

# *Internal Audit Progress Report 2018/19 Extract for Aberdeenshire IJB*

*NHS Grampian*

*March 2019*

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For information: Audit Committee



## 2. Activity in the period

### Final reports issued in the period

Since our previous Internal Audit Progress Report, we have issued the final reports for six reviews (of which the three of interest to Aberdeenshire IJB are shown below. These reports have been approved by the sponsoring executive directors and management actions and timescales have been agreed to address the findings raised. The table below summarises our observations and the report ratings. The detailed Executive Summary and Background for each of the reviews is included in **Appendix A** of this report.

#### Number and nature of findings

Internal Audit	Report Rating	Number and nature of findings					Summary of Observations
		Critical	High	Medium	Low	Advisory	
Unscheduled Care Discharge Process (incl. interaction with the IJBs)	Low	-	-	2	-	-	The ' <b>Patient Discharge from Hospital Protocol</b> ' sets out a consistent and co-ordinated approach with multi-disciplinary, multi-agency input while maintaining a patient's interests as central to the discharge planning process. The Protocol currently exists in draft format (September 2016) and requires to be updated and published. Every patient admitted to an acute sector hospital should be given an <b>Estimated Date of Discharge ('EDD')</b> in accordance with the Scottish Government's 'Daily Dynamic Discharge Approach'. During discussions with key individuals within Acute Services it was evident that staff were interpreting the definition of EDD differently. Management has agreed to provide clearer guidance for staff in order to set accurate EDDs

## 2. Activity in the period

### Final reports issued in the period (Cont.)



Internal Audit	Report Rating	Number and nature of findings					Summary of Observations
		Critical	High	Medium	Low	Advisory	
Health and Safety Governance	Low	-	-	1	1	-	<b>Terms of Reference or Constitutions</b> for six key groups or committee either exist as draft documents or are overdue for review (this findings spans the three IJBs and NHS Grampian. The role and remit of the NHS Grampian <b>Senior Leadership Team ('SLT')</b> requires to be reviewed to ensure alignment with the recently agreed Performance, Assurance, Improvement & Risk arrangements ('PAIR') agreed for implementation by the SLT and the NHS Grampian Board.
Health and Social Care Integration Governance Structures (incl. hosted services)	Low	-	-	1	1	-	There are no formally established communication structures between the IJBs for the discussion/reporting of issues related to <b>hosted services</b> . <b>Aberdeenshire IJB</b> has not recognised any risks related to hosted services at either an operational or strategic level and has agreed to review its risk registers to determine if this is appropriate given that the other two IJBs and NHS Grampian all recognise/carry risks related to hosted services.

**Appendix A: Summarised  
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# *Appendix A: Summarised Internal Audit Reports*

## ***Appendix A: Summarised Internal Audit Reports***

### **Unscheduled Care Discharge Process (incl. interaction with the IJBs)**

#### ***Executive summary***

The scope of this audit review was to assess the discharge process in NHS Grampian following the creation of the Integration Joint Boards (IJBs) in Scotland. The review focused specifically on unscheduled care discharges and the process for managing and changing the flow and pathway of patients within and between NHS Grampian and the Moray, Aberdeenshire and Aberdeen City IJBs.

#### ***Overall conclusions***

The current processes and controls in place are designed with a focus on patient rather than bed management and the provision of excellent patient care. Whilst there are areas for improvement, it is important to note that health and social care integration is relatively new and processes and controls are still being embedded into operations. Furthermore, with increasing demand for health and social care, both primary and acute care sectors are working to develop the necessary efficiencies in ensuring robust unscheduled care discharge processes. This is challenging, particularly with the social care sector, against a backdrop of workforce supply, recruitment and retention challenges with a reducing number in the working age population.

#### ***Key findings***

In summary we have identified two 'medium' risk findings related to control improvement opportunities resulting in this report being classified as 'low' risk. The findings are:

- NHS Grampian 'Patient Discharge from Hospital Protocol' prepared in September 2016 as a draft document has not been finalised or updated.
- Variances in recording and interpreting Estimated Dates of Discharge (EDDs).

The full details of our findings and the agreed actions can be found in Section 3 of this report.

#### ***Good practice noted***

We attended a Monday 12 noon Multi-Disciplinary Team (MDT) meeting in Dr. Gray's hospital on 12 November 2018 in Elgin. It was noted that the multi-disciplinary team (MDT) ran through almost every patient admitted to Dr. Grays and discussed what stage of care they were at and the next stage in their care journey. Clear actions were assigned to individuals to drive forward each patient's care and to help ensure that they are discharged as quickly as possible. Furthermore, specific attention was paid to those patients that were already delayed discharges, for a number of reasons. This meeting involved all necessary individuals from both the acute sector and Moray Health and Social Care Partnership with individuals from social work, occupational therapy, physiotherapy, the Geriatric Consultant from Dr. Grays, hospital operational staff, and senior charge nurses from each ward within Dr Grays were all present.

Whilst Aberdeen Royal Infirmary (ARI) also has site wide MDT meetings we did not attend and observe such a meeting.



## ***Appendix A: Summarised Internal Audit Reports***

### **Unscheduled Care Discharge Process (incl. interaction with the IJBs)**

#### ***Management comments***

We are pleased to note that the audit recognises the multi-agency and cross-system participation and as such there are examples of good practice in both Aberdeen Royal Infirmary and Dr Gray's Hospital with their respective Health and Social Care Partnerships.

The EDD process relies upon our systems being embedded, which is a current priority, and we welcome the report highlighting this issue.

#### ***General Manager (Acute Sector)***

## ***Appendix A: Summarised Internal Audit Reports***

### **Unscheduled Care Discharge Process (incl. interaction with the IJBs)**

#### ***Background***

The Public Bodies (Joint Working) (Scotland) Act 2014 is the legislative framework for the integration of health and social care services in Scotland. It created a number of new public organisations, known as integration authorities and aims to break down the barriers to joint working between NHS Boards and local authorities. As part of this, the Act requires the integration of the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services.

Improving unscheduled care across Scotland is a key ministerial priority for the Scottish Government.

There are many things which have the potential to cause delay and unnecessarily prolong a patient's stay in hospital. Some of these can be categorised as 'external' (services or resources external to the ward or hospital which may not be available when the patient needs them); however, there may also be internal causes of non-clinical delay, and these can also contribute to poor patient experience. Discharge plans begin on patient admission to acute care. Regardless of the terminology used, a delayed discharge is an interruption of a clear flow through a system of care and support. Such interruptions tend to be symptoms of systems that are not geared to work together. Therefore, discharge performance is a clear performance indicator of the effectiveness of integrated health and social services.

In the Performance Report to the NHS Grampian Board Meeting held on 6 December 2018 it was noted that during September 2018, patients spent 4,023 days in hospital due to delays in discharge in Grampian. The figure for September 2017 was 3,408 so 2018 has seen an increase in delayed discharges of approximately 18%.

Across Scotland patients spent 45,470 days in hospital during September 2018 due to delayed discharges. The national figures for September 2017 was 42,110 so 2018 has seen an increase of delayed discharges of approximately 8%.

#### ***Multi-disciplinary Team Planning***

Within NHSG a multi-disciplinary team (MDT) aims to meet within twelve hours of a patient being admitted to either Aberdeen Royal Infirmary (ARI) or Dr. Grays hospital in Elgin. The MDT is comprised of a number of health professionals from both the acute sector and the individual Health and Social Care Partnerships. The MDT is made up of professionals or disciplines such as the on-shift consultant, senior charge nurse, staff nurse, social care, occupational therapy and physiotherapy. The MDT will discuss the patient's required treatment, specific pharmacy requirements, possible ongoing, external, care at home or in a community care setting. The MDT will identify each dependent task and will agree when each needs to start and finish to ensure that the patient can be discharged without delay.

## ***Appendix A: Summarised Internal Audit Reports***

### **Unscheduled Care Discharge Process (incl. interaction with the IJBs)**

#### ***Setting and Reviewing an Estimated Date of Discharge (EDD) and Discharge Planning***

At the MDT meeting to discuss a patient's treatment and possible ongoing care an estimated date of discharge (EDD) will also be set for that patient. Every patient when entering either ARI or Dr. Grays should be given an EDD. An EDD is the date when the MDT believes the patient can be safely discharged from the acute hospital setting. This may be to home or another place of care. EDDs are input into the electronic patient management system (Trakcare), the data from which feeds through to an individual Wardview system that can be viewed by staff nurses and senior charge nurses. The EDD should be updated regularly and should reflect the ongoing progress of the patient care journey.

#### ***Measurement Framework***

NHSG conducts Day of Care Surveys with two surveys completed each year. The surveys are conducted at both acute hospitals within NHSG. These surveys are carried out between 9am and 10:30am across all acute sector wards on the same day. The surveys do not include intensive care, medical and surgical high dependency and coronary care beds. The surveys will review those patients who are found to be appropriately in hospital and those who are not, the age profile of patients, wards with patients not appropriate to be in hospital, NHSG length of stay and will also review the main reasons for patients not being discharged – for example, those patients who are waiting for community beds.

On top of these surveys, there are Delayed Discharge Updates which analyses the delayed discharge performance within each Health and Social Care Partnership. These are specified, formal, six monthly updates on delayed discharge performance which are prepared for each IJB.

#### ***Delayed Discharge Performance Reporting and Action Plans***

Each individual IJB will report delayed discharge census (number of patients delayed at a specific point in time during the month) and bed days lost each month using government criteria. The information is reported to the Information Services Division of the NHS National Services Scotland. Standard delays and complex delays are reported differently by the IJBs.

The IJBs have actions plans which are put in place to improve delayed discharge performance. These include details of performance and data reporting, discharge pathways and processes, plans to deal with complex delays, services and other resources required to support discharges. The Delayed Discharge Performance and Improvement Programme (the six monthly updates) are linked to each Health and Social Care Partnership strategic risk register. The updates explain plans to mitigate the risks identified in the risk registers.

## ***Appendix A: Summarised Internal Audit Reports***

### **Unscheduled Care Discharge Process (incl. interaction with the IJBs)**

#### ***Scope and limitations of scope***

This review concentrated on the five key sub-processes which together help ensure effective discharging. These were:

- **Multi-disciplinary (MDT) team planning.**
- **Setting and reviewing an Estimated Date of Discharge (EDD).**
- **Discharge planning.**
- **Measurement framework for measuring and reporting on patient discharge flow.**
- **Delayed discharge performance reporting and action plans.**

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

## ***Appendix A: Summarised Internal Audit Reports***

### **Health and Safety Governance (incl. IJBs)**

#### ***Executive Summary***

The objectives of this review were to assess the control design and effectiveness of the Health and Safety governance and oversight structures established by NHS Grampian ('NHSG') and the Health and Social Care Partnerships (HSCPs) and to confirm that the issues identified by the HSE Improvement Notices served on NHSG have been, or are being, effectively managed through to resolution. In addition we reviewed the Health & Safety governance arrangements within NHSG Acute Services.

In summary we have identified one 'medium' risk finding and one 'low' risk finding in relation to control improvement opportunities and these result in this report being classified as 'low' risk overall.

The medium risk finding is as follows:

- Terms of Reference or Constitutions for six committees with Health and Safety governance and oversight responsibilities as part of their remit either exist as draft documents or are overdue for review. This finding spans the three HSCPs and NHSG.

#### ***Management comments***

Management welcomes the report and agrees in principle with the overall findings. Over the past 3 years there has been considerable advancement in the development of Health & Safety governance structures both within NHS Grampian and our Health & Social Care Partners. This report highlights these achievements and further encourages the strengthening of these partnerships in relation to Health & Safety governance and the evolution of safe systems of work Pan-Grampian.

#### ***Head of Occupational Health and Health & Safety***

## ***Appendix A: Summarised Internal Audit Reports***

### **Health and Safety Governance (incl. IJBs)**

#### ***Background***

The objectives of this review were to assess the control design and effectiveness of the governance and oversight structures established by NHSG and the HSCPs and to confirm that the issues identified by the HSE Improvement Notices have been, or are being, effectively managed through to resolution.

We noted the following:

#### **1. NHS Grampian Health & Safety Governance**

There are a number of Committees, Teams and Groups with H&S responsibilities that report upwards to the NHS Grampian Board via an established governance hierarchy. Each of these governance bodies functions in accordance with agreed Terms of Reference or a Constitution. Each body is required to maintain appropriate records of meetings in order to demonstrate that it is carrying out the business for which it is responsible according to its remit.

#### **2. Health and Social Care Partnership Health & Safety Governance**

NHS Grampian works in partnership with Aberdeen City, Aberdeenshire and Moray Councils to develop and implement arrangements to support health and social care integration. An Integration Joint Board ('IJB') exists for each of the three partnership arrangements to provide strategic leadership for the management and delivery of integrated services. Within each of the Health & Social Care Partnership organisations there are a number of Committees and Groups that report up to the IJBs on matters related to Health & Safety governance. As within NHS Grampian, each of these governance bodies functions in accordance with agree Terms of Reference. Each body is required to maintain appropriate records of meetings in order to demonstrate that it is functioning in accordance with its remit.

There is collaboration and information sharing on Health and Safety matters between the HSCP committees and the counterpart NHS Grampian committees at all levels.

As a point of good practice it is important that each Committee within a governance framework includes a standing agenda item to determine if there any issues or reports that require escalation to a higher level Committee. If there are no escalations or referrals then the minutes should confirm so. Alternatively if the meeting determines that escalations or referrals are required then these should be itemized in the minutes. Whilst these arrangements appear to be in place based on our limited sample, we take this opportunity to cite best practice as we cannot be certain that it happens in every case.

## **Appendix A: Summarised Internal Audit Reports**

### **Health and Safety Governance (incl. IJBs)**

#### **3. Health and Safety Executive Improvement Notices Placed on NHS Grampian**

In the past 24 months the Health and Safety Executive (HSE) has placed a total of seven Improvement Notices in different areas of NHSG. These related to:

Falls x 2 Notices

Sharps x 2 Notices

Staff Immunisation x 1 Notice

Skin Health Surveillance x 1 Notice

Ligature Injuries x 1 Notice

Investigation and gap analysis work has been undertaken and documented in order to fully understand the nature of the issues raised by the HSE and to enable the formulation of plans to remediate gaps and resolve the issues. There are remediation plans in place that have been properly documented and approved and there are clearly assigned owns responsible to delivering these plans.

Plan progress is being suitably reported to and overseen by the appropriate groups and committees within the H&S governance structure with headline progress being reported up through the governance hierarchy to the NHSG Board. Policies relating to the areas identified by the HSE have been updated as necessary to ensure changes and improvements in working practices are sustainable and effectively communicated to staff. As at 30 October 2018 five out of the seven notices have been lifted. The other two notices have a timeline set by the HSE of 31 January 2019 (Falls - Manual Handling) and 31 March 2021 (Ligature). We understand that the HSE have ask for a postponement of the 31 January 2019 meeting with regard to the Falls notice with diaries currently being checked with a view to having the meeting at the end of February 2019. NB: The Falls notice was actually lifted on 31 January 2019 so the envisaged postponement was not required.

#### **4. NHS Grampian (Acute Services)**

There are health and safety policies and procedures in place and these been communicated to and are accessible to staff within Acute Services. These are kept up to date and reviewed in accordance with the document control procedures. The Board of NHS Grampian is ultimately responsible for ensuring that the organisation keeps up to date with and complies with Health and Satiety legislation. The Operational Group (Acute) in collaboration with the NHSG Health and Safety Expert Group and the NHSG Occupational Health & Safety Committee ensures that policies and procedures within Acute Services are updated appropriately and communicated to Acute Services staff and management. Health and Safety monitoring reviews are conducted within Acute Services and the results reported to NHSG Occupational H&S Committee. Circumstances when risk assessments should be completed are defined and risk assessments are performed by risk owners as required. Mandatory and specialists training are done to ensure that Acute Services staff follow the Health and Safety policies and procedures.

## ***Appendix A: Summarised Internal Audit Reports***

### **Health and Safety Governance (incl. IJBs)**

#### ***Scope and limitations of scope***

Our approach focused on the following four areas:

- 1. NHSG Governance**
- 1. HSCP Governance**
- 1. HSE Improvement Notices**
- 2. Acute Services**

The scope of our review is outlined above and will be undertaken on a sample basis.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

## ***Appendix A: Summarised Internal Audit Reports***

### **Health and Social Care Integration Governance Structures (incl. hosted services)**

#### ***Executive Summary***

The scope of our review was to assess the design and operating effectiveness of the key controls within the Health and Social Care Integration governance structures. Our review focused on:

- How each of the three Integration Joint Board (IJBs) link to the Board's governance arrangements
- The flow of information between the IJBs and the Board
- Consideration of the links between the Board and each of the three IJBs

Our view is that the current arrangements for Health and Social Care Integration governance structures are generally well designed and operating effectively.

In summary we have identified one 'medium' risk and one 'low' risk finding in relation to control improvement opportunities and these result in this report being classified as 'low' risk.

The medium risk finding is as follows:

- There is no formally established communication structures between the IJBs for the discussion of issues related to hosted services. There are weekly informal discussion but these meetings are not documented.

#### ***Management comment***

The next meeting of the NEPSG is on 15 April and the main topic for discussion is the establishment of a framework to review the performance of the hosted services. It is regarded as a high priority of all of the organisations i.e. councils, IJBs and NHS Grampian. The main problem has been getting a meeting organised as it is important that all of the senior stakeholders are present to agree the way forward. Confident that we will have that on 15 April.

***Director of Planning & Deputy Chief Executive, NHS Grampian***

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### **Health and Social Care Integration Governance Structures (incl. hosted services)**

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***Director of Planning & Deputy Chief Executive, NHS Grampian***

## ***Appendix A: Summarised Internal Audit Reports***

### **Health and Social Care Integration Governance Structures (incl. hosted services)**

#### ***Background***

The Public Bodies (Joint Working) (Scotland) Act 2014 provided a framework for the effective integration of adult health and social care services. Its policy ambition was to:

- Improve the quality and consistency of services for patients, carers, service users and their families;
- Provide seamless, joined-up quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and
- Ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.

To realise this ambition NHS Grampian Health Board entered into Health and Social Care Integration Scheme Agreements with:

- Aberdeen City Council
- Aberdeenshire Council
- Moray Council

Three Integration Joint Boards (IJBs) were established through the Body Corporate model by which NHS Grampian and the three Local Authorities delegate a range of functions and resource to the IJBs who are responsible for the planning of integrated arrangements and onward service delivery.

#### ***Accountability and Responsibility***

The IJB receives payment from NHS Grampian and the Council, and have:

- Responsibility for planning health and care services
- Full power to decide how to use resources and deliver delegated services to improve quality and people's outcomes

The IJB is jointly accountable to Council and NHS board through its voting membership and reporting to the public. In return, the NHS board and Council are accountable to the IJB for the delivery of services as directed. The IJB is also accountable for overseeing the delivery of services

#### ***Reporting framework***

In summary there are four lines of reporting involving the IJBs as follows:

## **Appendix A: Summarised Internal Audit Reports**

### **Health and Social Care Integration Governance Structures (incl. hosted services)**

#### **Background (Cont.)**

- 1) Annual reporting from the IJB to the Council and the NHS board as agreed via the sharing of the IJB Annual Performance Report the main report required to account for IJB Performance demonstrating to the public the achievements to date.
- 2) Quarterly performance reporting from Chief Officer of each IJB to the Council members.
  - For Moray the CO and key personnel would address performance through elected member briefings that are held regularly throughout the year. There is not a performance report that goes formally to council committees, the annual performance report goes as noted previously to full council.
  - For Aberdeen City service updates are to be provided on the council website quarterly commencing October 2019 following decision by Council.
- 3) Quarterly performance reporting from Chief Officer of each IJB to the NHS board members. Quarterly performance is monitored through the quarterly performance meetings with the NHS CEO and the Council CEO. A report that collates key items noted in the IJB Board Meetings is presented to the NHSG Board meeting each time and may include performance information or may not depending on what has been noted as key items for noting form the minute.
- 4) Ad hoc performance reporting from Chief Officer of each IJB to IJB members.
  - In Moray the programme of IJB voting member briefings in place, there's the CO update report that goes to the IJB, also IJB development sessions can to an extent to discuss performance as well as ad-hoc meeting with the Chair and Vice-Chair.
  - In Aberdeen quarterly meetings between the IJB Chair and Vice Chair, the Chief executive of NHSG and ACC and the Chief Officer meet to review performance. In addition monthly joint meetings are held with the Chief Executives of NHSG and ACC and the Chief Officer

NB: The production of the IJB performance reports was reviewed by Internal Audit during 2017/18 and is therefore considered as out of scope for this review.

The Annual report produced and approved by each IJB is shared with NHS Grampian and the Council giving both the opportunity to assess whether the IJB has performed effectively both operationally and financially. NHS Grampian and the Council cannot request changes to the current year's Annual Report but can provide input into next year's planning and strategic direction.

## **Appendix A: Summarised Internal Audit Reports**

### **Health and Social Care Integration Governance Structures (incl. hosted services)**

#### **Background (Cont.)**

There is limited need for joint decision making across the IJBs and NHS Grampian as each entity has its own governance framework and there is representation on the IJBs from both the Health Board and the relevant Council. The exception is services that are shared across IJBs known as ‘hosted services’ where there is a need to formalise the joint decision making and governance frameworks. This has been discussed by the IJB Chief Officers and it has been agreed that this year each IJB CO will produce a report on hosted services and this will be taken to the IJB. This will improve transparency and provide each IJB with more information on the services hosted by the other IJBs. These reports will include forward looking elements so that each IJB can comment on the strategy etc., of the others prior to sign-off. See also Finding 1 on Page 8 of this report as the management reporting/MI regime that needs to be put in place should feed into the proposed system of annual reporting on hosted services.

#### Hosted Services

Some integration services may be hosted by one IJB on behalf of the other integration authorities. The IJBs collectively consider and agree these hosting arrangements.

Shown below are the services currently hosted across the Partnership areas of the IJBs:

<b>Service</b>	<b>Current Host</b>
Sexual Health Services	Aberdeen City
Woodend Assessment of the Elderly (including Links Unit at City Hospital)	Aberdeen City
Woodend Rehabilitation Services (including Stroke Rehab, Neuro Rehab, Horizons, Craig Court and MARS)	Aberdeen City
Marie Curie Nursing	Aberdeenshire
Heart Failure Service	Aberdeenshire
Continence Service	Aberdeenshire
Diabetes MCN (including Retinal Screening)	Aberdeenshire
Chronic Oedema Service	Aberdeenshire
HMP Grampian	Aberdeenshire
Police Forensic Examiners	Aberdeenshire
Primary Care Contracts	Moray
GMED (Out of Hours Service)	Moray

## ***Appendix A: Summarised Internal Audit Reports***

### **Health and Social Care Integration Governance Structures (incl. hosted services)**

#### ***Background (Cont.)***

A North East Partnership Steering Group (NEPSG) was established in 2014 to provide a forum for the emerging Integration Joint Boards and NHS Grampian to consider issues of joint interest in relation to the implementation of the Public Bodies Act (2014). A key function of the NEPSG is to discuss issues related to hosted services but formal arrangements for such discussions have not yet been established – see Finding 1 on Page 8 of this report.



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