



## **REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 5<sup>th</sup> JULY 2023**

### **IJB AUDIT RECOMMENDATIONS UPDATE**

#### **1 Recommendation**

**It is recommended that the Integration Joint Board (IJB):**

- 1.1 Acknowledge that Internal Audit have made a number of recommendations across different service areas within the Health and Social Care Partnership.**
- 1.2 Note the timeline of when various recommendations are due to be implemented.**
- 1.3 Acknowledge the focus on improvement in line with the audit recommendations and that a robust monitoring process is in place to ensure timely compliance.**
- 1.4 Agree to continue to monitor the progress of audit recommendations through the regular updates from the IJB Audit Committee to the IJB.**

#### **2 Directions**

- 2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian because of this report.

#### **3 Risk**

- 3.1 Risk 1990: - Sufficiency and Affordability of Resource  
Risk 2389: - Service/business alignment with current and future needs

#### **4 Background**

- 4.1 This report provides the strategic overview of the audit reports, recommendations and how progress with individual recommendations will be supported, actioned, and monitored. A member of the Senior Management Team (SMT) has taken responsibility for moving forward with each of the audit reports as illustrated in Appendix 1. This ensures senior management ownership and oversight of progress. Each audit report and recommendation has a planned action which is currently under review by management and will be shared with the IJB before the next meeting.
- 4.2 There are currently 15 internal audit reports with 116 open recommendations relating to the Health and Social Care Partnership. A summary of the breakdown of how these recommendations are distributed across all audits, including ratings and themes is included in Appendix 1. For information, since the 1<sup>st</sup> of April 2022, 69 audit recommendations have been considered and implemented.

### Overview of Audit Report Ratings

Audit Report Rating	Minor	Moderate	Major	Severe
No of Reports (15)		11	4	0

### Overview of Individual Audit Recommendation Ratings

Recommendation Rating	Minor	Moderate	Major	Severe
No of recommendations (116)	19	77	20	0

### Timeline of Recommendations becoming due

Month 23/24	A	M	J	J	A	S	O	N	D	J	F	M
No of Recommendations due	1	2	18	11	12	10	0	6	13	0	12	30

There is also one outstanding recommendation from Dec 22.

- 4.3 In recognition of the volume of audit recommendations for consideration, the Health and Social Care partnership have focussed substantial resources on ensuring timely responses to the audit whilst accessing support from both Aberdeenshire Council and NHS Grampian. An overarching review of all recommendations has been undertaken and themes have been identified. These themes have assisted to identify support to the HSCP from the partners to ensure consistency of approach, to make best use of good, shared practice and access to expertise and guidance as appropriate. Substantial support is being provided by the Council's finance service. These themes identify the area of risk related to individual recommendations: -

Theme	Sub-Category	Number of recommendations aligned to theme
Finance	Procedure	16
	Strategic	7
	Compliance	33
	Training	2
	Records Management	1
Governance	Procedural	5
	Performance Management	3
	Compliance	5
	Strategic	5
Procurement	Compliance	3
	Contract Management	4
IT Systems	Procedural	1
	Information Security	4
	Records Management	4

Project Management	Governance	7
	Monitoring	1
Policy	Procedure	1
	Compliance	4
Data Protection	Compliance	1
	Records Management	3
Management	Planning	6

- 4.4 When an audit report is finalised and published, a relevant member of the Senior Management Team takes responsibility for consideration and implementation of the recommendations from individual audit reports. The governance short life working group has reconvened and will support officers in services where necessary in considering and implementing recommendations, providing both support and challenge. A single tracker for monitoring all audit recommendations has been developed for consistency and clarity. For those recommendations due, a fortnightly discussion with relevant officers relating to progress has been scheduled to ensure focus and to ensure if barriers are identified then solutions can be implemented to enable full consideration and implementation of the recommendations. Membership of the group can be found in Appendix 2 to this report. This group co-ordinates the responses to the audits and reports to the Risk and Assurance Group chaired by the Chief Officer. The Risk and Assurance Group, membership can be found at Appendix 3 to this report, will have the overview of all audit actions, will liaise with Internal Audit as appropriate and directly report to the Audit Committee on progress. The Audit Committee will then in turn report to the IJB through their regular update reports.
- 4.5 The Audit Committee, at their July meeting, will also consider initiating a review of their Terms of Reference, a self-assessment of their effectiveness and the development of an assurance framework. The proposed framework gives the Audit Committee tools to consider using where a report does not provide sufficient assurance on a matter. This will be developed alongside the Audit Committee and once agreed, a report will be brought to the IJB with detail and for inclusion in the IJB Governance Handbook.
- 4.6 In accordance with agreed governance processes with Aberdeenshire Council, IJB Audit reports are shared with the Council's Audit Committee. Where an internal audit report refers to an area of service delivery that the Council delivers on behalf of the IJB through a Direction, the Audit Committee can scrutinise the Council's performance. Where an internal audit report refers to the operation of the IJB, this can be referred to the Council's Communities Committee. The Council have a Committee Review Process which has three stages which are followed sequentially. The first stage is to obtain a report on identified issues where the Committee are not assured, the second is to hold a workshop to allow further delving into an issue and the third is to consider a full investigation into the issue. The purpose of all the scrutiny activity is to

seek to add value to the continuous improvement process. For information, the following audit areas are subject to scrutiny as follows: -

<b>Audit Report</b>	<b>Scrutinising Committee</b>	<b>Stage in Committee Review Process.</b>
2212 – Transformational Funding	Communities Committee	Stage 1 (due September 23)
2226 – Adult Social Care Transport	Audit Committee	Stage 1 (further consideration at July meeting)
2301 – Alcohol and Drug Partnership Governance Arrangements	Communities Committee (referred from Audit)	Stage 2, consideration of Stage 3 deferred till September 23 meeting.
2310 – Adults with Incapacity	Communities Committee (referred from Audit)	Consideration of moving to Stage 1.
2312 – IJB Governance	Communities Committee (referred from Audit)	Stage 1 (due September 23)

- 4.7 The IJB, IJB Audit, Council Audit and Communities Committees had a joint scrutiny workshop on the 14<sup>th</sup> of June to ensure clarity on the roles of each Committee, develop understanding, methodology and opportunity for scrutiny and streamlining the audit process going forward was also discussed.

## 5 Summary

- 5.1 The Health and Social Care Partnership acknowledge that substantial work is required to ensure that there is learning from the audit recommendations and an opportunity to fundamentally improve. A robust monitoring process, additional resource, clear direction and ownership, and capacity building work with the Audit Committee will contribute to an improved position.
- 5.2 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

## 6 Equalities, Staffing and Financial Implications

- 6.1 There are substantial staffing resources dedicated to this area of work.
- 6.2 An Integrated Impact Assessment is not required because the report is to provide a strategic overview.

***Pamela Milliken, Chief Officer on behalf of Amy Anderson, Chair of IJB Audit  
Aberdeenshire Health and Social Care Partnership***



**Appendix 1 – Summary of open Recommendations, Ratings and Themes as of 21st June 2023**

**Appendix 2 – Membership of Governance Short Life Working Group**

**Appendix 3 – Membership of Risk and Assurance Group.**

**Appendix 1 – Summary of open Recommendations, Ratings and Themes as of 21st June 2023**

**1. Internal Audit Report 1924 – IJB Budget Setting (Moderate) Responsible officer: Chris Smith, Chief Finance and Business Officer**

	Minor	Moderate	Major	Severe
<b>No of recommendations (1)</b>		1 (Finance Procedure) Total 1		
<b>Due Date</b>		Due end August 2023		

**2. Internal Audit Report 1942 – Very Sheltered Housing (Moderate) Responsible Officer – Janine Howie, Partnership Manager (South)**

	Minor	Moderate	Major	Severe
<b>No of recommendations (1)</b>	1 (Finance Strategy) Total 1			
<b>Due Date</b>	Due end Dec 2023			

**3. Internal Audit Report 2032 – IJB Partnership Governance (Moderate) Responsible Officer - Chris Smith, Chief Finance and Business Officer**

	Minor	Moderate	Major	Severe
<b>No of recommendations (1)</b>	1 (Governance Procedural) Total 1			
<b>Due Date</b>	Due end June 2023			

**4. Internal Audit Report 2123 – Mental Health & Substance Abuse (Moderate) Responsible Officer – Jeff Shaw, Partnership Manager (North)**

	Minor	Moderate	Major	Severe
<b>No of recommendations (1)</b>		1 (Finance Compliance) Total 1		
<b>Due Date</b>		Due end June 2023		

**5. Internal Audit Report 2210 – Care First System (Moderate) Responsible Officer - Chris Smith, Chief Finance and Business Officer**

	Minor	Moderate	Major	Severe
<b>No of recommendations (7)</b>	1 (IT System Procedural)  3 (IT System Information Security)  1 (IT Systems Records Management)  Total 5	1 (IT System – Records Management)  1 (IT System - Information Security)  Total 2		
<b>Due Date</b>	4 due Nov 23	2 due Nov 23		

**6. Internal Audit Report 2212 – Transformational Funding (Major) Responsible Officer – Angela Macleod, Interim Strategy and Transformation Manager**

	Minor	Moderate	Major	Severe
<b>No of recommendations (8)</b>	1 (Project Management Governance)  Total 1	1 (Project Management – Monitoring)  6 (Project Management – Governance)  Total 7		
<b>Due Date</b>	July 23	7 due Dec 23		

**7. Internal Audit Report 2226 – Transport arrangements for Social Care (Moderate) Responsible Officer: Chris Smith, Chief Finance and Business Officer**

	Minor	Moderate	Major	Severe
<b>No of recommendations (9)</b>	1 (Procurement Compliance)  Total 1	1 (Policy Compliance)  1 (Financial Procedural)  1 (Procurement Compliance)  1 (Procurement – Contract Management)  3 (Financial – compliance)  1 (IT Systems, Records Management)  Total 8		
<b>Due Date</b>	1 x+ June 2023	2 Overdue May 23 5 Due June 2023 1 Due July 23		

**8. Internal Audit Report 2227 – GDPR (Moderate) Responsible Officer - Chris Smith, Chief Finance and Business Officer**

	Minor	Moderate	Major	Severe
<b>No of recommendations (2)</b>	1 (IT Systems – Records management)  Total 1	1 (Data Protection - compliance)  Total 1		
<b>Due Date</b>	Due Dec 23	Due end August 2023		



**9. Internal Audit Report 2230 – Elderly Residential Care (Moderate)  
Responsible Officer – Alex Pirie, Partnership Manager (Central)**

	Minor	Moderate	Major	Severe
<b>No of recommendations (10)</b>	1 (Finance Procedural)  2 (Finance Compliance) 1 (Finance Training)  Total 4	2 (Procurement Contract Management)  4 (Finance Compliance)  Total 6		
<b>Due Date</b>	1 Due Jun 23 1 Due Jul 23 2 Due Aug 23	1 Overdue Apr 23 1 due June 23 3 Due Aug 2023 1 Due Dec 23		

**Internal Audit Report 2301 – Aberdeenshire Alcohol and Drug Partnership Governance (Major) Responsible Officer – Jeff Shaw, Partnership Manager (North)**

	Minor	Moderate	Major	Severe
<b>No of recommendations (13)</b>	1 (Finance Procedural)  Total 1	2 (Governance) 1 (Finance Procedural)  Total 3	2(Governance)  2 (Finance – Strategy)  2 (Finance – Procedural)  1 (Finance Compliance)  1 (Procurement – Contract Management)  1 (Governance – performance management)  Total 9	
<b>Due Date</b>	1 due June 23	2 due July 23 1 due Sept 23	9 due Sept 23	

**10. Internal Audit Report 2310 – Adults with Incapacity (Major) Responsible Officer Alex Pirie, Partnership Manager (Central)**

	Minor	Moderate	Major	Severe
<b>No of recommendations (12)</b>		1 (Governance Compliance)  1 (Finance Training)  1 (Finance Procedure)  1 (Data Protection – Records Management)  Total 4	2 (Data Protection – Records Management)  4 (Finance Procedural)  1 (Finance Records Management)  1 (Finance Compliance)  Total 8	
<b>Due Date</b>		4 due Feb 24	8 due Feb 24	

**11. Internal Audit Report 2312 – IJB Governance (Major) Responsible Officer - Angela Macleod, Interim Strategy and Transformation Manager**

	Minor	Moderate	Major	Severe
<b>No of recommendations (8)</b>		1 (Governance Compliance)  1 (Finance Strategy)  3 (Governance Strategic)  Total - 5	2 (Governance Strategic)  1 (Governance – Performance Management)  Total 3	
<b>Due Date</b>		1 July 23 1 August 23 3 Dec 23	1 June 23 1 Aug 23 1 March 24	

**Internal Audit Report 2317 – Day Care Establishments (Moderate)  
Responsible Officer - Jeff Shaw, Partnership Manager (North)**

	Minor	Moderate	Major	Severe
<b>No of recommendations (31)</b>	1 (Finance Procedure)  Total 1	1 (Policy Procedure)  2 (Policy Compliance)  3 (Finance Procedure)  16 (Finance Compliance)  1 (Governance Performance Management)  2 (Procurement Compliance)  5 (Management Planning)  Total 30		
<b>Due Date</b>	1 due Jul 23	1 Due Jul 23 29 Due Mar 24		

**Internal Audit Report 2321 – Criminal Justice (Moderate) Responsible  
Officer – Jeff Shaw, Partnership Manager (North)**

12.

	Minor	Moderate	Major	Severe
<b>No of recommendations (11)</b>	1 (Policy Compliance)  1 (Finance Strategy)  1 (Finance Compliance)  Total 3	1 (Finance Strategy)  1 (Procurement Compliance)  5 (Finance Compliance)  1 (Management Planning)  Total 8		
<b>Due Date</b>	1 due Jun 23 2 due Aug 23	4 due Jun 23 3 due Jul 23 1 due Aug 23		



**Internal Audit Report AW 1801 – Community Hospital and Home Care Staff  
Costs (Moderate) Responsible Officer – Alex Pirie, Partnership Manager  
(Central)**

13.

	Minor	Moderate	Major	Severe
<b>No of recommendations (1)</b>		1 (Finance Strategy)		
<b>Due Date</b>		Dec 22		

## Appendix 2 – Membership of Governance Short Life Working Group

Interim Strategy and Transformation Manager – Angela Macleod  
 Service and Development Manager – Lynn Boyd  
 Strategy Team Leader – Lynne Gravener  
 Strategic Development Officer – Wendy Probert  
 Interim Strategic Governance Review Manager – Lauren Cowie

## Appendix 3 – Membership of Risk and Assurance Group

Name	Title
Pamela Milliken	Chief Officer
Chris Smith	Chief Finance and Business Officer
Alison McGruther	Chief Nurse
Angela MacLeod	Interim Strategy and Transformation Manager
Craig Blackhall	Area Support Manager, Inverurie Hospital
David Gammack	Information Systems Manager
Ewan Black	NHS Finance Manager
Fiona Campbell	Business Asset Manager
Janine Howie	Partnership Manager (South)
Jeff Shaw	Partnership Manager (North)
Kelly MacLennan	Finance Officer
Lori McKeown	PA to Partnership Manager (North)
Lynn Boyd	Service and Development Manager
Moyra Duncan	Primary Care Lead
Rebecca Meiklejohn	Finance Business Partner
Suzanne Rogerson	Area Support Manager, Banchory and Aboyne
Nikita Cumming	PA to Chief Finance Officer
Lauren Cowie	Interim Strategic Governance Review Manager