

NHS Lothian

Internal Audit 2023/24

January 2024

Final Report

Emily Mayne
Head of Internal Audit
T 0121 232 5309
E emily.j.mayne@uk.gt.com

Jamie Fraser
Internal Audit Assistant Manager
T 0141 223 0886
E jamie.a.fraser@uk.gt.com

Contents



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It is the responsibility solely of NHS Lothian management and directors to ensure there are adequate arrangements in place in relation to risk management, governance, control and value for money.



Section	Page
Executive summary	03
Headline messages	05
Summary of findings	07
Detailed findings & action plan	08
Appendices	16
Appendix 1: Staff involved	17
Appendix 2: Documents reviewed	19
Appendix 3: Our assurance levels	19
Report Distribution	
Executive Lead:	
• Morag Campbell, Director of Estates and Facilities	
For action:	
• Robert Aitken, Associate Director of Operations – Facilities	
• Tommy Logan, Head of Operations, Hard FM	
• Karen Fraser, Head of Risk, Quality and Assurance	
• Heather McLeary, Lead Assurance Manager	
For Information:	
• Calum Campbell, Chief Executive	
• Craig Marriott, Director of Finance	
• Audit and Risk Committee	

Executive summary



Background

Scottish Health Technical Memorandum 06-01: 'Electrical services supply and distribution' replaces Scottish Health Technical Memorandum 2007: 'Electrical services supply and distribution' and Scottish Health Technical Memorandum 2011: 'Emergency electrical services' and absorbs Scottish Health Technical Memorandum 2014: 'Abatement of electrical interference'.

SHTM 06-01 Part B provides guidance for all works on the fixed wiring and integral electrical equipment used for electrical services within healthcare premises. Specifically, it considers the operational management and maintenance requirements for hard-wired electrical systems and fixed power plant.

All forms of electrical operation procedures and maintenance tasks should adhere to the recommendations given in Scottish Health Technical Memorandum 06-02: 'Electrical safety guidance for low voltage systems and Scottish Health Technical Memorandum 06-03: 'Electrical safety guidance for high voltage systems'.

The provision of electrical services in healthcare premises is a management responsibility at both new and existing sites. The guidance is equally applicable to premises that offer healthcare services under the Registered Homes Act 1984.

SHTM 06-01 provides healthcare premises managers with guidance on the European and British Standards for Electrical Safety, such as the IEE Regulations BS7671, the Building (Scotland) Regulations, and the Electricity at Work Regulations. Healthcare premises managers may be able to fulfil their duty of care in relation to the Health and Safety at Work etc Act by adopting the recommendations of the manual.

Executive summary



Objectives

The objective of the audit was to consider whether NHS Lothian is complying with the requirements of Scottish Health Technical Memorandum 06: Electrical services. The audit focused on the Western General Hospital, Royal Edinburgh Hospital, and St John's Hospital. This audit is part of a cyclical review assessing the controls and processes around the operation and maintenance of business-critical systems.

Our review focussed on the following key risks:

- NHS Lothian does not have a clearly defined electrical safety policy and programme for the operation and servicing of high voltage and low voltage electrical systems and equipment.
- Operating records for high voltage and low voltage electrical systems and equipment are not accurate, kept up to retained and/or retained.
- High voltage and low voltage electrical systems and equipment are not subject to routine inspection and maintenance.
- Individuals required to monitor and/or maintain high voltage and low voltage electrical systems and equipment have not been formally appointed to their roles and/or are not suitably qualified or trained to perform such roles.
- Audits of safe system of work and safety procedures are not conducted by the Designated Person, Authorising Engineers and Authorised Persons.



Limitations in scope

Please note that our conclusion is limited by scope. It is limited to the risks outlined above. Other risks exist in this process which our review and therefore our conclusion has not considered. Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing.

This report does not constitute an assurance engagement as set out under ISAE 3000.



Acknowledgement

We would like to take this opportunity to thank your staff for their co-operation during this internal audit.

Headline messages



Limited Assurance

We have reviewed the processes and controls around complying with the requirements of Scottish Health Technical Memorandum 06: Electrical services and have concluded that the processes have provided **LIMITED Assurance**. This was confirmed through testing in specific areas of the organisation and through discussions with management.

We have provided 'Limited Assurance' based on our findings, indicating that the controls upon which the organisation relies are suitably designed and mostly effectively applied. However, a moderate amount of residual risk remains, with some areas requiring immediate attention. One area received no assurance and two received limited assurance. We have not given a no assurance opinion overall but urge management to focus on and prioritise resource to implement the agreed recommendations as soon as practically possible.

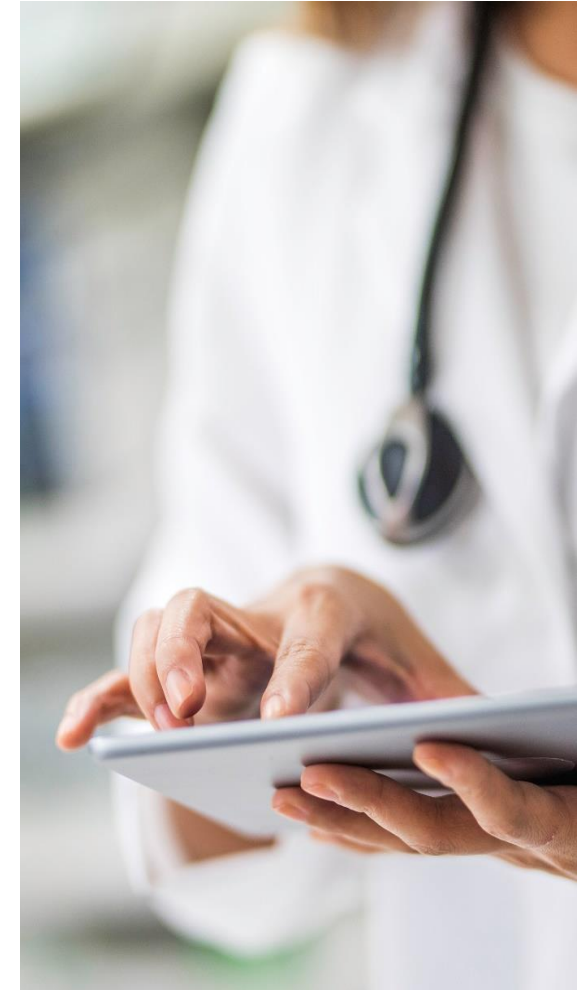
The objectives reviewed are set out overleaf with the assurance rating we have assessed for each one and the number of recommendations raised. We have reported by exception against the areas where we consider that Management and the Audit and Risk Committee should focus their attention.

The highest areas of identified risk include:

- There is limited or no contract management support and significant gaps in the planned maintenance contracts for electrical systems. At present there are no contracts in place for the planned maintenance of HV Switchgear and LV Switchgear. Asset not yet covered by contracts present a risk to NHS Lothian with regards to compliance assurance.
- For the period 1 April 2023 to 30 November 2023, of the planned maintenance tasks scheduled in Agility for the Western General Hospital (WGH), Royal Edinburgh Hospital (REH), and St John's Hospital (SJH), the percentage completion for each site is 53%, 81%, and 47% respectively. Completion is impacted due to a shortage of staff as well as an inability to power down certain areas of the NHS Lothian estate.
- The appointment of staff to their respective designated staff functions is incomplete or out of date
- Actions arising from the Authorising Engineer annual audits of electrical systems are not implemented in a timely manner with 69 actions remaining open from the 2021 and 2022 audits.

Additional recommendations have been raised relating to mandatory AP and CP training being out of date and compliance audits on each CP not taking place.

Our recommendations will support the Estates and Facilities to further improve compliance with SHTM 06.



Headline messages



Conclusion

We have raised 10 recommendations. The grading of these recommendations, based on risk, is summarised in the table below.

Objectives	Assurance rating	Number of recommendations			
		High	Medium	Low	Imp
NHS Lothian does not have a clearly defined electrical safety policy and programme for the operation and servicing of high voltage and low voltage electrical systems and equipment.	Significant Assurance	-	-	-	-
Operating records for high voltage and low voltage electrical systems and equipment are not accurate, kept up to retained and/or retained.	Significant Assurance	-	-	-	-
High voltage and low voltage electrical systems and equipment are not subject to routine inspection and maintenance.	No Assurance	2	1	-	-
Individuals required to monitor and/or maintain high voltage and low voltage electrical systems and equipment have not been formally appointed to their roles and/or are not suitably qualified or trained to perform such roles.	Limited Assurance	1	3	1	-
Audits of safe system of work and safety procedures are not conducted by the Designated Person, Authorising Engineers and Authorised Persons.	Limited Assurance	1	1	-	-

Summary of findings



Examples of where recommended practices are being applied

- Each site holds the appropriate operating records as per SHTM 06 including: HV / LV Logbook; Operational Procedure Manual; Operating and maintenance manuals; Maintenance records; Isolation and earthing diagram; Completion of work or test; Safety Programmes; Permits to Work; Limitation of Access; and Certificates of Appointment.
- There is a contract and schedule in place for fixed wired testing across the entire NHS Lothian estate. The schedule ensures that all sites are tested in a five-year cycle in line with SHTM 06.
- The Authorising Engineer undertakes annual audits and provides reports to the Designated Person
- Planned maintenance is scheduled within the Agility CAFM system and categorised as Statutory (PPM1) and Mandatory (PPM2).



Areas requiring improvement

- Standard operating procedures for the management of Electrical High and Low Voltage Systems are yet to be developed.
- At present there are no contracts in place for the planned maintenance of HV Switchgear and LV Switchgear.
- Planned maintenance is not being carried out as and when required.
- The appointment of staff to their respective designated staff functions is incomplete or out of date
- Mandatory AP and CP training has expired for appointed individuals
- Actions arising from the Authorising Engineer annual audits of electrical systems are not implemented in a timely manner.
- CP Compliance audits are not taking place.



Detailed findings & action plan

3.1

No Assurance

High voltage and low voltage electrical systems and equipment are not subject to routine inspection and maintenance.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Planned Maintenance Contracts are not in place</u></p> <p>We ascertained during the course of the audit that there is limited or no contract management support in place, and there are significant gaps in the planned maintenance contracts for electrical systems. At present there are no contracts in place for the planned maintenance of HV Switchgear and LV Switchgear.</p> <p>There are 142 electrical assets across NHS Lothian relating to High Voltage (HV) and Low Voltage (LV). The average expected life of the LV electrical assets is 17 years; however, the current average age of the assets is 28 years old. The average expected life of the HV electrical assets is 18 years; however, the current average age of the assets is 33 years old. As such, the assets are dated and long past their replacement cycle.</p> <p>If the assets are not properly maintained this could present a catastrophic risk of failure to NHS Lothian which could impact on the organisations ability to carry out services in a safe manner.</p> <p>Additionally, assets not yet covered by contracts present a risk to NHS Lothian with regards to compliance assurance.</p>	<p>Recommendation 1</p> <p>NHS Lothian should seek to establish contracts for the planned maintenance of HV and LV Switchgear. These contracts should incorporate contract management support to ensure contractors are performing their duties to an appropriate standard.</p>	<p>Senior Management Team have already identified this as an area of vulnerability and are in the process of addressing the issues and implementing remedial actions. Estates and Facilities would wish to note that action 2 sits Procurement but the Head of Hard FM will liaise closely to ensure appropriate action is taken to satisfy close out.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Review the current asset register to ensure all assets are accounted for and information is provided on status or repair, life cycle and risk of failure. Where this is evaluated as significant or potentially catastrophic a separate risk assessment will be completed and this may be added to the Directorate Risk Register highlighting immediate remedial action. 2. Hard FM and Procurement to establish suitable contracts for the planned maintenance of HV and LV Switchgear from qualified and competence contractors. 3. Hard FM to develop a contract management process to ensure the contract is delivered to a quality and safe standard <p>Responsible Officer: Tommy Logan, Head of Hard FM</p> <p>Executive Lead: Morag Campbell, Director of Estates & Facilities</p> <p>Due Date: 30/04/24</p>

Detailed findings & action plan

3.2

No Assurance

High voltage and low voltage electrical systems and equipment are not subject to routine inspection and maintenance.

Finding and implication	Audit recommendation	Management response, including actions																												
<p><u>Planned maintenance is not being carried out as and when required</u></p> <p>The electrical assets across NHS Lothian are aged and without timely and rigorous maintenance, there is a risk of failure that could occur which could impact on NHS Lothian's ability to deliver services.</p> <p>Planned maintenance is scheduled within the Agility CAFM system and categorised as Statutory (PPM1) and Mandatory (PPM2). The frequency of the maintenance tasks is recorded as weekly, monthly, quarterly, six-monthly and yearly.</p> <p>For the period 1 April 2023 to 30 November 2023, we reviewed the planned maintenance tasks scheduled in Agility and the level of completeness for the Western General Hospital (WGH), Royal Edinburgh Hospital (REH), and St John's Hospital (SJH) was as follows:</p> <table border="1" data-bbox="125 1011 891 1278"> <thead> <tr> <th></th> <th>Total No. of tasks</th> <th>Total No. of tasks complete</th> <th>Total No. of tasks not complete</th> <th>Total No. of tasks overdue</th> <th>Total No. of tasks not yet due</th> <th>% complete *</th> </tr> </thead> <tbody> <tr> <td>WGH</td> <td>1831</td> <td>965</td> <td>866</td> <td>823</td> <td>43</td> <td>54%</td> </tr> <tr> <td>REH</td> <td>1044</td> <td>843</td> <td>201</td> <td>137</td> <td>64</td> <td>86%</td> </tr> <tr> <td>SJH</td> <td>1376</td> <td>649</td> <td>727</td> <td>724</td> <td>3</td> <td>47%</td> </tr> </tbody> </table>		Total No. of tasks	Total No. of tasks complete	Total No. of tasks not complete	Total No. of tasks overdue	Total No. of tasks not yet due	% complete *	WGH	1831	965	866	823	43	54%	REH	1044	843	201	137	64	86%	SJH	1376	649	727	724	3	47%	<p>Recommendation 2</p> <p>Management within Estates should understand the barriers to delivering all planned statutory and mandatory maintenance activities in line with agreed timescales and seek to put plans in place to mitigate these.</p> <p>To further manage risk, action plans with clear ownership and timescales should be developed to:</p> <ul style="list-style-type: none"> ensure current resources are directed towards areas of greatest maintenance risk, and increase the capacity to deliver maintenance activities. 	<p>Senior Management Team have already identified this as an area of vulnerability and in the process of addressing the issues and implementing remedial actions.</p> <p>Actions:</p> <ol style="list-style-type: none"> Head of Hard FM (in conjunction with Hard FM Area Managers and site AP's) to evaluate current PPM1 and PPM2 status at each site and assess the barriers to achieving full compliance. This will include specific risk assessments where this cannot be achieved and the potential consequences. This should also include those areas which cannot be accessed regularly Head of Hard FM to develop a position report and the identify the resources required to achieve full compliance. This is to be presented initially at Estates and Facilities SMT and then escalated to achieve the required objective or highlight any potential blockages or further risk. <p>Responsible Officer: Tommy Logan, Head of Hard FM</p> <p>Executive Lead: Morag Campbell, Director of Estates & Facilities</p> <p>Due Date: 30/04/24</p>
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Detailed findings & action plan

3.2

No Assurance

High voltage and low voltage electrical systems and equipment are not subject to routine inspection and maintenance.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Planned maintenance is not being carried out as and when required (cont'd)</u></p> <p>We understand that the completion of PPM is impacted by the Estates and Facilities team's ability to be able to power down certain areas of the sites due to on-going clinical activity. Additionally, completion is further impacted by due to 10 electrician vacancies (Competent Persons) across NHS Lothian as the Estates and Facilities team has been unable to recruit to these posts.</p>	<p>Recommendation 3</p> <p>Actual activity against the planned maintenance activity should continue to be reviewed by the Area Managers, with issues escalated to senior management as appropriate. Area Managers should monitor completed tasks to ensure comments are provided and query any non-compliance with staff.</p>	<p>Senior Management Team have already identified this as an area of vulnerability and are in the process of addressing the issues and implementing remedial actions.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Hard FM to continue to negotiate and liaise with Clinical Colleagues to identify opportunities to power down areas of the site to allow the completion of PPM's. This will be monitored via the Critical Systems Review Groups and escalated to Estates and Facilities SMT where issues are highlighted. 2. Further development of recruitment and retention plans to ensure we can fill vacancies and retain key staff; in conjunction with our recruitment consultant and Directorate Learning Team. 3. Head of Hard FM to carry out an assessment of the costs to continue to contract these tasks out ensuring value for money and work completed to a quality and safe standard. The site AP's will monitor contractor tasks during and at completion and report any deficiencies. <p>Responsible Officer: Tommy Logan, Head of Hard FM</p> <p>Executive Lead: Morag Campbell, Director of Estates & Facilities</p> <p>Due Date: 31/03/24</p>

Detailed findings & action plan

4.1

Limited Assurance

Individuals required to monitor and/or maintain high voltage and low voltage electrical systems and equipment have not been formally appointed to their roles and/or are not suitably qualified or trained to perform such roles.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>The appointment of staff to their respective designated staff functions is incomplete or out of date</u></p> <p>Per the SHTM 06-01 guidance, NHS Lothian is required to have the following roles allocated to employees:</p> <ul style="list-style-type: none"> • Designated Person (DP) • Authorised Engineer (AE) • Authorised Person (AP) • Competent Person (CP) <p>We obtained a copy of the Estates Department's Statutory Structure which has a tab for Electrical LV and Electrical HV. These tabs outline the key personnel required above and the name of individual appointed. We obtained and verified the certification of appointment documentation for the DP and AE.</p> <p>There are currently six formally appointed APs and 13 formally appointed CPs across WGH, REH and SJH. The Authorising Engineer puts forward a Certificate of Recommendation to the NHS Lothian Designated Person to recommend an individual be appointed an Authorised Person. Following the recommendation, the Designated Person then issues a Certificate of Appointment.</p> <p>We obtained the certification of appointment documentation which identified the following issues with completeness and accuracy:</p> <ul style="list-style-type: none"> • Certificates are not signed or dated by the AP • Certificates with the first and/or second review date have not been signed off by the AE • Certificates where the AP did not record the date in which they signed to accept their appointment to the role • Certificates that did not have the date of formal appointment recorded 	<p>Recommendation 4</p> <p>Where a Certification of Recommendation has lapsed, action should be taken to confirm the postholders duties and responsibilities with the and Authorising Engineer.</p> <p>Management should ensure that all certification of appointments for Authorised Persons and Competent Persons are completed accurately.</p> <p>The Authorising Engineer should be reviewing the Certification of Appointment for the APs on an annual basis and recording their review by way of a signature and date.</p>	<p>Senior Management Team have already identified this as an area of vulnerability and are already in the process of addressing the issues and implementing remedial actions.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Assurance Team to carry out a review of current certification to ensure all records are in date and appropriately signed off. <p>Responsible Officer: Tommy Logan, Head of Hard FM</p> <p>Executive Lead: Morag Campbell, Director of Estates & Facilities</p> <p>Due Date: 31/03/24</p>

Detailed findings & action plan

4.1	Limited Assurance	Individuals required to monitor and/or maintain high voltage and low voltage electrical systems and equipment have not been formally appointed to their roles and/or are not suitably qualified or trained to perform such roles.	
Finding and implication		Audit recommendation	Management response, including actions
<p><u>The appointment of staff to their respective designated staff functions is incomplete or out of date (cont'd)</u></p> <ul style="list-style-type: none"> One Certificate of Recommendation by an AE expired in April 2023. The offer of appointment letter is dated 02/03/2022 but was not signed by the AP until 30/11/2023 For two CPs, their current certificates of appointment expired on 15/10/2023 and 05/12/2023 The template certificate of appointment used by WGH, REH and SJH for AP and CP appointments is not consistent and, in some instances, does not align with the template provided in SHTM 06. It was identified that where a site is using the template from SHTM 06, there is a requirement to review the certification on annual basis with the AP providing a signature and a next review date recorded. However, sites utilising their own template do not have this requirement and are therefore not reviewing AP and CP certification on annual basis. <p>Additionally, at present SJH only has one appointed AP. There are two other individuals who are undergoing the training to become formally appointed APs. From a resilience perspective, these APs should be formally appointed as soon as practicably possible.</p>		<p>Recommendation 5</p> <p>The two individuals undertaking the AP training should be formally appointed as APs at St John's Hospital as soon as practicably possible to ensure there is resilience within the team.</p>	<p>Senior Management Team have already identified this as an area of vulnerability and are in the process of addressing the issues and implementing remedial actions.</p> <p>Actions:</p> <p>Hard FM Area Manager (SJH) to ensure the two individuals referred to are formally appointed without further delay in order to ensure resilience within the team</p> <p>Responsible Officer: Tommy Logan, Head of Hard FM</p> <p>Executive Lead: Morag Campbell, Director of Estates & Facilities</p> <p>Due Date: 30/04/24</p>
		<p>Recommendation 6</p> <p>Management should ensure that a consistent certificate of appointment template is utilised across NHS Lothian which is in line with SHTM 06 to ensure that annual review of certification takes place.</p>	<p>Senior Management Team have already identified this as an area of vulnerability and are in the process of addressing the issues and implementing remedial actions.</p> <p>Actions:</p> <p>1. Assurance Team to carry out a review (in line with SHTM 06) with regards to the certificate appointment template to ensure consistency of approach Pan Lothian (by the Assurance Team in conjunction with the AP's)</p> <p>Responsible Officer: Tommy Logan, Head of Hard FM</p> <p>Executive Lead: Morag Campbell, Director of Estates & Facilities</p> <p>Due Date: 31/03/24</p>

Detailed findings & action plan

4.2

Limited Assurance

Individuals required to monitor and/or maintain high voltage and low voltage electrical systems and equipment have not been formally appointed to their roles and/or are not suitably qualified or trained to perform such roles.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Mandatory AP and CP training has expired for appointed individuals</u></p> <p>We reviewed the Hard FM Training Plan and Costs for 2023/24 which lists all the appointed APs and CPs with the date they last completed their mandatory AP and CP training. Our review identified the following:</p> <ul style="list-style-type: none"> The staff list in the Hard FM Training Plan is incomplete with some: <ul style="list-style-type: none"> staff listed who are no longer in post staff in post who are not listed Expired training is evident from dates within the plan: <ul style="list-style-type: none"> Two CPs with last completed training dates of November 2012 and July 2014 and no expiry date documented – the training is required to be refreshed every three years; therefore, the training for these two individuals has long expired Training for four APs has expired per the dates in the training plan 	<p>Recommendation 7</p> <p>Management should ensure that the APs and CPs with expired training should undertake refresher training as soon as practically possible.</p>	<p>Senior Management Team have already identified this as an area of vulnerability and are in the process of addressing the issues and implementing remedial actions.</p> <p>Actions:</p> <ol style="list-style-type: none"> Assurance Team to carry out a comprehensive review and tidy up of the training plans and implement a monitoring system to ensure certification remains valid and those certificates nearing expiry are addressed before they actually expire Estates Training Admin to organise refresher training for those requiring this without delay. <p>Responsible Officer: Tommy Logan, Head of Hard FM</p> <p>Executive Lead: Morag Campbell, Director of Estates & Facilities</p> <p>Due Date: 30/04/24</p>
	<p>Recommendation 8</p> <p>The Hard FM training plan should be updated to ensure that all current post holders are listed, ex-employees are removed, and the dates of the training undertaken recorded.</p>	<p>Actions: As per stated actions in recommendation 7</p>

Detailed findings & action plan

5.1

Limited Assurance

Audits of safe system of work and safety procedures are not conducted by the Designated Person, Authorising Engineers and Authorised Persons.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Actions arising from the Authorising Engineer annual audits of electrical systems are not implemented in a timely manner.</u></p> <p>Authorising Engineers are to carry out a compliance audit at each establishment for which they are appointed at a maximum of 12-monthly intervals. At the time of this audit, the Authorising Engineer had just carried out the annual audit and NHS Lothian were awaiting receipt of the audit reports.</p> <p>The Estates and Facilities team has an AE Action Register and Dashboard in place. Our review of this identified that of the 112 actions on the register, 24 of these remain open from the 2022 annual audit following the 2023 annual AE audit. The open actions for each site covered within this audit are as follows:</p> <ul style="list-style-type: none"> • WGH – 11 • SJH – 5 • REH – 8 	<p>Recommendation 9</p> <p>The Estates and Facilities team should firstly identify which actions from the 2021 and 2022 audits are of the highest risk and prioritise their completion. After which the remaining outstanding actions should be completed as soon as possible.</p>	<p>Senior Management Team have already identified this as an area of vulnerability and are in the process of addressing the issues and implementing remedial actions.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. Assurance Managers will liaise with the AP's to identify the highest and longest open risks and formulate an action plan to close these out within agreed timescales- or provide a rationale as to why a risk action cannot be closed. 2. This will then be monitored on an ongoing basis by the Assurance Team and the site AP's. <p>Responsible Officer: Tommy Logan, Head of Hard FM</p> <p>Executive Lead: Morag Campbell, Director of Estates & Facilities</p> <p>Due Date: 30/04/24</p>

Detailed findings & action plan

5.2

Limited Assurance

Inadequate compliance with review processes may lead to variations in scrutiny, causing workload imbalances, dissatisfaction, compliance issues, and retention challenges.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>CP Compliance audits are not taking place.</u></p> <p>There is a requirement within SHTM 06 for Authorised Persons to carry out a compliance audit on each Competent Person for which they are responsible including contactors at a maximum of 12-monthly intervals. We were unable to confirm if these compliance audits are taking place.</p>	<p>Recommendation 10</p> <p>Management should implement a schedule for undertaking compliance audits on each Competent Person on an annual basis.</p>	<p>Senior Management Team have already identified this as an area of vulnerability and are in the process of addressing the issues and implementing remedial actions.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. AP's to ensure that all CP's are assessed on an annual basis to assure competency – to be monitored by the Assurance Team 2. Hard FM Area Managers (in conjunction with AP's and Assurance Team) will review current contractors and be satisfied contract monitoring with respect to qualifications and competencies to work on our systems is robust, safe and legal. <p>Responsible Officer: Tommy Logan, Head of Hard FM</p> <p>Executive Lead: Morag Campbell, Director of Estates & Facilities</p> <p>Due Date: 30/04/24</p>

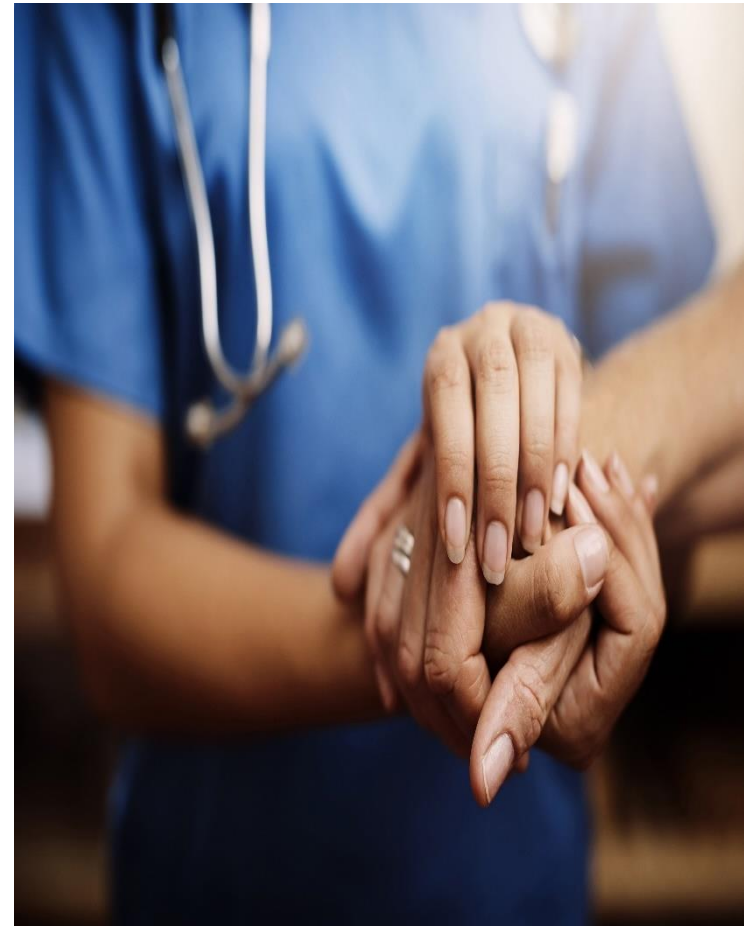
Appendices

Appendix 1: Staff involved



Staff involved

- Morag Campbell, Director of Estates and Facilities
- Robert Aitken, Associate Director of Operations - Facilities
- Tommy Logan, Head of Operations, Hard FM
- Karen Fraser, Head of Risk, Quality and Assurance
- Heather McLeary, Lead Assurance Manager
- Bob Stewart, Area Manager - St John's Hospital
- David George, Area Manager - REH & AAH
- Stevie Greenan, Area Manager - East & Midlothian
- Colin Ramsay, Facilities Maintenance Manager
- Paul Cormack, AP REH & AAH
- Scott Paget, AP REH & AAH

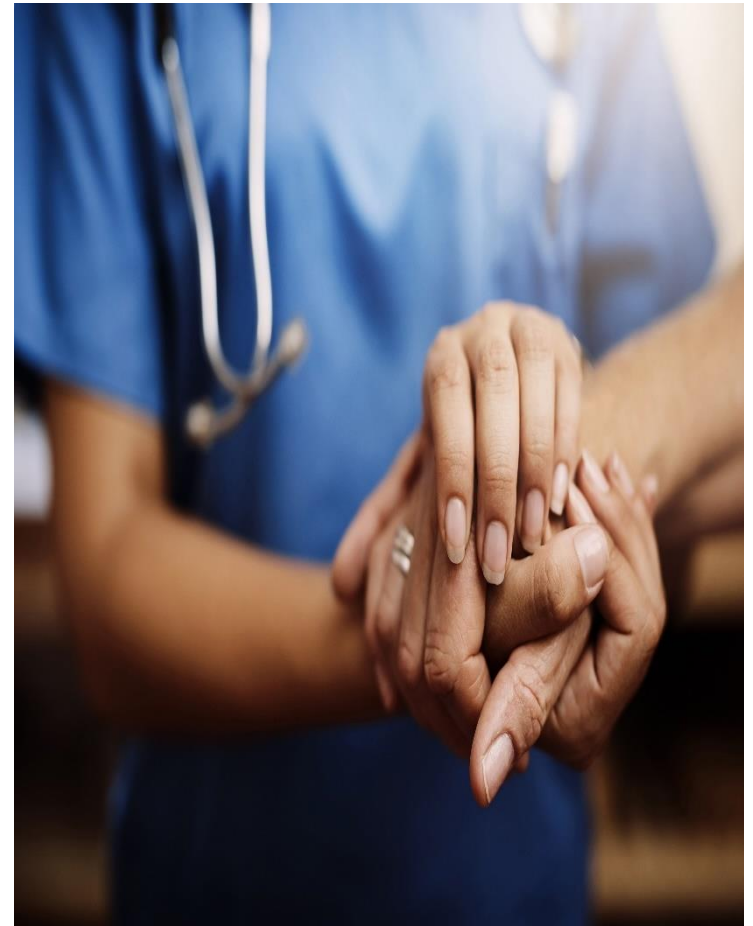


Appendix 2: Documents reviewed



Documents reviewed

- High Voltage Electrical Systems Policy (Estates & Facilities) - June 2022
- Management of Electrical Low Voltage Systems Policy - December 2023
- Portable Appliance Testing (PAT) Policy - Facilities (Electrical Safety Inspection & Testing) - March 2023
- DP, AE, AP and CP Certification of Appointments
- Master NHS Lothian Statutory Duty Structure
- Hard FM Training Plan and Costs 2023-24
- REH & AAH Electrical PPM Completion November 2023
- SJH Electrical PPM Completion November 2023
- WGH Electrical PPM Completion November 2023
- NHS Lothian EICR Schedule 2023
- Framework Supplier Strategy May 2022
- AE Action Register and Dashboard
- SCART Audits



Appendix 3:

Our assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating*	Description
Significant Assurance	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. 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. 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>
Moderate Assurance	<p>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> <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>
Limited Assurance	<p>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> <p>This may be used when:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key control areas. • 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. <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>
No assurance	<p>The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.</p> <p>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 a number of HIGH rated recommendations)</p>

Appendix 3:

Our recommendation ratings

The table below describes how we grade our audit recommendations based on risks:

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> • Key activity or control not designed or operating effectively • Potential for fraud identified • Non-compliance with key procedures/standards • Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> • Important activity or control not designed or operating effectively • Impact is contained within the department and compensating controls would detect errors • Possibility for fraud exists • Control failures identified but not in key controls • Non-compliance with procedures/standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	<ul style="list-style-type: none"> • Minor control design or operational weakness • Minor non-compliance with procedures/standards
Improvement	Items requiring no action but which may be of interest to management or which represent best practice advice	<ul style="list-style-type: none"> • Information for management • Control operating but not necessarily in accordance with best practice



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