

## REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 7 DECEMBER 2022

### UPDATES FROM OTHER AUDIT COMMITTEES

#### 1 Recommendation

- 1.1 **The Committee is recommended to consider relevant items that have been considered by other local Audit Committees and consider implications for Aberdeenshire IJB as noted below.**

#### 2 Background / Discussion

- 2.1 The Chair of the Committee has suggested that the scrutiny role of the IJB Audit Committee could be enhanced by a knowledge of relevant issues that are being considered by other local Audit Committees which would enable Committee members to be aware of relevant audit issues which have implications for Aberdeenshire IJB.
- 2.2 This report provides an update on the recent meetings on the Audit Committees of NHS Grampian and Aberdeen City IJB. It highlights any issues which may be of relevance to Aberdeenshire IJB. An update from the Moray IJB Audit Committee will be provided at the next meeting of the IJB Audit Committee.

#### 3 NHS Grampian Audit Committee

- 3.1 The NHS Grampian Audit Committee met on the 2<sup>nd</sup> August 2022. The Audit Committee provides a summary of the key issues covered at the meeting to the NHS Grampian Board meeting. There were three issues from the December meeting which have relevance for Aberdeenshire IJB.

##### 3.2 Service Redesign Audit

The audit had reviewed the key controls relating to the design, implementation and governance of programmes and projects across NHS Grampian. No high risk recommendations were identified. Three medium risk recommendation were identified relating to not having a standardised procedure in place for planning, implementation and reporting against programmes and projects, not clearly outlining and tracking benefits or assigning benefit owners at the initial planning stage and not ensuring that objectives are data driven to demonstrate validation.

This review also highlighted areas of good practice including interconnectivity of care boards and strong levels of governance and executive leadership within project management structures. Confirmation was also received that there is good practice and collaboration and internal audit were confident that projects are governed properly. The medium risk recommendations were made in the context of internal audit assessment processes. It was noted that those preparing the delivery plan and the Chief Executive Team had acknowledged that the objectives, and underpinning actions, outlined should be smart and deliverable.

### 3.3 **Dr Gray's Hospital (DGH) – PPE Management Review**

This review was undertaken at the request of management. The scope of the review was to assess controls in place for raising of orders, receipting of stock and monitoring of stock usage at DGH. No high risk recommendations were identified. One medium risk recommendation was identified relating to not having documented local procedures in place at DGH setting out controls and responsibilities around stock management. One low risk recommendation was identified relating to retention of documents to support queries with the National Distribution Centre regarding stock supplied.

### 3.4 **Patient Private Funds Abstract of Receipts and Payments**

The Abstract of Receipts and Payment was presented to the Committee and an explanation provided that NHS Grampian acts as custodian of personal funds held on behalf of long term patients. These balances do not form part of NHS Grampian's statutory accounts and are subject to separate independent audit arrangements. Azets are the appointed auditors and, following a detailed check, have issued an unqualified opinion with no significant issues raised as a consequence of the audit.

## 4 **Aberdeen City IJB Risk, Audit and Performance Committee**

4.1 The Aberdeen City IJB Risk, Audit and Performance Committee met on the 17<sup>th</sup> November 2022 and there was one main area that has relevance for Aberdeenshire IJB.

### 4.2 **Care Management System Implementation**

Assurance was obtained from Digital and Technology over the project implementation plans for the new Care Management System. There is a formal governance and programme management process in place, with regular reporting scheduled to provide updates on progress with delivery of the new system, and any exceptions being escalated to the appropriate level.

The system is scheduled to go live in September 2022. System functionality has been clearly mapped out, building on existing practice. There are clear plans and practical steps in place for migrating data from the old system onto the new one and verifying its accuracy. This includes mapping of data from the old system to the new system, and validation of data format and content, to ensure it matches the appropriate rules built into the system which govern processing of transactions. An iterative testing programme is in progress, with exceptions being identified, addressed, and reduced with each test run. Complex cases and any errors are passed back to the HSCP for review prior to corrections being applied. A read-only version of the old system will remain in place until March 2023 so data will not be lost and can be reviewed if any issues are identified at a later stage. Assurance over the new arrangements in practice will be obtained through a planned Internal Audit of the new Care Management System during 2023-24.

## 5 **Equalities, Staffing and Financial Implications**

5.1 An equality impact assessment is not required because the reason for this report is for the Committee to agree its own business planner.

5.2 There are no staffing and financial implications arising as a direct result of this report.

**Chris Smith**  
**Chief Finance and Business Officer**  
**29 November 2022**