

APPENDIX 2

PART 7 – ASSURANCE FRAMEWORK

A. Scrutiny

This document forms part of the IJB's Governance Handbook and provides information and provides guidance on monitoring and reviewing performance and service delivery and undertaking scrutiny.

1. What Is Scrutiny?

1.1 Scrutiny, or challenge and review is fundamental to transparent, accountable decision making and performance improvement. Scrutiny is about assessing the impact of the Aberdeenshire Health & Social Care Partnership's strategic policy and planning on service users, staff and the performance and quality of services.

This document is complemented by the Aberdeenshire Health and Social Care Partnership's, Organisational Governance Framework which provides a comprehensive and robust approach to managing performance across the partnership.

1.2 Members' Responsibilities

Members' responsibility for scrutiny is underpinned by three principles:-

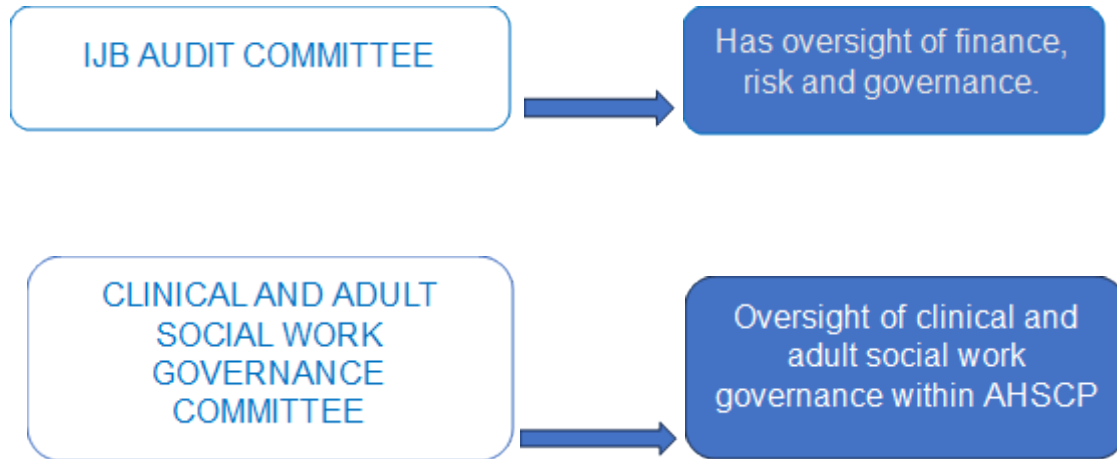
- To provide a "critical friend" challenge to decision making;
- To reflect the voice and concerns of service users and staff;
- To have a positive impact on the delivery and improvement of services;

Members will undertake both "pre-decision" and "post-decision" scrutiny.

- "Pre-decision" is where Members are scrutinising information in order to take decisions on policies and proposals
- "Post-decision" is where Members are assessing the implementation of those policies and proposals and impact on service delivery.

Governance

In the same way that scrutiny is the responsibility of each Member, each Committee has a scrutiny remit.



1.4 In Practice

Members are undertaking scrutiny continually, whether when considering performance reports, approving new policies, plans and strategies, or considering regular budget monitoring reports. Examples of formal and informal scrutiny include:

Formal

- Performance reports (including benchmarking)
- Strategies (where these carry performance-related information for monitoring)
- Policy development/approval/review
- Capital & Revenue monitoring
- Management information
- External inspection reports
- Internal/external Audit reports
- Service user consultation/feedback
- Referral from Committee

Informal

- Performance and development sessions outwith committee

1.5 Delving Deeper

There will be occasions when the IJB or its Committees will wish to further assure themselves and may want to undertake further scrutiny. Alternatively, the IJB or its Committees may highlight particular issues in the course of their business to explore further.

When identifying what may require further scrutiny, the IJB or its Committees should take a forward thinking approach, looking at where positive changes can be made or where continual improvement is being made to improve outcomes.

The IJB or its Committees can seek further assurance by utilising the four step Assurance Framework.

1.6.1 Assurance Framework

1.6.1 IJB Committees

Phase Zero:

The initial decision point for the Committee to determine whether they are sufficiently assured with a report. There is a focus on internal audit reports but scrutiny is not restricted to this and could be on any issue of concern. Where the Committee is assured, no further action is required. Where the Committee is not assured, they can consider whether they wish to move to Phase One of the Assurance Framework.

Phase One – Report:

Where the Committee are not sufficiently assured, the Committee identify the specific issues where further assurance is required and request a Report back to IJB Audit Committee within an agreed timescale on the issues identified along with actions being undertaken to resolve the issues. When requesting further scrutiny, the Committee must be clear on what the matter identified for improvement is, and what improvements are expected. These must be realistic and achievable, and capable of being measured through the use of SMART (Specific, Measurable, Achievable, Realistic and Timescale) indicators. The report will then come back to the Committee for consideration. Following consideration, the Committee will then consider whether they are sufficiently assured. There are three potential routes thereafter. One is that the Committee is assured and so no further action is required. The second option is that the Committee is assured that progress is being made and there is an action plan, however wish to monitor progress until the recommendations are signed off in the usual way or the actions are complete if the scrutiny activity is not based on audit recommendations. The third option is that the Committee is not sufficiently assured and so want to move to Phase Two of the Assurance Framework.

Phase Two – Workshop:

A workshop session where the relevant stakeholders and IJB Audit Committee members come together to explore the issues, ask detailed questions and discussion on actions being taken to resolve the issues. A report summarising the discussion will then come back to the Committee for consideration. Following consideration, the Committee will then need to consider whether they are sufficiently assured. There are again three potential routes thereafter. One is that the Committee is assured and so no further action is required. The second option is that the Committee is assured that progress is being made however wish to monitor progress until the recommendations are signed off or the actions are complete where not based on audit recommendations.

The third option is that the Committee is not sufficiently assured and so want to move to Phase Three of the Assurance Framework.

Phase Three – Referral to IJB

If the Committee is not sufficiently assured following Phase Two, the next step is to refer the matter to the IJB with a note of the concerns along with a summary of the risks and recommendations for resolution.

The IJB will then consider the matter and consider what action can be taken.

Noting that at any time the Audit Committee or Clinical and Adult Social Work Governance Committee may escalate any matter which is considered urgent to the Integration Joint Board for comment and / or direction.

1.6.2 IJB Assurance Framework

If the IJB, rather than a Committee, want to undertake scrutiny via this Assurance Framework, then Phases Zero to Two are the same. If the IJB is not sufficiently assured following Phase Two, the IJB can instigate an Investigation.

Phase Three (IJB only)

There is a formal investigation process set out below that should be followed. The IJB should identify when the investigation should take place, however if this is difficult to do when the Investigation is called for, this should be commenced within a minimum of 2 months of the decision to move to Investigation.

The IJB need to agree the scope of the Investigation and this should be based on SMART (Specific, Measurable, Achievable, Realistic and Timescale) principles.

A Lead Officer will be identified by the relevant part of the Partnership will look at preparing a background briefing, which can link to any relevant research and will identify, where appropriate, internal and external witnesses to provide evidence as part of that Investigation.

The Lead Officer will also invite witnesses to evidence gathering sessions, and support the IJB in identifying key questions for the witnesses. The Lead Officer will instigate the investigation, ensure there are notes taken for evidence gathering sessions, provide summaries of sessions and support an Investigation Group to draft a report and their recommendation based on the evidence. This will be presented to the Senior Management Team of the HSCP to ensure oversight and engagement and then presented to the IJB.

IJB Phase 3 - Investigation Process

This section provides guidance on undertaking an investigation as specified in phase three of the scrutiny process, where it is deemed to be required.

Who

The Group undertaking the investigation (Investigation Group) could include all members of the IJB, a smaller group of Board Members only, a joint Board Member/Officer working group or joint group of Members and external partners but the decision on any action required should always be taken by the IJB. Where all members are appointed to the Investigation Group, the Chair of the will Chair the Investigation Group and in all other cases the Chair will be appointed by members of the Investigation Group.

How

The investigation could be undertaken over a period of weeks, or through a rapid improvement event. The stages described below would happen in both types of investigation, however if undertaken as a rapid improvement event, the timeline would be condensed.

Defining the Remit

As originally proposed, a topic may be quite loosely defined. If chosen for investigation, the definition of the issue must be clarified to allow a precise focus. The previous workshop session is likely to have focused and defined the area of interest. Additional information can be sought which will further define the remit of any subsequent investigation. This work is carried out by the lead officer. A terms of reference should be completed and agreed by the Investigation Group. This will define the specific scope of the investigation, identify potential experts and witnesses who it is thought may advance the investigation, and indicate potential costs which may be incurred in completing the investigation. The terms of reference statement defines the intent, as it is perceived at the start of the process, of how the investigation will proceed, but may need to be amended to allow the Investigation Group to pursue additional evidence sources, or lines of questioning which arise during the investigation timetable.

Utilising external experts

In the process of agreeing the remit of the investigation, the Investigation Group may decide to engage an external expert to be part of the review. If it is decided that such assistance would benefit the investigation, a survey will be made of appropriate experts who may be able to guide the Investigation Group. These experts are generally external, accredited professionals, or academics, with a background in the topic under discussion. They have the role of being able to provide a framework of general understanding of the issue, acting as a touchstone for assessing and responding to the information gathered during the investigation process, and also sharing their experience of the issue in its context wider than Aberdeenshire. External experts must be engaged through the appropriate processes under procurement procedures and financial regulations.

Background papers

When an investigation remit has been agreed, the lead officer should identify any information on the topic that could be considered by the Investigation Group to provide general awareness and context. This may take the form of internal spreadsheets, policy documents or committee reports, published research, or other external information.

Setting in context

When the background papers have been made available to the Investigation Group, and any contextual briefing has been provided by the external expert, the investigation process should begin with a session led by the service(s) concerned, which identifies the current situation relating to the topic under discussion. This session is intended to allow members of the Investigation Group to increase their awareness of the current status of the issue under investigation, in addition to providing a service perspective. This may not be required if the phase 2 workshop has already provided this to members' expectations.

Gathering Evidence

Evidence gathering sessions hear from witnesses, either individually, or in groups. The witnesses should have been identified in the terms of reference adopted for the investigation. Witnesses may be either external or may be drawn from staff resources.

This may include the undernoted:-

- Members and employees, at any level, asked to attend because they have particular knowledge or expertise relevant to the investigation topic,
- Representatives of the partner organisations invited to give an external viewpoint on the area being investigated. This is an important opportunity to develop relationships with partners and external organisations to increase engagement and understanding of their work.
- Representatives of service users, invited to attend to give their views on how services are meeting their needs and possible improvements,
- Officers from other bodies doing the same/academics.

All appropriate means are used to inform members of the Investigation Group of the matter under review. Investigations could involve fact-finding visits to facilities to meet service users and employees on the front line. Visits to other local authority areas, or providers of similar services may also be undertaken.

Prior to any session, the lead officer should brief witnesses appropriately. Witnesses are encouraged to provide comprehensive answers and to feel free to raise additional issues related to the topic. Notes should be taken of the session, highlighting factual, salient points of the discussion. These notes should be confirmed for factual accuracy and representation by the witness, officers and members attending the session.

Generally, evidence gathering sessions are not held in public. This is intended to allow witnesses to give comprehensive answers which may involve the disclosure of confidential information.

Preparing Recommendations

Once the Investigation Group has heard all the evidence, and drawn its conclusions and recommendations, a formal investigation report is prepared by the lead officer on behalf of the Investigation Group. This is best achieved through a 'wrap-up' session, where the Investigation Group meet informally, with all witness session notes available to them, and discuss what has been learnt in the investigation. The report should highlight key points, the Investigation Group's conclusions and recommendations

Agreeing Actions

The Senior Management Team should confirm actions to be taken in response to the recommendations. The investigation report, along with the action plan should be formally reported back to the IJB.

Monitoring

When the action plan has been approved, the IJB should be provided with progress updates as part of the annual reporting exercise, or more frequently, where requested. The IJB should formally confirm when no further progress updates are required.

2. Scrutiny relationship between the IJB and it's partnership organisations

2.1 Aberdeenshire Council

The Council's Audit Committee have power to receive and provide feedback on reports from the IJB Audit Committee. The Council's Audit Committee retains the power to undertake scrutiny on any matters of service delivery that sit within the remit of the Council side of the AHSCP in terms of delivering on directions from the IJB, financial monitoring of IJB spend of Council funds is also in the Audit Committees powers.

2.2 NHS Grampian

The IJB develops and oversees arrangements for reporting assurance gained from its activities for the information of the relevant scrutiny and audit committees within NHS Grampian, as well as Aberdeenshire Council. The IJB obtains the assurance it requires from these bodies, including sharing relevant audit reports where appropriate.

2.3 Communities Committee

The Communities Committee has a remit to review the effectiveness of the Council's delivery of adult social work services on behalf of and under directions from the Aberdeenshire Integration Joint Board.

The **relationship between the IJB and it's partnership organisations** can be seen in Annexe C attached.

This diagram demonstrates the relationship between the IJB, IJB Audit Committee and the Audit Committees of the parent relationships.

Aberdeenshire Council HSCP Led Services Audit Reports are presented to the IJB Audit Committee in the first instance, and then the Council Audit Committee, with the option for feedback to be provided to the Council Audit Committee upon final receipt.

NHS Grampian Led Services Audit reports are only presented to the NHS Grampian Audit Committee in the first instance, and then summaries of relevant points are shared with the IJB Audit Committee through the Chief Finance Officer.

IJB Audit Reports are presented to the Council Audit Committee in the first instance, and then IJB Audit Committee, with the option for feedback to be provided to the IJB Audit Committee on final receipt.

These routes mean that the report is presented to the main reporting body in the final instance, along with any feedback from the relevant Audit Committee, at which point a decision can be made on any scrutiny referrals/escalation.

The Council Audit Committee would agree to only carry out scrutiny referrals for the Council HSCP Led service audits, and reports will make the route clear per report.

Any scrutiny required for IJB Audit reports would come through the IJB Audit Committee escalating to the Integration Joint Board utilising this Assurance Framework.

The NHS Grampian Audit Committee would lead on any escalation required for the NHS Grampian Led Services Audit reports.

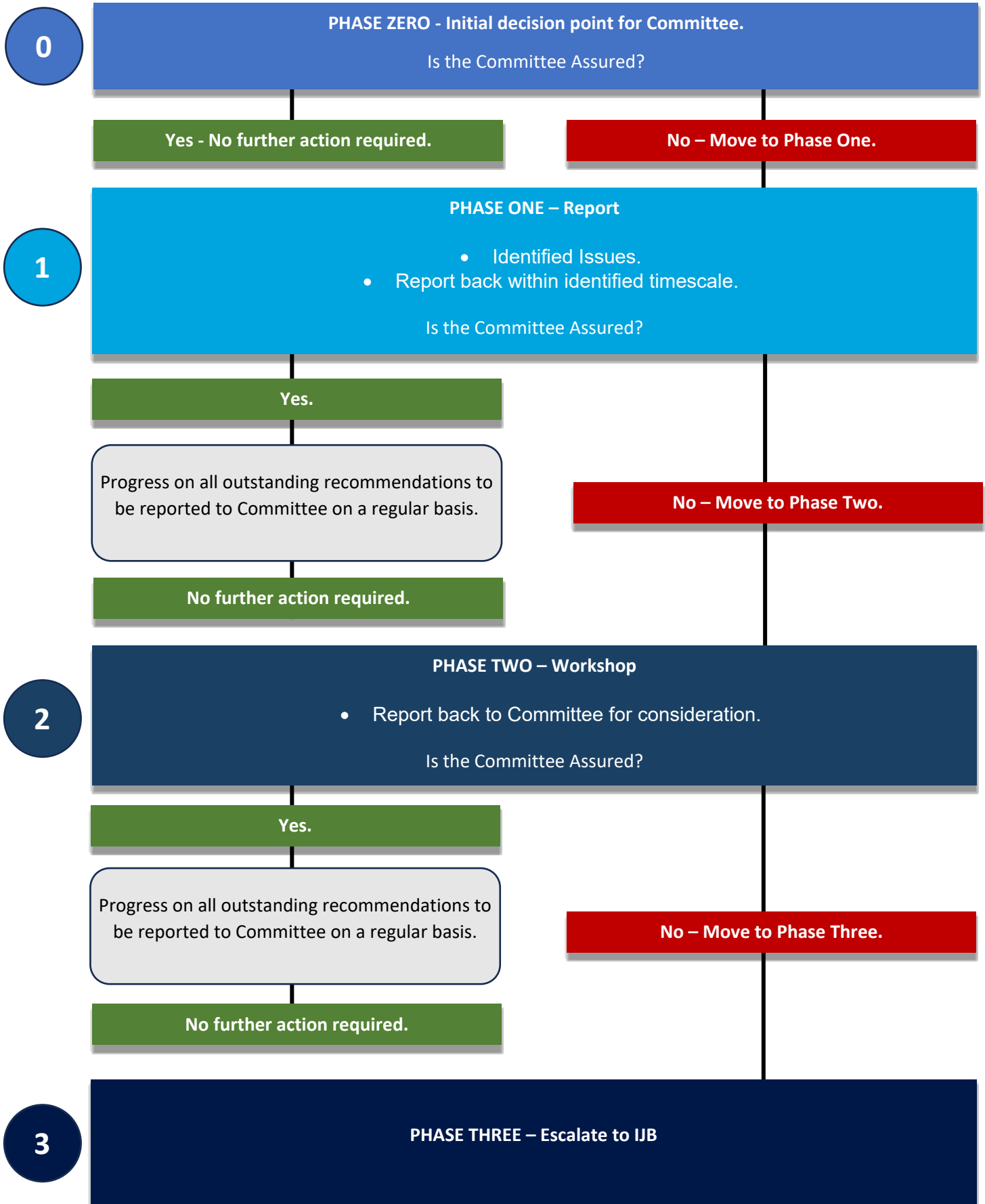
Annexe A - Assurance Framework - Committees Flowchart

Annexe B – Assurance Framework – IJB Flowchart

Annexe C – Diagram showing relationships between IJB and its Partnership Organisations

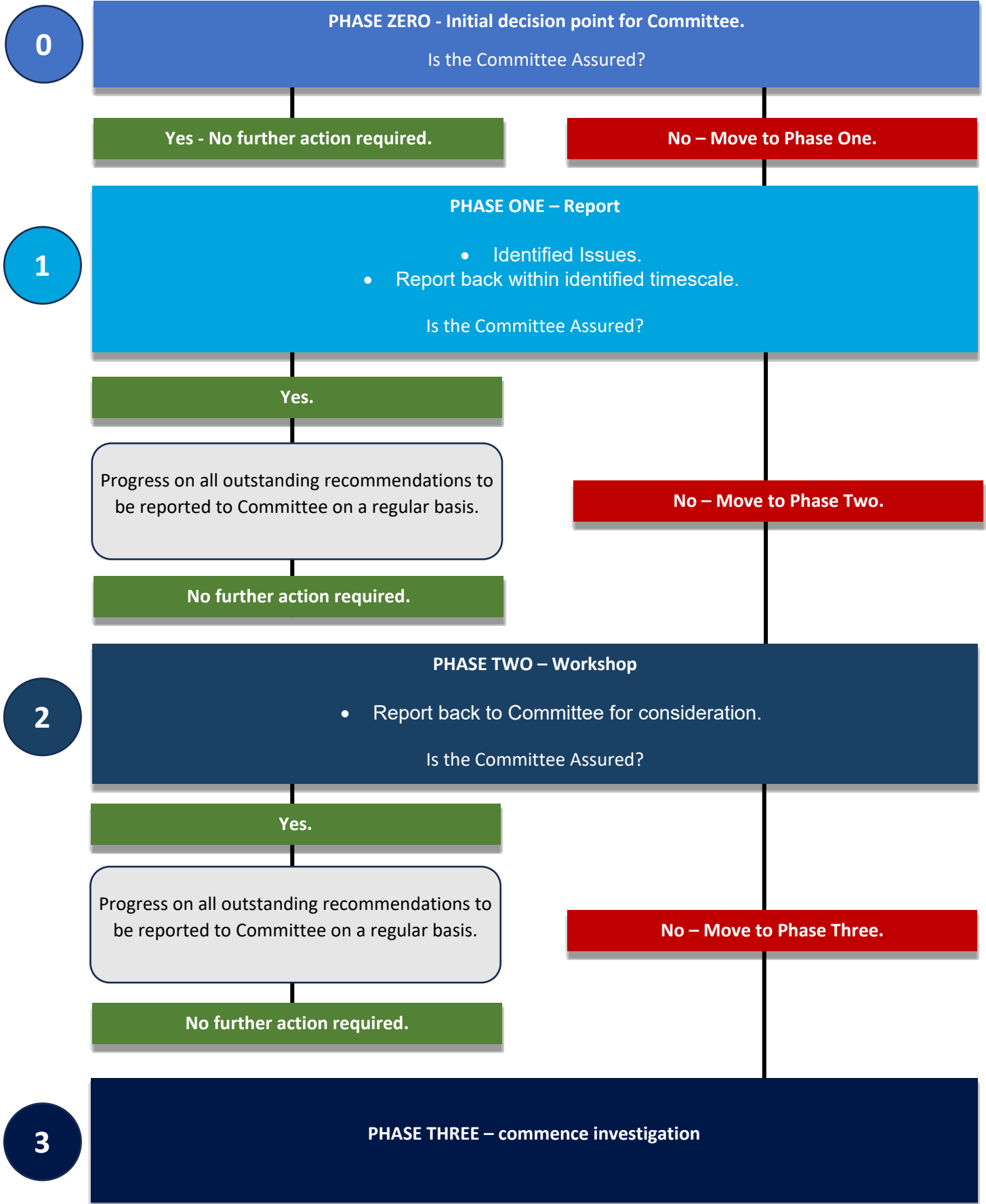
ANNEXE A

Assurance Framework Flowchart for IJB Audit Committee & CASWG Committee



Annexe B

Assurance Framework – Aberdeenshire Integration Joint Board



Annexe C

Diagram showing Relationships between IJB and its Partnership Organisations

