

## Internal Audit



### Urgent Care

June 2021

#### Internal Audit Assurance assessment:

Objective One	Objective Two	Objective Three
Significant Assurance	Significant Assurance	Significant Assurance

#### Timetable

Date closing meeting held: Client responded directly to draft report

Date draft report issued: 2 June 2021

Date management comments received: 7 June 2021

Date Final report issued: 7 June 2021

Date presented to Audit and Risk Committee: 21 June 2021

This report has been prepared solely for internal use as part of NHS Lothian's internal audit service. No part of this report should be made available, quoted or copied to any external party without Internal Audit's prior consent.

## Contents

1. Introduction.....	1
2. Executive Summary.....	2
3. Management Action Plan.....	5
4. Internal Audit Follow-up Process .....	10
Appendix 1 – Staff Involved and Documents Reviewed .....	11
Appendix 2 - Definition of Ratings .....	12

## 1. Introduction

- 1.1 The Scottish Government are leading a national redesign of the urgent care programme that aims to ensure the safety and wellbeing of staff, and support the public to access the right care, at the right place, at the right time for same day urgent care.
- 1.2 The national redesign of urgent care programme accelerates the work that was being developed through the NHS Lothian Unscheduled Care Programme Board to improve access to urgent care pathways. The aim of this model is to:
  - Reduce attendances at acute front doors, by delivering quality care closer to home by alternative methods (e.g. telephone or video consultations) or alternative services
  - Smooth demand at acute front doors by scheduling the flow of patients.
- 1.3 NHS Lothian have taken a phased approach, working across the acute sites and Health and Social Care Partnerships for implementation. A project infrastructure has been established with a project operational delivery group and new project board meeting weekly to enable progress and decisions to take place at pace. The project board reports to the Lothian Unscheduled Care Programme Board. A clinical reference group has also been established to provide oversight to development of the clinical model.

### Scope

- 1.4 The audit reviewed the design and operating effectiveness of the controls in place over the governance and project management approach of the Project Board and its workstreams for phase 1 of the project, including the operational delivery group. Additionally, we considered how benefits from the project are intended to be realised and how these will be captured and measured

### Acknowledgements

- 1.5 We would like to thank all staff consulted during this review for their assistance and cooperation.

## 2. Executive Summary

### Summary of Findings

2.1 The table below summarises our assessment of the adequacy and effectiveness of the controls in place to meet each of the objectives agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 3.

No.	Control Objectives	Assurance Level	Number of Findings			
			Critical	High	Medium	Low
1	An appropriate operating framework for the Project Board and delivery group is defined and is being followed effectively	Significant Assurance	-	-	-	1
2	The Project approach is aligned to the national strategy, with appropriate workstreams in place to aid delivery	Significant Assurance	-	-	-	-
3	Key project stages are monitored and there is a robust process in place to evaluate and identify workstreams which are not meeting their objectives	Significant Assurance	-	-	-	1
Total			-	-	-	2

## Conclusion

- 2.2 A robust framework of control is in place to oversee the delivery of the Redesigning Urgent Care programme. Governance controls are effective in ensuring appropriate membership of the Delivery group and Project Board, with regular reports prepared for both. Improvement opportunities have been identified following a lessons learned exercise, with a full benefits realisation exercise scheduled for the future. Note that we only considered the controls in place to oversee delivery of Phase 1 of the project and can not comment on the controls in place for the ongoing delivery or success of the programme.

## Main findings

- 2.3 The Project Delivery Group has been convened to provide operational direction and oversight of implementation in Lothian of the national urgent care redesign work. The Project Delivery Group reports into the Project Board.
- 2.4 The Project Board is made up of a sub-set of the executive team and includes Chief Officer representation from the four integration joint boards. Membership of the Project Delivery Group is larger, with a number of sites and services represented, including acute sites, HSCPs, Diagnostics, Data Analytics and eHealth.
- 2.5 Reporting lines are agreed within the Terms of Reference for the Delivery Group. The set up of the Board and Group is clear and regular meetings have allowed decisions to be made at pace.
- 2.6 Following the National launch of phase 1 of the Re-design of Urgent Care on the 1<sup>st</sup> December 2020, the Project Delivery Group and Project Board were emailed an electronic survey to complete to gather their views and experiences of this first phase in January 2021. The exercise noted that due to other service demands and clinical commitments, meetings were being held too frequently, which resulted in challenges to the balancing of workload. The Project Board and Project Delivery Group had been meeting weekly and this has now changed to a fortnightly basis.
- 2.7 Alignment with the national Urgent Care Strategy is noted throughout the project and evidenced through the Readiness Reports which were submitted to Scottish Government, and the Urgent Care Remobilisation Plan.
- 2.8 The Project Delivery Group and Project Board are being regularly provided with a project plan, which lists tasks, named leads and timescales for each. The project plan has been aligned to the Gantt chart and critical path. It's noted that due to the projects tight timescales some tasks were not completed in time. While they did not impact the overall progress of phase 1 of the project, they were captured in the regular project status reports prepared for the Project Delivery Group and escalated to the Project Board. Where necessary, actions have been agreed to reduce further delays.

2.9 Workstream leads report progress at the Project Delivery Group meetings and any shortfalls or issues identified are flagged to the Project Board if necessary. They are raised using the decisions / risks / issues for escalation to the Project Board section of the Project Status Reports.

2.10 We identified two minor improvement opportunities during this review:

Low Rating

- Attendance at meetings of the Project Delivery Group and Project Board is not being documented. While it has been advised by the Project Manager that attendance has not been an issue to date, the Board and Group will need to be prepared should it become one.
- All issues reported through the Project Status Report should be added also to the Issues Register within the Project Plan. Otherwise their impact may not be properly measured and closure of the issue may not be adequately managed

Further details of these points are set out in the Management Action Plan.

### 3. Management Action Plan

Control objective 1: An appropriate operating framework for the Project Board and delivery group is defined and is being followed effectively	
<p><b>Finding 2: attendance at meetings of the Project Delivery Group and Project Board is not being documented</b></p> <p><b>Associated risk of not achieving the control objective: unless meeting attendance is monitored, a decline in attendance might impact on project delivery</b></p>	Low
<p><u>Background</u></p> <p>The Project Board is made up of a sub-set of the executive team and includes Chief Officer representation from the four integration joint boards.</p> <p>Membership of the Project Delivery Group is larger, with a number of sites and services represented, including acute sites, HSCPs, Diagnostics, Data Analytics and eHealth.</p> <p><u>Observation and Risk</u></p> <p>However, attendance at meetings of the Project Board is not being documented, mainly due to the due to the pace of the decision making required and prioritising the progression of the RUC project.</p> <p>The Project Delivery Group is chaired by NHS Lothian and has a substantial membership covering a number of sites and services, including 3rd party providers such as SAS and NHS 24. Attendance is also not being recorded for each meeting of the Group.</p> <p>There is a risk that unless meeting attendance is monitored, pressures elsewhere impacting on the membership of the Group and Board are not being identified, and any decline in attendance may impact on project delivery.</p>	
<p><u>Recommendation</u></p> <p>Attendance at meetings of the Project Delivery Group and Project Board should be monitored to ensure it is recognised if attendance becomes an issue. The Board and Group may need to consider solutions, including identifying a 'core' group of attendees, or other individuals able to attend in place of members if this occurs.</p>	
<p><u>Management Response</u></p> <p>The project team recognise the importance of recording regular meeting attendance to ensure this is monitored and actions taken if attendance issues arise. A record of attendance has been added to the project plan paperwork to record attendance at the Project Delivery Group Meetings.</p> <p>The weekly project board meetings have been disseminated and superseded by the monthly</p>	

Programme Board meeting. Attendance and minutes of this meeting are recorded.

Management Action

Attendance to the RUC fortnightly project delivery group meetings is now recorded within the project plan excel documentation.

Responsibility:

Project Manager

Target date:

Immediately



**Control Objective 2: The Project approach is aligned to the national strategy, with appropriate workstreams in place to aid delivery**

We identified no significant issues in relation to this control objective.

Alignment with the national Urgent Care Strategy is noted throughout the project and evidenced through the Readiness Reports which were submitted to Scottish Government.

The Readiness Assessments are derived from discussions with Workstream Leads and key stakeholders of the Redesign of Urgent Care programme and outlined the minimum requirements necessary to be in place by Autumn 2020. The intention of the assessments was to provide a framework for Board Unscheduled Care Executive Leads to consider their Board readiness to implement the changes in the delivery of Urgent Care and to identify elements that required to be addressed in order to move forward and achieve the implementation dates.

The Readiness Assessments template was issued for completion every two weeks. Informing a national overview of progress and identifying where Boards may require further support and assistance.

The Urgent Care Remobilisation Plan makes reference to the national redesign of urgent care programme and how this has accelerated work that was being developed through the Lothian Unscheduled Care Programme Board.

Workstreams were created in August and September of last year and aligned to the requirements of the project. A Gant chart showing project delivery was produced from this and a critical path identified to show what needed to be completed and by when.

The Project Delivery Group and Project Board are being regularly provided with a project plan, which lists tasks, named leads and timescales for each. The project plan has been aligned to the Gantt chart and critical path. It's noted that due to the projects tight timescales some tasks were not completed in time. These were captured in the regular project status reports prepared for the Project Delivery Group and Project Board.

**Control objective 3: Key project stages are monitored and there is a robust process in place to evaluate and identify workstreams which are not meeting their objectives**

**Finding 2: issues raised through the Project Status Reports are not always being recorded in the Issues Register of the Project Plan**

**Associated risk of not achieving the control objective: the impact of issues may not be properly measured and their closure may not be adequately managed**

**Low**
Background

Workstream leads report progress at the Project Delivery Group meetings and any shortfalls or issues identified are flagged to the Project Board if necessary. They are raised using the decisions / risks / issues for escalation to the Project Board section of the Project Status Reports.

Anything out with the remit of the project board was taken to the national group which the NHS Lothian Chief Executive has representation on. Additionally, the Project Lead can also raise issues directly with the Scottish Government.

An unscheduled care dashboard has been developed in Tableau to record referrals from NHS24 to NHS Lothian and scheduled to attend the Emergency Department, compared against self presenters. A data slide pack is also updated and emailed to the Project Board every fortnight.

Following the National launch of phase 1 of the Re-design of Urgent Care on the 1st December 2020, Project Delivery Group and Project Board were emailed an electronic survey to complete to gather their views and experiences of this first phase in January 2021. A number of actions were proposed in response to the feedback received, what have been recorded in a Lessons Learned Summary and Action Plan. Some actions have been completed with evidence provided to demonstrate that the open actions are being managed.

Observation and Risk

The Project Plan, presented regularly at meetings of the Project Delivery Group and Project Board records in separate worksheets:

- Programme Plan (phases 1 and 2)
- Action Log
- Closed actions
- Risk Register
- Issues Register

However, it is noted that the issues raised through the Project Status Reports are not always being recorded in the issues register of the Project Plan. The issues register records the issue description, along with date raised, impact, action plan, and action plan update.

While issues are being captured within the weekly updates, unless the Issues Register used as a matter of course to record and manage all issues occurring during the project, there is a

risk that their impact may not be properly measured and closure of the issue may not be adequately managed.

#### Recommendation

It is recommended that all issues reported through the Project Status Report are added also to the Issues Register within the Project Plan. Thereafter, a formal review of the register should be scheduled with the Project Delivery Group and Project Board

#### Management Response

The issues reported within the project status report will be captured on the issue register within the Project plan and will be formally reviewed.

#### Management Action

All issues captured within the project board status reports will be retrospectively added to the Issues register within the Project Plan and reviewed at the PDG meeting by the 30 June 2021.

#### Responsibility:

Project Manager

#### Target date:

30 June 2021

## **4. Internal Audit Follow-up Process**

- 4.1 Approximately two weeks following issue of the final Internal Audit report, a member of the Audit Team will issue an 'evidence requirements' document for those reports where management actions have been agreed.
- 4.2 This document forms part of the follow up process and records what information should be provided to close off the management action.
- 4.3 The follow-up process is aligned with the meetings of the Board's Audit & Risk Committee. Audit Sponsors will be contacted on a quarterly basis with a request to provide the necessary evidence for those management actions that are likely to fall due before the next meeting of the Audit and Risk Committee.

## **Appendix 1 – Staff Involved and Documents Reviewed**

### **Staff Involved**

- Programme Director Unscheduled Care
- Project Manager

### **Documents Reviewed**

- Project Board Status Reports
- Scheduling of Unscheduled Care Project Plans
- Readiness Assessments
- Gantt Chart
- Project Delivery Group Terms of Reference
- RUC Data Summary
- Urgent Care Content of Remobilisation Plan
- RUC Lessons Learned Summary and Action Plan
- Evidence of emailed workstream updates
- Example of resolved issues, reported to the Project Board
- Communication Plan
- RUC Update – Key Workstreams
- RUC Newsletter
- RUC Implementation briefing paper

## Appendix 2 - Definition of Ratings

### Findings and management actions ratings

Finding Ratings	Definition
<b>Critical</b>	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
<b>High</b>	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
<b>Medium</b>	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
<b>Low</b>	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

## Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
<b>No assurance</b>	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
<b>Limited assurance</b>	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> <li>There are known material weaknesses in key control areas.</li> <li>It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for.</li> </ul> <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
<b>Moderate assurance</b>	The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.	<p>In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)</p>
<b>Significant assurance</b>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)</p>