Area Sterilisation and Disinfection Unit Service – Moderate Risk (12);Target (6) Low

There is a risk that by continuing to use a single offsite service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.

Clinical Governance Framework

The draft Clinical Governance Strategic Framework (CGSF) and associated annual delivery plan for 2022/23 were approved by the NHS Fife Clinical Governance Committee on 4 November 2022 and we are advised that finalised versions were presented to CGC in January 2023. The CGSF has been developed with contribution from key stakeholders across NHS Fife. The strategy includes elements that address recommendations made in our report on Clinical Governance Strategy and Assurance (B19/21), although we did note that some of our recommendations were not completely addressed either in the framework or through other agreed actions such as adjusting workplans and ToR. Management have been informed of the detailed omissions via the internal audit follow-up system.

The Annual Delivery Plan references 18 separate workstreams at different stages of completion. Work on establishing an Organisational Learning Group, reviewing the Clinical Governance Oversight Group, Development of an Acute Services Division Quality report and on embedding processes for the reviews of deaths of children and young people are reported as complete. Implementation of

the delivery plan is to be monitored by the Clinical Governance Oversight Group.

The papers presented to CGC with the CGSF included a paper on Health and Social Care Partnership (HSCP) Clinical and Care Governance and Assurance Arrangements. These are now reflected in the CGSF. These proposals are considered in more detail within our draft report to the IJB on their Clinical and Care Governance arrangements (F06/22) a summary of which will be presented to the NHS Fife ARC as part of the information sharing protocol.

We would highlight that the Framework states that *'Any direction issued by the IJB must meet all clinical and care governance requirements and standards to ensure patient safety and public protection as well as ensure staff and financial governance. Every IJB has senior professional, clinical and financial advisors as part of their core membership to provide scrutiny of these aspects and to provide assurance. This does not require to be remitted for additional checking through Local Authority of Health Board systems: Local Authorities and Health Boards should ensure that the professional and clinical advisors tasked to provide advice to IJBs are appropriately experienced and supported in their role'*. It is therefore imperative that the Health Board is assured that staff working in the IJBs are aware of this key responsibility and of the need to consult with relevant Health Board staff where there are issues of significant clinical concern.

Section 6.2d of the standing orders of Fife NHS Board states that the strategies for all the functions it has planning responsibility for are a matter reserved for the Board therefore the CGSF, once finalised and endorsed by the CGC, should be presented to Fife NHS Board for approval.

The Framework does not state how it will relate to the Population Health and Wellbeing Strategy currently being developed, however, it is aligned to the same strategic framework document and therefore should not require substantial revision once the PHWS is approved.

Clinical Governance Committee

The CGC Terms of Reference (ToR) included in issue 19 of the CoCG approved by Fife NHS Board on 26 July 2022 included additions related to clinical governance aspects of the developing Population Health & Wellbeing Strategy and alignment and oversight with the emerging Programmes reporting through the Portfolio Board.

The CGC annual workplan for 2022/23 is presented to each CGC meeting and is updated to show items considered as planned and any deferred to later dates. The latest presentation of the workplan indicates that CGC should receive all items in 2022/23 with the exception of Annual Assurance Report and Statements for the following committees and groups, which were missing from the workplan:

- IJB Quality and Communities Committee
- Health and Safety Sub-Committee
- Information Governance & Security Steering Group.

As noted above, not all agreed actions from B19/21 have been implemented.

Clinical Risk Management

The four corporate risks detailed at the start of this section have been aligned to the CGC, as have 2 Information Governance risks .

We will consider the papers presented to CGC during the remainder of 2022/23 to determine whether the new deep dive reports and enhanced scrutiny at CGC meetings allows the CGC to provide reasonable assurance on these risks at year-end, including accuracy of scores, adequacy and effectiveness of key controls and key actions.

The CGC has not received any assurance in 2022/23 to date regarding the Adult and Child Protection risk recorded in the IJB strategic risk register.

We also noted that the description of the risk titled 'Optimal Clinical Outcomes' (Risk 5) does not fully describe the risk associated with deferred treatment due to the pandemic, does not reflect on any additional risks posed by the requirement by the SG to treat the least clinically urgent cases and the scoring of this risk does not appear to be realistic in the current circumstances.

Clinical Performance Reporting

The latest IPQR and supporting presented to CGC on 4 November 2022 highlighted the following areas which are not reaching target:

- Pressure Ulcers
- ECB (HAI/HCAI)
- CDiff (HAI/HCAI)
- Complaints (S1 & S2)

The IPQR SBAR notes:

- *'As part of ongoing improvement work, revised targets for Falls and Pressure Ulcers have been set for FY 2022/23. These are a 10% reduction on the FY 2021/22 target for Falls, and a 25% reduction on the actual achievement in FY 2020/21 for Pressure Ulcers.*
- *Ongoing challenges relating to Covid and staffing levels within the Patient Relations Department has meant that closure performance of Stage 2 Complaints fell 2/4 significantly during FY 2021/22. An improvement target of 50% by March 2023, rising to 65% by March 2024 has been agreed by the Director of Nursing'.*

The IPQR now includes the relevant corporate risk within each performance section.

External Review

While External Inspection Reports are included on an Activity Tracker document routinely considered by the Clinical Governance Oversight Group (CGOG), the CGOG Terms of Reference do not include responsibility for consideration of external review outcomes and whether appropriate action has been undertaken to address any recommendations made.

The Activity tracker documents presented to CGOG in 2022/23 did not include reports from the Mental Welfare Commission regarding inspections in wards at Lynebank, Queen Margaret, Whyteman's Brae and Stratheden Hospitals, which were however reported to the IJB's Quality Matters Assurance Group. Whilst these reports did not contain any significant matters of concern, this highlights a potential gap in assurance provision to the NHS Fife CGC on recommendations made in external inspection reports related to services delegated to the IJB, which will need to be addressed, avoiding unnecessary duplication.

The recently established Organisational Learning Group (OLG) has met on 4 occasions to date in 2022/23. The remit of the group is focussed on identifying lessons and good practice that can be shared across the organisation and on identifying the best communication methods for this. However, whilst they are fulfilling many aspects of their remit, the group has not yet used issues identified in external reports to assess the adequacy of internal assurances, although this was an agreed Internal Audit recommendation. In addition, the process for triangulating data to assess whether the internal control framework is functioning effectively is not referred to in the CGSF or the SAER process.

Significant Adverse Events

A full review of the Adverse Events Policy and Procedures is being undertaken with a target timescale for publication of January 2023 for a revised Adverse Events Policy and June 2023 for the related Procedural document. A test of change has been introduced to the executive review and approval process for SAER to alleviate the time constraints on the review teams and to make the overall process more efficient. It is anticipated that this change will allow focused time on clearing

the backlog of overdue SAER's. .

The Key Performance Indicator (KPI) information provided to CGOG on 18 October 2022 highlighted that over half of open SAERs Significant Adverse Event Reviews (SAERs) had exceeded the 90 day target for completion.

Implementation of actions identified from SAERs is to be added to the IPQR from December 2022 as a metric to provide overview and assurance. The average number of actions closed within the target timeframe over the last 12 months is 51%. An improvement target will be set out in the IPQR to achieve 70% closure rate and this target will be reviewed annually.

The poor performance in processing SAERs was not escalated by CGOG to CGC.

Duty of Candour (DoC)

The DoC Annual Report for 2021/22 is now scheduled for presentation to CGC in March 2023. We have recommended in internal audit B08/22 that the SBAR supporting this report should include all known information on DoC activity in 2022/23.

Action Point Reference 3 – Clinical Governance and Assurance re Services Delegated to the Integration Joint Board

Finding:

We identified the following examples of assurance processes associated with services delegated to the IJB are not operating in a manner that would provide CGC with timely assurance on clinical issues and risk management in these services:

- The Activity tracker documents presented to CGOG in 2022/23 to date have not included reports from the Mental Welfare Commission regarding inspections in wards at Lynebank, Queen Margaret, Whyteman's Brae and Stratheden Hospitals which were, however, reported to the IJB's Quality Matters Assurance Group (QMAG)
- The Clinical Governance Committee has not received any assurance in 2022/23 to date regarding the Adult and Child Protection risk recorded in the IJB strategic risk register (Risk 10).

Audit Recommendation:

A process should be established, avoiding unnecessary duplication, to ensure that CGOG is provided with assurance that appropriate action is being undertaken to address recommendations made by external bodies in relation to their inspections of services delegated to the IJB.

The NHS Fife Clinical Governance Committee should be provided with assurance regarding the management of risks associated with Adult and Child Protection and should be updated on how the latest Scottish Government's NHS Public Protection Accountability and Assurance Framework is to be used in mitigation of the risks.

Assessment of Risk:

Significant



Weaknesses in control or design in some areas of established controls.

Requires action to avoid exposure to significant risks in achieving the objectives for area under review.

Management Response/Action:

CGOG Assurance Regarding Addressing Recommendations made by External Bodies

Inspections are currently a standing agenda item on the Health and Social Care Partnership Quality Matter Assurance Group's workplan.

An overview report on visits, recommendations and actions will be provided to the Clinical Governance Oversight Group (CGOG) for the April Meeting, thereafter regular update reports will be provided at each CGOG to give assurance that recommendations made following external body visits are being progressed through service action plans to completion. Services will be expected to review and risk assess inspection recommendations and process and manage these appropriately.

A key aspect of future service action plans will include a considered review for wider learning which can then be shared across other clinical areas.

Reports on Inspections will be added to the CGOG workplan.

Assurance to CGC Regarding Risks Associated with Adult and Child Protection

This risk was closed in July 2022 by, Risk Compliance Manager - Fife Health and Social Care Partnership. However, the risks stated are being reviewed, those refreshed risks and mitigations will be reported to the Clinical Governance Oversight Group in July.

Action by:**Date of expected completion:**

Director of Fife Health and Social Care Partnership

April 2023

Action Point Reference 4 – Clinical Governance Strategic Framework & Clinical Governance Risk Management

Finding:

Clinical Governance Strategic Framework

The CGSF has not yet been scheduled for presentation to Fife NHS Board for approval and does not cover Adult and Child Protection or the latest guidance (Scottish Government's NHS Public Protection Accountability and Assurance Framework)

Clinical Governance Oversight Group (CGOG)

The Terms of Reference for CGOG do not include a specific responsibility regarding consideration of external reviews and whether appropriate action has been undertaken to address any recommendations made.

Organisational Learning Group (OLG)

The OLG has not yet fulfilled its responsibility to consider issues identified in external reports and determining whether the issues were identified by internal control systems, before they were discovered by an external auditor/regulator, and what needs to change as a result (this responsibility was included in the OLG remit in response to a previous internal audit recommendation). We also noted that the minutes of OLG meetings are not being presented to CGOG as per the OLG ToR.

Management of Clinical Risk

From the risks aligned to the CGC the description of the risk titled Optimal Clinical Outcomes (Risk 5) does not fully reflect the risks associated with deferred treatment and the scoring of this risk and the associated target risk require further consideration to ensure they are realistic. We are aware that risk 7, which is aligned to the Finance, Performance and Resources Committee further articulates the risks associated with deferred treatment but the description of the risk needs to be reviewed to ensure that it conveys the gravity of the situation.

Adverse Events Management Assurance

The poor performance in processing SAERs has not been specifically escalated by CGOG to CGC.

Examples of issues with performance, as of the end of November 2022, are:

- 53% of Major/Extreme incidents closed within 90 days
- Only 42% of LAER and SAER actions closed within target date.

As of January 23rd 2023:

- 28 of 47 SAERs were over the 90 day target for investigating and reporting

Audit Recommendation:

Clinical Governance Strategic Framework

Section 6.2d of the standing orders of Fife NHS Board states that the strategies for all the functions it has planning responsibility for are a matter reserved for the Board therefore the CGSF once finalised should be presented to Fife NHS Board for approval.

The CGSF should be updated to specifically refer to:

- Adult and Child Protection and the latest guidance (Scottish Government's NHS Public

Protection Accountability and Assurance Framework).

Clinical Governance Oversight Group (CGOG)

The CGOG ToR should be amended to include a specific responsibility regarding consideration of external reviews and whether appropriate action has been undertaken to address any recommendations made.

Organisational Learning Group (OLG)

In the remainder of 2022/23 an OLG meeting should be focussed on this topic (ie how to build in the consideration of issues identified in external reports into future OLG agendas and the analysis that would need to be undertaken to provide the OLG with the information to discharge their responsibility as per its ToR item 2.4 – ‘*Analysis of internal control systems to identify why these did not identify the issues highlighted by the external reports to allow changes to be made so that these issues are highlighted internally earlier in the future*’). The group should consider whether Internal Audit input at this meeting would be beneficial.

Minutes of OLG meetings should be presented to CGOG routinely.

Management of Clinical Risk

The description of risk 7 - Access to outpatient, diagnostic and treatment services should be updated to more accurately describe the risk associated with deferred treatment due to late presentation due to the pandemic (eg changing the ‘**could**’ in ‘*This time delay **could** impact clinical outcomes for the population of Fife*’ to ‘**will**’). and the scoring of this risk should be revised to take account of the related performance information.

The anticipated deep dive analysis to be undertaken on risk 7 should be prioritised and should be undertaken in a manner that clearly explains the scale of the risk and better describes the controls in place. The alignment of this risk should also be reconsidered as it is important that the members of the CGC understand totality of the risk and associated controls and assurances.

Adverse Events Management Assurance

The difficulties in meeting SAER targets should be reported to CGC.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.
Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

Clinical Governance Strategic Framework

Having considered the fact that the CGSF doesn’t specifically reference the impact of deferred treatment due to Covid-19 and how this will impact upon the clinical care provided it was decided that this level of detail wasn’t appropriate for the Framework document and instead would be considered as part of the 2023/24 workplan. This is also part of our corporate risks and considered also through this route to clinical Governance.

Having considered including a reference to Adult and Child Protection within the Framework and the latest guidance thereon (Scottish Government’s NHS Public Protection Accountability and Assurance Framework again it was felt that this was a level of detail that would not sit within the Framework itself but would be considered as part of the 2023/24 workplan.

It was felt that there was adequate detail within the Framework explaining the process in assessing whether the Framework was functioning adequately.

Clinical Governance Oversight Group (CGOG)

The Terms of Reference will be reviewed with a view to amend and include the requirement of CGOG to give consideration of external reviews and consider whether appropriate action has been undertaken to address any recommendations made.

Organisational Learning Group (OLG)

The OLG is at a very early stage of development and not yet at a stage to consider issues identified in external reports and determining whether the issues were identified by internal control systems. A change of personell this has also slowed the progress.

Management of Clinical Risk

The Assocaite Director of Quality and Clinical Governance will discuss risk 7 with the owner of the risk (Director of Acute Services) to consider the wording along with consideration of the need for CGC to receive assurance on this risk. We will also ascertain the timescale for risk 7 to undertake a deep dive and seek to prioritise this.

Adverse Events Management Assurance

A test of change has been introduced to the executive review and approval process for SAER to alleviate the time constraints on the review teams and to make the overall process more efficient. It is anticipated that this change will allow focused time on clearing the backlog of overdue SAER's. This will be a reviewed at the end of February.

Figures as of the end of November 2022, are:

- 53% of Major/Extreme incidents closed within 90 days
- Only 42% of LAER and SAER actions closed within target date.

As of January 23rd 2023:

- 28 of 47 SAERs over the 90 day target for investigating and reporting

Emerging issues with delays in the SAER process has been regularly escalated to CGOG for discussion. Initial discussions resulted in the presentation and discussion on a SAER/LAER 5 year synopsis paper which identified some of the key issues. Immediate changes to the Executive sign off process as described above were introduced to alleviate time pressures on the review teams.

Action by:	Date of expected completion:
Medical Director	August 2023

STAFF GOVERNANCE

Corporate Risks:

Risk 11 - Workforce Planning and Delivery – High Risk (16); Target (8) Moderate

There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.

Risk 12 - Staff Health and Wellbeing – High Risk (16); Target (8) Moderate

There is a risk that if due to a limited workforce supply and system pressures, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.

Governance Arrangements

The SGC approved revised Terms of Reference in March 2022 and the revised CoCG was approved by the Board at its July 2022 meeting. Updates on the stage of completion of the 2022/23 SGC workplan are now being reported to each SGC.

While SGC assurance reports to Board do not highlight key risks on Personal Development Plan Reviews (PDPR) completion and completion of training, this risk is reported within the IPQR. To enhance the process and demonstrate triangulation, the SGC Assurance report should highlight any issues, irrespective if they are included within other reporting mechanisms to the Board.

Workforce Strategy/Planning

In compliance with the SG requirements to re-introduce a 3 yearly planning cycle across NHS Scotland, a NHS Fife Workforce Plan 2022-2025 has been produced and published in November 2022. The deadlines were met for SGC endorsement and Board approval of the plan before submission to the Scottish Government by 31 July 2022. Internal Audit has completed a review of the plan and will comment on it in detail within the B17/23 – Workforce Planning report, which will be presented to the SGC once finalised.

Risk Management

The SGC will now review corporate risks for Workforce Delivery & Planning and Staff Health & Wellbeing, both of which have a current high rating. Our assessment is that the initial corporate risks report provided to the SGC in November 2022 did not provide sufficient detail on the mitigating actions to enable members to conclude on the current risk scores and the likelihood of the target scores being achieved. The current target reduction from high to moderate for both risks by the end of March 2023 is highly ambitious in the current circumstances.

Staff Governance Standards

Guidance is still awaited from the SG review on staff governance standard monitoring arrangements and accordingly there was no requirement to prepare a staff governance action plan (SGAP) for 2022/23. A number of positive measures are being introduced during 2022/23 to provide the SGC with more detail on the initiatives to meet the SGSs. This includes reports on work undertaken to meet each strand of the SGS within the SGC workplan for 2022/23. At the BDS on 24 October 2022, a presentation gave an overview of the mechanism by which NHS Fife implements and monitors compliance with the SGS. The mechanism is considered by NHS Fife to provide a sound framework for monitoring compliance with the standard, but it does not provide details of the planned initiatives or a measure of how successfully and effectively they are being implemented.

Completion of the 2022/23 SGC Workplan (to date) was reviewed and it was noted that individual reporting to the SGC on each strand of the SGS is planned for 2022/23. However the dates for

reports on two strands (Well Informed and Involved in Decisions) has still to be confirmed.

An update was given to the November 2022 SGC meeting on developing and maintaining local HR policies and also those that fall within the scope of the Once for Scotland Workforce Policies programme (restarting in June 2022). Details of forthcoming reviews were provided, with an overall summary on the maintenance of local policies within NHS Fife.

Staff Experience

The ongoing impact of the Covid-19 pandemic has continued to be reported to the SGC in reports covering staff health and wellbeing, providing assurance on the action being taken to support staff. The Annual Delivery Plan 2022/23 which has workforce implications, was approved at the September 2022 SGC meeting. An update on its completion, including a summary of the completion of high level deliverables was presented to the November 2022 SGC meeting and 65% were reported as on track or complete. An improvement in the uptake of iMatters survey by staff for 2021 - 59% NHS Fife and 61% H&SCP – was reported to the November 2022 SGC meeting.

Whistleblowing

A review of NHS Fife's whistleblowing arrangements is being completed as part of the 2022/23 Annual Internal Audit Plan. At present the work completed indicates that NHS Fife is taking steps to fully implement the directives of the Independent National Whistleblowing Officer. Quarterly and annual reporting on the number of whistleblowing instances and subsequent investigation and implementation of lessons learned forms part of the SGC annual Workplan. Internal Audit B17/23 will be presented to the SGC for consideration.

The SGCs Annual Statement of Assurance for 2021/22 gives a detailed summary of the implementation of whistleblowing arrangements since they were introduced in April 2021. However, although the details of further developments still to be made to current whistleblowing arrangements are noted, an overt opinion on the adequacy of existing whistleblowing arrangements was not included. Providing the annual whistleblowing report to coincide with the issue of the SGCs Annual Statement of Assurance, as supported by a concluding statement from the Whistleblowing Champion, would enable the SGC to provide an overt opinion on the adequacy of whistleblowing arrangements for each year end.

Remuneration Committee

The Remuneration Committee (RC) reviewed its terms of reference at its April 2022 meeting and completed a self assessment of its performance, with only a small number of minor changes arising. Formal guidance and a standardised template on the format of standing committee terms of reference is still awaited from the Once for Scotland team.

Appraisals

The RC reviewed the completion of the 2021/22 performance appraisal process for the Executive and Senior Manager Cohort at its May 2022 meeting. It approved the 2022/23 objective setting process for the Executive and Senior Management Cohort at its July 2022 meeting.

The completion of annual AfC appraisals as reported to the SGC in November 2022 is still being impacted by the Covid-19 pandemic, with 33% of appraisals being completed at 31 October 2022. This is a marginal improvement on the 30% completed as at 31 March 2022. The SGC was advised that appraisal performance is being monitored and actions to support staff engagement continue in order to increase the focus on this process and sustain improvement. However, this issue was not escalated to the Board in the Committee Assurance Report. This was also highlighted in the latest SGS update where Appropriate Training and Development was identified as an area of required improvement.

The Annual Report on Medical Consultant and GP appraisals for 2021/22 was presented to the

November 2022 SGC meeting. It shows that 80% of Medical Consultants and 92% of General Practitioners had completed appraisals. The appraisal process was reported as recovering well from the impact of the Covid-19 pandemic, with the main challenges being getting sufficient appraisers and also evidential feedback from patients.

Core Skills Training

Obtaining reliable data on core skills training, which NHS Fife is required to deliver to its workforce in order to meet either legal training requirements or to comply with key quality standards in accordance with organisational policy and regulatory requirements, has previously been problematic. No overall reports on core training are currently available. Implementation of Phase 2 of TURAS Learn (replacing Learnpro) is expected to go live towards the end of 2022. It will record the staff training completed and thereby enable the completion rate to be reported in future.

Sickness Reporting

Sickness absence is now reported to the SGC on a regular basis through the Promoting Attendance update reports, which detail the work currently being undertaken by the Attendance Management Taskforce and Operational Group towards improving attendance and wellbeing. This is supplemented by summary data being included in the IPQR presented to each SGC meeting. The absence rate at 31 August 2022 was 6.50%. This is expected to rise further in future months with the removal of the temporary Covid-19 absence policy at 1 September 2022. As at August 2022 Covid-19 contributed an additional 0.98% to absence levels.

Action Point Reference 5 – Staff Governance Standard

Finding:

The mechanism for implementing the SGS as presented to the October 2022 BDS is considered by NHSF to provide a sound framework for monitoring compliance with the standard. However, it does not provide robust assurance of the planned initiatives or a measure of how successfully and effectively they are being implemented. We note in particular the very low rates of Turas completion and the associated risk that staff are not appropriately managed and trained.

Audit Recommendation:

As part of the March 2023 year end SGSs overview included in the 2022/23 SGC Workplan, a listing detailing the work still outstanding from 2022/23 to meet the different strands, for completion in 2023/24 should be presented to the SGC. The listing should also include the additional work planned for 2023/24. This will enable the SGC to assess the work completed during 2022/23 and approve the work schedule for 2023/24.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

An overview of the completion of work related to the Staff Governance Committee Workplan will be incorporated into end of year reporting for presentation back to Committee to assess work completed and inform work for 2023/24.

Action by:

Date of expected completion:

Director of Workforce

May 2023

Action Point Reference 6– Staff Governance Standard

Finding:

As the final quarter of 2022/23 approaches, planned reporting on all strands of the SGS to the SGC may not be achieved. Dates for reports on the Well Informed and Involved in Decisions strands are still to be confirmed.

Audit Recommendation:

Dates should be set as soon as possible for those strands of the SGS which are not yet confirmed to ensure that the SGC will be able to reach an informed conclusion on compliance with the SGS in its annual report and assurance statement.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The change to Staff Governance Committee reporting in the course of 2022/23 has ensured reports to Committee are explicitly aligned to the Staff Governance Standard strands. Since the change was introduced in September 2022, reports on Well Informed and Involved in Decision Making have been presented on numerous occasions and the Committee considered a partnership presentation on the Staff Governance Standard in October 2022, which provided members with work currently being undertaken against all of the strands. The Committee has been presented with Local Partnership annual reports from Health & Social Care Partnership and Acute & Corporate Services in September 2022 and November 2022 respectively, which provided the Committee with updates on work across service areas related to Well Informed and Involved in Decision Making elements of the Standard. In addition, the Staff Governance Annual Monitoring return response to Scottish Government presented in November 2022 and iMatter National report presented in January 2023 provided information to the SGC members on feedback against the Standard and staff views aligned to these specific Staff Governance strands. Reflections on the adjustments to reporting, LPF annual reports, Staff Governance Monitoring exercise and iMatter feedback will be considered as part of year end assurance reporting and will inform the 2023/24 SGC Workplan to ensure effective consideration of all strands of the Staff Governance Standard.

Action by:

Date of expected completion:

Director of Workforce

May 2023

Action Point Reference 7 – Whistleblowing**Finding:**

The SGC Annual Statement of Assurance gives a detailed summary over whistleblowing arrangements since implementation started in April 2021 but did not provide an overt opinion on the adequacy of current whistleblowing arrangements within NHS Fife.

Audit Recommendation:

To enable the SGC to provide an overt opinion on the adequacy of NHS Fife's whistleblowing process as part of its Annual Statement of Assurance, the arrangements for providing the annual whistleblowing report should be reviewed to enable the required information to be provided as part of the year end process. A concluding statement from the Whistleblowing Champion should also form part of the year end assurance process.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

Although the governance timescales do not allow for the Whistleblowing Annual Report to be aligned with the year end assurance reporting, the Annual Assurance Statement will be reviewed in collaboration with the Non-Executive Whistleblowing Champion to ensure appropriate information is incorporated into year end process to support the SGC assessment of the whistleblowing process.

Action by:

Date of expected completion:

Director of Workforce

May 2023

FINANCIAL GOVERNANCE

Corporate Risk:

13 Delivery of a balanced in-year financial position

Score 16 High; Target 12 Moderate

There is a risk that the Board may not achieve its statutory financial targets in 2022/23 due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally.

14 Delivery of recurring financial balance over the medium-term

Score 16 High; Target 12 Moderate

There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.

Financial Environment

The ADP for 2022/23 was approved by NHS Fife Board on 27 September 2022. SG Quarter 1 feedback was that *'all boards are facing a challenging financial position and we note that, at the time the plans were developed, there was considerable uncertainty around expected allocations. We would therefore ask that ADPs are regularly reviewed to ensure they are deliverable within the current financial envelope and from within expected staffing levels'*.

The Director of Finance and Strategy provided a mid-year report on the Financial Position to the EDG on 22 October 2022, and then the FPRC in November 2022. In summary, the forecast outturn for Health retained services at the end of March 2023, in the absence of any actions to mitigate costs, was an overspend of £21.9m. This includes the planned financial deficit of £10.4m and further cost pressures of £11.5m.

The report references a Scottish Government (SG) letter of 12 September 2022 which reemphasised *'the requirement to deliver the £10.4m position, including the cost impact of Covid, as a minimum'*.

Papers presented to the Board have highlighted many risks to the achievement of the target deficit budget position of £10.4m and its achievement is highly unlikely.

Financial Planning

The Strategic Financial Plan 2022/23 was approved by the NHS Fife Board on 28 March 2022. This identified a projected budget gap for 2022/23 of £24.1m with plans for this to be mitigated in part through a range of cost improvement plans and a significant capital to revenue transfer. The forecast financial position after the application of these proposed actions was a deficit of £10.4m.

The 3 year financial plan was approved by NHS Fife Board at its meeting on 27 September 2022. This plan has been updated since March to reflect revised planning assumptions issued by SG and extended to cover the three-year period as advised by SG. This plan includes the changes around additional Covid funding.

The financial gap highlighted in the original financial plan to the NHS Fife Board in March 2022 remains the same at £10.4m. However the following assumptions have been made which will be very challenging:

- *The approved cost improvement programme of £11.7m will be delivered during 2022-23*
- *The board will maintain the financial gap confirmed in March 2022 and will pursue potential new opportunities to reduce the gap, in conjunction with ongoing discussion with SG.*

Other assumptions within the financial plan have now changed due to SG decisions. IJB Earmarked reserves, originally intended to offset additional health delegated and set aside costs due to Covid, are not now available and the costs will have to be covered by the NHS Fife core allocation. These are fundamental changes to original financial planning assumptions, which are being managed and reported within the IPQR, and are making the achievement of financial targets extremely challenging.

Financial Reporting

Finance reporting to Board and FPRC has been transparent and open and the Director of Finance and Strategy has consistently and clearly articulated financial challenges through EDG, Standing Committees and the Board. However, there would be benefit, given the importance of these issues, in ensuring that all members are able to understand the technical language used in finance reports and that this does not obscure key messages.

Finance Risk Reporting

The Financial Sustainability BAF, last reported as a High risk to the FPRC in September 2022, recognised the ongoing impact of Covid funding implications and the reduced availability of Covid funding due to inflationary pressure and service demand. High levels of unscheduled care along with workforce fatigue impacting on cost improvement programmes were also highlighted as current challenges. The Financial Improvement/Sustainability (FIS) Programme was highlighted as a key enabling programme to support the delivery of NHS Fife's new and medium term financial sustainability.

There are two corporate financial risks, one for in year delivery of the financial plan and the second related to the longer term financial plan. These risks were first reported to the FPRC at the 15 November 2022 meeting. We welcome this approach for managing finance related risks with a clear split between short and long term financial planning/reporting which should allow for greater clarity around the reporting on adequacy and effectiveness of key controls and key actions. We also welcome the 'deep dive' report provided 'on the aim of achievement of in year financial balance'.

The risk reporting process will continue to evolve over the coming months and we would recommend detailed consideration of both target and actual risks, which need to reflect the extreme pressures the Board is facing, which have been well reported. In particular, the target risk scores due to be achieved by 31 March 2023 appear to be optimistic in the circumstances.

The 3-year financial plan also highlights a number of risks which continue to have an impact on the delivery of the financial plan, which are not all clearly incorporated within either of the two corporate finance risks. The Financial Plan identifies that '*significant but as yet unknown employment issues with financial implications have not been included in the medium term financial plan*'. Workforce risks, together with finance and unrealistic expectations are fundamental risks facing the NHS and will need to be managed and reflected within overall strategy, workforce plans, the updates to Financial Plans and the Corporate Risks.

Cost Improvement Plans (Savings)

Over the last year NHS Fife has progressed work through its Strategic Planning and Resource Allocation (SPRA) process with the aim of helping to deliver financial balance. NHS Fife has established a Financial Improvement and Sustainability (FIS) Programme with the aim to deliver financial improvement and sustainability, with a FIS Programme Board in place. Membership of the FIS Programme Board is appropriate, with the FIS Board having a clear remit and objectives, governance processes and a benefits delivery tracker.

In addition to having oversight of delivery of approved cost improvement plans, the FIS Programme Board also consider a "pipeline" of future plans and developments.

A Cost Improvement Plans (CIP) progress report was presented to the November 2022 FPRC. At the

end of August £2.628m of anticipated CIP of £4.312m was achieved, resulting in a current year to date shortfall of £1.684m. Recurring savings achieved were £1.075m, equivalent to 9% of the full year target. At this stage in the financial year a significant risk remains around the delivery of the overall £11.7m CIP target but overall financial plan for 2022/23 assumes that all CIPs will be delivered by financial year end and also that there will be no impact on the quality of patient care and safety.

Savings identified within the FIS Programme are mainly operational rather than strategic in nature and there are, as yet, no clear links to the process for developing overall strategy. To achieve financial stability in the medium to long term, the PHWS will need to identify priority areas and disinvestment opportunities, with clear linkages to savings and transformation programmes.

Standards of Business Conduct

The Board Secretary is currently updating the Standards of Business Conduct to ensure they reflect best practice and guidance. In addition, a guidance document on how the Standards of Business Conduct applies to staff has been appended which will enhance and strengthen the process.

Capital

An interim update PAMS was endorsed by the FPRC and approved by the NHS Fife Board in September 2022. The PAMS is required to be submitted to the SG every two years with an interim report PAMS in between. The PAMS is clear on its role as an enabling strategy as part of the Population Health and Wellbeing Strategy development.

Through the Estates, Facilities and Capital Planning SPRA process, strategic priorities have been identified for now and the future. These priorities are included in the PAMS as an action plan against which progress will be reported to the Fife Capital Investment Group and the FPRC.

We note the PAMS highlights ‘the current situation and strategic and political context are enabling consideration of positive and bold changes regarding the Mental Health inpatient estate’. We commend this approach around developing mental health facilities across NHS Fife.

An external review of Primary Care Premises is at draft report stage and, as outlined in the PAMS, includes short, medium and long-term service and premises recommendations. The report will be considered by NHS Fife, Fife Health & Social Care Partnership and key stakeholders and a plan to progress actions will be developed by March 2023.

A new Corporate Risk for Prioritisation & Management of Capital Funding has been developed to support the Population Health & Wellbeing Strategy. The PAMS includes risks under the themes of capital projects; strategy; Sustainability Policy; and Estates and Facilities, with each of these to be included within the Corporate Risk.

The Capital Plan 2022/23 was endorsed at the March 2023 FPRC and approved at the NHS Fife Board meeting. There are clear links from the Capital Plan to the PAMS.

The FPRC receive regular updates on current major capital projects. It has been reported in the recent IPQR, that the capital programme is expected to be delivered in full and will include the completion of the National Treatment Centre – Fife Orthopaedics.

Asset Verification

Physical checking of a sample of assets is a management requirement within the NHS Fife Financial Operating Procedures. Internal Audit have been informed that due to covid physical checking of equipment has not been undertaken however plans are in place to have this done before financial year end.

Action Point Reference 8 – Finance Risks – Corporate Risk Register**Finding:**

We have been informed that the current Financial Sustainability BAF will be split into two new corporate risks. One will focus on in year delivery of the current financial plan and the second will consider the wider delivery of the 3 year financial plan. This approach should provide a more detailed and focussed management of financial risks as part of the updating of the NHS Fife Risk Framework.

The 3 year Financial Plan did list a number of constituent risks and assumptions to financial balance, not all of which were reflected in the previous BAF.

Audit Recommendation:

The risks and assumptions included in the 3 year Financial Plans should be incorporated within the new, split corporate financial risks.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The risks and assumptions are very detailed and the Director of Finance and Strategy recently performed Deep Dive with the FPRC on each risk taking them through the position.

No further action required.

Action by:

Date of expected completion:

N/A

N/A

INFORMATION GOVERNANCE

Information Governance

Corporate Risks:

Risk 17 – Cyber Resilience – High Risk (16); Target (12) Moderate

There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.

Risk 18 – Digital and Information – High Risk (15); Target (10) Moderate

There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social Care.

Previous ICE and Annual Internal Audit Report Recommendations

Action had been completed to address all Information Governance (IG) related recommendations from our previous ICE and Annual Reports. We commend the work undertaken to improve assurance and governance arrangements for this important area. The establishment of regular reporting to the CGC on Information Governance & Security and on the delivery of the Digital and Information Strategy, in addition to the minutes of the relevant groups being presented, allows CGC members to more effectively scrutinise the assurance provided.

Work is underway to further improve the quality of the assurance provided on IG and Security, including obtaining better data (eg on IG Training) and developing a combined report following a mapping exercise to identify commonality between the various legislative and directive requirements primarily focussed on the Information Commissioner's Office Accountability Framework (ICOAF) and the Network & Information System Regulations (NISR). A draft approach to this revised reporting will be discussed at the IG & Security Group in January 2023. Given the significant workload involved in the mapping and developing reporting on the 338 ICO Accountability Framework controls and 434 NISR controls, there may well be benefit in approaching the SG to consider a rationalised and streamlined approach across NHS Scotland, learning from the approach taken by NHS Fife.

Governance

The Information Governance and Security Steering Group (IG&SSG) and Digital and Information Board (D&IB) continue to provide assurance to the CGC with the latest IG&S update presented to CGC in September 2022 and an update on the D&I Strategy provided in July 2022 with further updates on both scheduled on the CGC workplan for March and January 2023 respectively.

Risk Management

The format of risk reporting to IG&SSG continues to evolve and the overall NHS Fife approach to Risk Management has been revised with a new Corporate Risk Register replacing the Board Assurance Framework BAFs. Reporting to IG&SSG is well structured and promotes discussion on whether current and planned mitigations will be sufficient to reduce the risk score to its target level before the risk materialises, including helpful consideration of risk velocity, a key consideration for IG risks.

The latest risk report presented to IG&SSG included graphical representation of the 29 risks recorded with 8 scored as high, 18 scored as medium and 3 scored as low. This showed that 8 risks had improved scores and 1 risk had deteriorated. Further analysis is provided of high level risks

including details on root cause and mitigating actions and status against target implementation timescales for these.

The latest risk report presented to D&IB included graphical representation of the 42 risks recorded with 12 scored as high, 20 scored as medium and 10 scored as low. This showed that 17 risks had improved scores and no risks had deteriorated. Further analysis is provided of high level risks including details on root cause and mitigating actions and status against target implementation timescales for these.

The two Information Governance corporate risks have been aligned to the CGC for scrutiny. We did note that in the initial presentation of these risks to CGC at their 4 November 2022 meeting that the mitigations to the D&I Strategy risk (risk 18) do not include the D&I Workforce Plan which we would see as a key control.

We will consider the papers presented to CGC during the remainder of 2022/23 to determine whether the new deep dive reports and enhanced scrutiny at CGC meetings allows the CGC to provide reasonable assurance on these risks at year-end, including accuracy of scores, adequacy and effectiveness of key controls and key actions. We will also consider how the risk management reporting at CGC interacts with the reporting to IG&SSG and D&IB.

Digital and Information Strategy

The update presented to CGC on 1 July 2022 highlighted those elements of the D&I Strategy which will not be delivered by 31 March 2024 and acknowledged that *'The financial impact alone identifies the requirement for re-prioritisation to take place over the remaining term of the strategy and through the organisation's SPRA process'* and *'The primary focus will be to agree a prioritised workplan for the remaining 2 year of the strategy, that matches the resource and finance availability and to raise general visibility and identify support necessary for digital projects at an SLT level'*. A revised delivery plan was presented to the Digital and Information Board in October 2022 with an update to the NHS Fife Clinical Governance Committee scheduled for January 2023. It is vital that this update identifies the impact of any areas which will not be delivered on the Strategic Objectives of the Health Board and IJB.

The regular portfolio and project updates provided to the D&IB outline the status of projects and their strategic alignment.

Information Governance Responsibilities

An NHS Fife Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO) are in place and the SIRO is an Executive member of the Board.

Information Governance Policies and Procedures

The status of IG related policies is now reported to IG&SSG with the most recent report presented in October 2022 indicating that all 5 policies were within their review date. The two key policies that had lapsed review dates have been updated, approved and published on Stafflink:

- GP/I5 - Information Security Policy NHS Fife – review date January 2025
- GP/D3 – NHS Fife Information Governance and Data Protection Core Policy review date August 2023

Superseded GP/D3 policy - NHS Fife Data Protection & Confidentiality Policy was still published on Stafflink.

Information Governance Incidents and Reporting

The latest IG&S update report presented to CGC on 2 September 2022 includes an appended table that shows the overall number of IG related incidents, the number of these reported to the ICO and the number of these reported within the 72 hour statutory timescale and the number that required

an ICO follow-up. This reporting could be improved by adding a short narrative section in the report including information on compliance with the 72-hour statutory timescale for reporting to the ICO and an opinion regarding whether any of the incidents reported to date will require to be included as disclosures in the Board's Governance statement.

Action Point Reference 9 – IG&S Assurance Reporting

Finding:

Work is underway to further improve the quality of the assurance provided on IG and Security including developing a combined report following a mapping exercise identifying commonality between the various legislative and directive requirements primarily focussed on the Information Commissioner’s Office Accountability Framework (ICOAF) and the Network & Information System Regulations (NISR). A draft approach to this revised reporting is to be discussed at the Information Governance & Security Group in January 2023.

Audit Recommendation:

Given the significant workload involved in the mapping and developing reporting on the 338 ICO Accountability Framework controls and 434 NISR controls, there may well be benefit in approaching the SG to consider a rationalised and streamlined approach across NHS Scotland, learning from the approach taken by NHS Fife.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The assurance framework will be provided to Scottish Government as demonstration of the controls and duplications of evidence requested via the ICO Accountability Framework and NIS Regulations.

NHS Fife will have limited impact on the actions taken from the sharing, other than to re-enforce the findings via the National Information Governance Review Programme

Action by:

Associate Director of Digital and Information

Date of expected completion:

31 March 2023

Action Point Reference 10 – IG Incident Reporting to CGC**Finding:**

The latest IG&S update report presented to CGC on 2 September 2022 does not include any narrative on IG Incident Management.

Audit Recommendation:

A section on IG Incident Management should be added to the narrative section in the report including:

- Reasons for any instances of non-compliance with the 72 hour statutory timescale for reporting to the ICO and what has been done to prevent this from happening in future
- Sufficient information to allow an opinion on whether any of the incidents reported to date should be considered for disclosure within the Board's Governance statement.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The current incident management incidents are reported in a confidential monthly SIRO Report.

A section on the Information Governance and Security Incident Management approach will be provided to record, the number of reportable incidents, the current status of the incidents (until closed) and the themes or learning from these incidents.

This will be evidenced in the next IG&S Assurance report that will be presented to Clinical Governance Committee on 3rd March 2023, with approved minutes evidencing the inclusion available following the May 2023 meeting

Action by:**Date of expected completion:**

Associate Director of Digital and Information

31 May 2023

Action Point Reference 11 – D&I Strategy Risk**Finding:**

The report to November 2022 CGC on the D&I Strategy risk (risk 18) did not include the D&I Workforce Plan as a key control over a fundamental risk component.

Audit Recommendation:

The D&I Workforce Plan should be added to the Corporate Risk Register as a mitigation to risk 18 – regarding the D&I Strategy to allow assessment of its implementation and effectiveness.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The current Workforce Plan is being updated to reflect necessary changes identified through the SPRA Process for 2023/24 and Workforce consideration identified through the Digital and Information's iMatter and Managers Networking Forum.

The revised workforce plan will be further aligned to the Corporate Risk 18 – Digital and Information Strategy risk through this work.





Action by:**Date of expected completion:**

Associate Director of Digital and Information

30 May 2023

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	1 (Ref 3)
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	None
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	10 (Ref 1, 2, 4, 5, 6, 7, 8, 9, 10 & 11)