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Agenda Item: 7.

Performance and Audit Committee

Date of Meeting: 22 March 2023.

Subject: Internal Audit of Workforce Planning.

1. Purpose

1.1. To present the Workforce Planning Audit Report for members scrutiny.

2. Recommendations

The Performance and Audit Committee is invited to note:

2.1. That an Internal Audit of Workforce Planning, which was agreed as part of the IJB Internal Audit Plan for 2022/23, has been undertaken.

It is recommended:

2.2. That members scrutinise and seek assurance on the Workforce Planning Audit Report, attached as Appendix 1 to this report.

3. Background

3.1. On 11 March 2022 the Scottish Government published the National Workforce Strategy for Health and Social Care. This strategy contains three key objectives – Recovery, Transformation and Growth, and sets out the five pillars of the workforce journey which should be core within the three-year workforce plan. The five pillars of the workforce journey are to:

- Plan
- Attract
- Train
- Employ
- Nurture.

3.2. The objective of this audit was to review workforce planning within the Orkney Health and Care Partnership.

4. Audit Findings

4.1. The audit provides adequate assurance that the processes and procedures relating to Workforce Planning are well controlled and managed.

4.2. The internal audit report, attached as Appendix 1 to this report, includes three medium and six low priority recommendations within the action plan. There are no high-level recommendations made as a result of this audit.

5. Contribution to quality

Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	No.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	No.
Fairness: To make sure socio-economic and social factors are balanced.	No.
Innovation: To overcome issues more effectively through partnership working.	No.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
Sustainability: To make sure economic and environmental factors are balanced.	No.

6. Resource and financial implications

6.1. There are no resource or financial implications associated directly with this report.

7. Risk and equality implications

7.1. There are no risk or equality implications associated directly with this report.

8. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

10. Authors and contact information

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11. Supporting documents

11.1. Appendix 1: Internal Audit - Workforce Planning.



Internal Audit

Audit report

IJB Workforce Planning

Draft issue date: 24 November 2022

Final issue date: 16 December 2022

Distribution list:	<p>Head of Strategic Planning and Performance Orkney Health and Social Care Partnership.</p> <p>Chief Officer for Orkney Health and Social Care Partnership.</p> <p>Head of Human Resources & Organisational Development, Orkney Islands Council.</p> <p>Head of Finance, Orkney Islands Council</p>
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Contents

Audit Opinion	1
Executive Summary	1
Introduction	2
Audit Scope.....	3
Audit Findings	4
Action Plan.....	10
Key to Opinion and Priorities.....	13

Audit Opinion

Based on our findings in this review we have given the following audit opinion.

Adequate

Some improvements are required to enhance the effectiveness of the framework of governance, risk management and control.

A key to our audit opinions and level of recommendations is shown at the end of this report.

Executive Summary

The objective of this audit was to review workforce planning within Orkney Health and Social Care Partnership (OHSCP).

Workforce planning is a vital activity in supporting the dedication and commitment of health and social care workers in carrying out their invaluable work across the community.

On 11 March 2022 the Scottish Government published its National Workforce Strategy for Health and Social Care.

The strategy recognises the current acute pressures on the health and social care system and the importance of partners in actively working together to identify solutions and address unmet needs.

The strategy identifies that workforce planning at local level is critical to achieving the right workforce, with the right skills, in the right place, at the right time.

There are long standing pressures across the whole health and social care sector, in particular with regards to resourcing, attracting, recruiting and retaining staff.

As the population gets older, the demands on OHSCP and its workforce increase.

The workforce challenges from the strategic priorities of OHSCP, including shifting from dealing with the consequences of poor health in acute settings to increasing preventative measures and early intervention, together with supporting older people to stay in their own homes, in their own communities, needs to be planned for and resourced.

To support the delivery of the national workforce strategy each NHS board and Health and Social Care Partnership across Scotland have been asked to develop a 3-year Workforce Plan.

The strategy encompasses evidence-based planning and states that “data about our (Scotland’s) workforce is key to understanding where and how that workforce delivers health and care services to the people of Scotland”.

Feedback from the Scottish Government Health Workforce Directorate on the combined NHS Orkney and OHSCP draft 2022-2025 workforce plan recognised the considerable work NHS Orkney, partners and various stakeholders have undertaken during what remains a challenging operating environment.

The feedback includes several positive comments including that “The NHS Orkney 3-year plan sets out NHS workforce dynamics clearly and logically. It addresses in the main the questions

raised in the guidance and provides a projection of workforce requirements over the next 3 years per job family”. It was also noted that “follow-up meetings with NHS Orkney board colleagues were extremely helpful in providing further read-across and insight”.

The feedback also commented that “evidence of input from the Health and Social Care Partnership (HSCP) and Orkney Islands Council (OIC) seemed less than anticipated”.

Development of the 2022-2025 workforce plan took place at a time when the Council was implementing a significant management restructure and had its own capacity issues within its Human Resources team.

The feedback recognised that the timescale for publication and associated governance arrangements may limit ability to make changes to the draft version. However, the Scottish Government Health Workforce Directorate advised that they welcome the opportunity for further discussions across the next year to inform subsequent annual revisions to the workforce plan.

Our review found several areas of active workforce planning initiatives being implemented by managers within OHSCP and our report identifies some of the areas where input from OHSCP and OIC could be developed for inclusion within future annual revisions to the workforce plan.

Our report includes 9 recommendations which have arisen from the audit. The number and priority of the recommendations are set out in the table below. The priority headings assist management in assessing the significance of the issues raised.

Responsible officers will be required to update progress on the agreed actions via Pentana Risk.

Total	High	Medium	Low
9	0	3	6

The assistance provided by officers contacted during this audit is gratefully acknowledged.

Introduction

Orkney Health and Social Care Partnership’s (OHSCP’s) workforce are employed by either NHS Orkney or Orkney Islands Council.

The Chief Officer and Chief Finance Officer for the Orkney Health and Social Care Partnership are the only two roles seconded to the Orkney IJB (IJB).

The requirement for OHSCP to produce workforce plans has been established in legislation through CEL 32(2011), the Public Bodies (Joint Working) Scotland Act 2014 and under Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

The intention of the Public Bodies (Joint Working) (Scotland) Act 2014 was not to create duplication through the creation of Integration Joint Boards, but to promote fuller integration to provide more seamless services for people who need health and care services, and their carers. Therefore, the IJB’s workforce planning is intended to be part of a suite of three plans and add value to the partners’ workforce plans rather than to duplicate them.

On 11 March 2022 the Scottish Government published the National Workforce Strategy for Health and Social Care. This strategy contains three key objectives; Recovery, Transformation, and Growth and sets out the five pillars of the workforce journey which should be core within the three-year workforce plan. The five pillars of the workforce journey are to: plan, attract, train, employ and to nurture.

OHSCP's workforce planning supports the overall strategic priorities of the IJB's Strategic Plan and links to the wider National Health and Wellbeing Outcomes, particularly Outcome 8: "People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support care and treatment they provide".

This review was conducted in conformance with the Public Sector Internal Audit Standards.

Audit Scope

The scope of this audit included a review of the following:

- The Three-Year Workforce Plan recently submitted to the National Health and Social Care Workforce Plan programme Office and feedback provided by the Scottish Government.
- Staffing complements held within the Council relating to social care and to compare these with approved budgets, and to identify any differences between staffing complement levels and set financial budgets for health and social care workers within the Council.
- Actual staff levels currently within OHSCP and to identify "the gap" between current staffing levels and established positions.
- Staffing performance indicators relating to health and social care workers within the Council.
- Staff retention and turnover rates within the Orkney Health and Social Care Partnership.

Audit Findings

1.0 NHS Orkney and OHSCP 3-Year Workforce Plan 2022/2025

- 1.1. Feedback from the Scottish Government Health Workforce Directorate to the NHSO and OHSCP draft 2022/2025 Workforce Plan (the workforce plan) made a number of constructive comments and recognised the considerable work NHSO, partners and various stakeholders have undertaken during what remains a challenging operating environment.
- 1.2. We have benchmarked the workforce plan to nine other local areas. The workforce plan, at 83 pages of data, is larger than any other of the plans within the benchmark group which had an average size of 46 pages.
- 1.3. One of the feedback comments received was that “Evidence of input from the HSCP (and OIC) seemed less than anticipated. We would have welcomed more about joint work with other organisations, including the HSCP for the purposes of this integrated plan, and how linkages are being made between NHS, social care and other services on workforce issues”.
- 1.4. The workforce plan was produced by NHSO staff solely, with some input from some OIC service managers.
- 1.5. Within the 83-page workforce plan, 78 pages of data relate to NHSO and 5 pages of data relate to OHSCP.
- 1.6. Development of the workforce plan took place at a time when the Council was implementing a significant management restructure and had its own capacity issues within its Human Resources team.
- 1.7. The workforce plan makes suggestion that for future iterations to workforce plans COSLA’s involvement, participation and engagement would improve the overall quality of the joint workforce plans.
- 1.8. Subsequent to the submission of workforce plans to the Scottish Government Health Workforce Directorate, COSLA’s health and care spokesperson has commented “I cannot stress enough how urgent and necessary a national, properly resourced and coordinated plan is and this must be developed at pace with local government and our delivery partners across social care”.
- 1.9. The workforce plan is to be reviewed and refreshed annually.
- 1.10. In common with some of the workforce plans produced by other integration authorities within the benchmark group, the workforce plan should be developed, in particular with regards to addressing prevailing issues to the resourcing, attracting, recruiting and retaining staff within OHSCP.
- 1.11. An action plan should be developed as a result of the workforce priorities referred to within the workforce plan, setting Specific, Measurable, Achievable, Relevant and Time-Bound (SMART) goals, and included within future revisions of the workforce plan.

Recommendation 1

- 1.12. Our report highlights the following specific areas which could be detailed further within future iterations of the workforce plan.
- 1.13. OHSCP works collaboratively with the third sector in providing health and care services across Orkney. The workforce plan itself does not detail how OHSCP will work with the third sector to deliver the priorities of the IJB Strategic Plan.
- 1.14. Scottish Government guidance emphasised the need for integration authorities to ensure that representatives from the third sector partners are included as key stakeholders in the development of workforce plans and that all boards and Health and Social Care Partnerships (HSCPs) are expected to discuss the development of their plan with relevant stakeholders and partners.
- 1.15. Engagement should therefore be carried out between OHSCP and the third sector, in a planned manner to establish and incorporate the third sector's detailed planning needs in preparation for future annual reviews of the workforce plan.

Recommendation 2

- 1.16. Orkney, in common with the whole health and social care system, has always relied heavily on the vital contribution provided by unpaid carers. It is estimated that there are approximately 4,000 unpaid carers within Orkney alone. This compares to just over 50 home workers employed within OHSCP at any one time and outnumbers the whole OHSCP workforce several times. The workforce plan itself does not provide information relating to unpaid carers.
- 1.17. Engagement should therefore be carried out between OHSCP and representatives of unpaid carers within Orkney so that their detailed needs are incorporated within the annual reviews of the workforce plan.

Recommendation 3

- 1.18. Feedback from the Scottish Government Health Workforce Directorate also made comment that "more might have been said in the plan about scope for the Board to look at issues like the prevailing gender balance, or the tendency for some staff to work long hours".
- 1.19. The 2022/2025 workforce plan provides some high-level data to the female / male gender split and age profile of OHSCP staff. Over 86% of the OHSCP workforce are female and over 40% of the workforce are over 50 years old. These statistics are similar to the data provided within the workforce plans of the benchmark group.
- 1.20. Key actions to addressing the workforce gender and age imbalance, such as grow your own, liaising with the third sector, speaking directly with young people and particularly males about a career in social care should be further detailed, and clearly linked to the data statistics within the workforce plan.

Recommendation 4

- 1.21. The workforce plan, in common with the benchmark group, does not provide data or analyses in detail on the tendency for some staff within OHSCP to working long hours. Working long hours to provide health and care services to the community reflects the

endeavours of the existing workforce, however the extent of this activity should be monitored and the impact it has to staff health and wellbeing should be risk assessed.

Recommendation 5

- 1.22. The workforce plan shows absence rates for Orkney Health and Social Care staff in 2021/22 of 4.8% for NHS Orkney employed staff and 10.2% for OIC employed staff.
- 1.23. The rate of 4.8% is slightly below the overall NHS Orkney rate of 4.9% and below the overall NHS Scotland rate of 5.7%
- 1.24. From the benchmark group, three other workforce plans identified sickness absence rates separately for NHS and local authority employed staff within integration authorities, these ranging from 4.2% to 6% for NHS, and 6.9% to 8.6% for local authority employed staff.
- 1.25. A performance report presented to the IJB Performance and Audit Committee showed staff absence rates ranging from 8% to 14%, during the first half of the 2022 calendar year with a total overall average of 10.64%.
- 1.26. It is not clear whether the benchmark absence rates are adjusted for COVID-19 related sickness which would skew data for the 2021/22 year. However, there has been a recent underlying increasing trend in sickness rates across the whole health and social care sector. For Orkney, in common with the whole sector, the most significant reasons for sickness absence are work related stress, anxiety and depression. Increasing levels of sickness levels can be an indicator of burnout or stress in the sector and also be a cause of stress to other staff in performing their duties. Employers have a legal duty to tackle the root causes of work-related stress.
- 1.27. The service makes available several activities to support staff mental health and wellbeing including mindfulness sessions and yoga. In depth work has been undertaken by the service to provide clarity on the reasons for sickness absence and the associated length of absence.
- 1.28. The findings of this work should be included within future iterations of the workforce plan. Further segmentation such as identifying the levels of employees taking little, or no sickness absence could provide valuable information.

Recommendation 6

- 1.29. The workforce plan points to recruitment, retention, stabilising and developing the workforce as an overarching priority. Data for turnover rates within the Orkney Health and Care Partnership are not detailed within the workforce plan.
- 1.30. One of the increased areas of focus within OHSCP has been to the process of exit interviews so feedback can inform and improve recruitment and retention of staff.
- 1.31. Enhanced reporting of staff turnover rates and analysis of their causes within the workforce plan could provide valuable information. Further segmentation, such as length of service prior to leaving could be detailed.

2.0 Workforce GAP analysis.

- 2.1. The GAP analysis reviewed during our audit is the difference between the workforce staff currently employed by Orkney Islands Council compared to the staff establishment.
- 2.2. The workforce plan contains, inter alia, a table of selection of job categories within OIC employed social care and social work workforce gaps and projections. (See figure 1)

OIC Social Care and Social Work Workforce Gaps and Projections			
Anticipated Timeframe	Role	Band/Grade	Whole Time Equivalent (WTE)
12 months	Care at Home Worker	Grade 5	28wte
	Social Care Assistant/Worker	Grade 4	7wte
	Social Worker Adult and Children & Families	Grade 10	10wte
	Service Manager	Grade 13	2wte
	Team Leader	Grade 11	3wte
	Head of Children, Families and Justice	CO Grade	1wte
24 months	Service Manager	Grade 13	1wte
36 months	Potential recruitment of new hybrid posts for ferry linked Isles	TBC	TBC

Figure 1

- 2.3. At the time of our review, our estimate of the difference between WTE staff numbers employed within OHSCP, (not including locums / agency staff), and the WTE establishment number for staff within the above categories as follows. (See figure 2).

Workforce group	Gap - WTE	Gap - Percentage
Care at Home Worker	26	32.2%
Social Care - Senior/ Assistant/Worker	45	20.6%
Social Worker Adult and Children & Families	10	24.8%
Service Manager	2	31%
Team Leader	7	64.4%

Figure 2

- 2.4. In common with the whole health and social care sector, OHSCP has significant workforce challenges. A report by the Care Inspectorate identifies that Orkney, at 31 December 2021, had a WTE vacancy rate of 9.9% up 5.1 percentage points since 2020. This rate being almost identical to Western Isles at 9.8% and Shetland at 10.0%. This compares to a Scottish average of 8.1% which was up by 3 percentage points from 2020.
- 2.5. Orkney was one of the local authorities with the highest proportion of services reporting that vacancies were hard to fill at 31 December 2021 at 69%, up 21 percentage points from 2020. This compares to a Scottish average of 58%, up 15 percentage points from 2020. A summary to the reasons why vacancies were hard to fill showed that Orkney had the highest rate in Scotland due to too few applicants at 83%, up 4 percentage points from 2020. This compares to a national average of 67% which was up 11 percentage point from 2020.
- 2.6. At the time of our review the care at home service has 26 WTE vacancies, and a waiting list in the region of 400 hours of identified unmet need.
- 2.7. The highest gap by percentage is for Team Leaders where 7 out of 11 WTE Team Leader positions are vacant.
- 2.8. Similarly with the critical pressures faced by the whole social care sector, there is an urgent need to fill leadership and management roles in addressing the critical pressures OHSCP faces.
- 2.9. The workforce plan includes several areas of planned work to recruitment, retention, and development of staff. Some initiatives are already in place, such as promoting a positive message which promotes opportunities, values, fulfilment and respect in social care, also collaboration with Orkney College in creating and providing a carer taster course, and a streamlined application process.
- 2.10. Some services are augmented by agency / locum staff. OHSCP, together with the whole health and social care sector, faces the immense challenges of addressing unmet demand at a time where agencies are charging a premium for agency staff. Orkney has its own challenges of affordable housing and high local employment rates when endeavouring to attract staff. "Grow our own" is referred to positively within the workforce plan however the need to gain experience and qualification means that this activity will take several years to bear fruit. Nurturing both the workforce and organisational challenges and, in parallel with transformation in systems, processes and structures need time to be developed.
- 2.11. There are early signs within OHSCP of progress in attracting and developing new staff to health and social care. The continuing progress OHSCP makes in attracting and developing staff should be considered within the action plan and reported upon within future revisions of the workforce plan as part of our recommendation number 1.

3.0 Monitoring

- 3.1. There are several workforce related performance indicators included within the Service Performance Indicators Report for the half year to 30 September 2022, reported to the IJB. In our opinion the indicators and associated comments are generally informative.
- 3.2. Comments on the performance indicator for advertised staff vacancies still vacant after six months highlight that the indicator does not differentiate between staff vacancies being filled by either permanently employed staff, interim, agency or locum staff.

- 3.3. At the time of our audit, a review of Key Performance Indicators (KPIs) was already being undertaken within the Council.
- 3.4. The 2022/2025 workforce plan has not been considered at a meeting of the Integration Joint Board (the Board). Future annual iterations of the workforce plan should be considered by the Board and other relevant groups within OHSCP such as the IJB Performance and Audit Committee, the Joint Staff Forum or the Joint Clinical and Care Governance Committee.

Recommendation 8

- 3.5. Orkney Islands Council is currently developing reports, generated within its MyView employee portal so that managers can review the current position of workforce complements within their team(s). Because this work is being progressed at the time of our review, we have not made additional recommendation for these reports to be made available.

4.0 The 2020/22 OHSCP Workforce Plan

- 4.1. The 2020/22 OHSCP workforce plan included an action plan of 15 workforce priorities. An update of whether the priority actions have been completed or are ongoing, has not been presented to the IJB. The report gave a commitment for the workforce plan to be kept under regular progress review through OHSCP Senior Management Team meetings with progress reports and revisions reported to the IJB and the Clinical and Care Governance Committee annually. The 15 priority actions are listed in Appendix 1.
- 4.2. An update on the progress made with the action plan within the 2020/22 workforce plan should be reported to the IJB and any outstanding action points included within the updated 2022/2025 action plan as necessary.

Recommendation 9

5.0 Post 3-Year Workforce Plan 2022/2025

- 5.1. On 22 June 2022, the Scottish Government's National Care Service (Scotland) Bill was introduced to Scottish Parliament.
- 5.2. At the time of our review the bill was at Stage 1, this being where Committees examine bills, gather views, and produce reports before MSPs debate the bill in the Chamber. The bill requires Crown Consent which is expected to be signified at Stage 3.
- 5.3. The scope of our audit does not include consideration of the effects from this potential legislation. However, with the immediate and substantial pressures and challenges facing OHSCP and the whole health and social care sector, a vital activity over the coming years will be to review and revise the 2022/2025 workforce plan.

Action Plan

Recommendation	Priority	Management Comments	Responsible Officer	Agreed Completion Date
1) An action plan should be developed as a result of the workforce priorities referred to within the workforce plan, setting out: Specific, Measurable, Achievable, Relevant and Time-Bound (SMART) goals, and included within future revisions of the workforce plan.	Low	Action plan will be created following the Workforce Plan being agreed by IJB in February 2023.	Chief Officer	End of March 2023
2) Engagement should be carried out between OHSCP and the third sector, in a planned manner to establish and incorporate the third sector's detailed planning needs in preparation for future annual reviews of the workforce plan	Medium	Discussions with Third Sector organisations are ongoing, and this issue will be incorporated into the regular cycle. This will prepare the sector for engagement in future iterations of the report.	Head of Strategic Planning and Performance	End of May 2023
3) Engagement should be carried out between OHSCP and representatives of unpaid carers within Orkney and	Medium	This will be incorporated into discussions through the Carers Strategy Group and with Crossroads locally.	Head of Strategic Planning and Performance	End of March 2023

their detailed needs incorporated within the annual reviews of the workforce plan				
4) Key actions to addressing the workforce gender and age imbalance, such as grow your own, liaising with the third sector, speaking directly with young people and particularly males about a career in social care should be further detailed for OHSCP and clearly linked to the data statistics within the workforce plan.	Low	This will be addressed through the action plan described in recommendation 1 and will be reported on in future iterations of the Workforce Plan.	Chief Officer	End of March 2023
5) The extent of working long hours should be monitored and the impact to staff health and wellbeing should be risk assessed.	Low	The Partnership Senior Management Team already discuss sickness absence on a quarterly basis including contributory factors such as persistent overtime requirements. Risk assessment will be incorporated into these discussions going forward and Heads of Services will carry out risk assessment where appropriate where issues are identified	Chief Officer	End of December 2022
6) Enhanced reporting of sickness absence rates and analysis of their causes within the workforce plan would be beneficial.	Low	This will easily be incorporated into future iterations using the Partnership Senior Management data.	Chief Officer	December 2022

7) Enhanced reporting of staff turnover rates and analysis of their causes made within the workforce plan could provide valuable information	Low	Chief Officer and Head of Strategic Planning and Performance will work with the NHS and Council HR teams to report more consistently on exit interviews and will review outputs on a six-monthly basis through the Partnership Senior Management Team.	Chief Officer	End of March 2023
8) Future iterations of the workforce plan should be considered by the IJB and other relevant groups within OHSCP.	Medium	The workforce plan will be considered by the IJB and the Partnership Senior Management Team.	Chief Officer	End of February 2023
9) An update to the progress made to the action plan within the 2020/22 workforce plan should be reported to the IJB	Low	The Head of Strategic Planning and Performance will work with colleague Heads of Service to incorporate the update within the report presenting the new workforce plan to IJB.	Head of Strategic Planning and Performance	End of February 2023

Key to Opinion and Priorities

Audit Opinion

Opinion	Definition
Substantial	The framework of governance, risk management and control were found to be comprehensive and effective.
Adequate	Some improvements are required to enhance the effectiveness of the framework of governance, risk management and control.
Limited	There are significant weaknesses in the framework of governance, risk management and control such that it could be or become inadequate and ineffective.
Unsatisfactory	There are fundamental weaknesses in the framework of governance, risk management and control such that it is inadequate and ineffective or is likely to fail.

Recommendations

Priority	Definition	Action Required
High	Significant weakness in governance, risk management and control that if unresolved exposes the organisation to an unacceptable level of residual risk.	Remedial action must be taken urgently and within an agreed timescale.
Medium	Weakness in governance, risk management and control that if unresolved exposes the organisation to a high level of residual risk.	Remedial action should be taken at the earliest opportunity and within an agreed timescale.
Low	Scope for improvement in governance, risk management and control.	Remedial action should be prioritised and undertaken within an agreed timescale.