



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	17/11/2022
Report Title	Internal Audit Report – Care Management
Report Number	HSCP22.095
Lead Officer	Jamie Dale, Chief Internal Auditor
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	None

1. Purpose of the Report

- 1.1. The purpose of this report is to present the outcome from the planned audit of Care Management that was included in the Internal Audit Plan for Aberdeen City Council.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee review, discuss and comment on the issues raised within this report.

3. Summary of Key Information

Background

- 3.1. Aberdeen City Health and Social Care Partnership (ACHSCP) provides or commissions care and support to a variety of individuals who are identified as requiring it following assessment of their social care needs.



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- 3.2. Data relating to individuals, their assessments, and follow-up care management reviews are held on the Care Management System. The system is also used to record planned care and support, and the associated costs, to match against invoices and requests for payment for services delivered.

Objective

- 3.3. The original objective of the planned audit of Care Management was to obtain assurance over coordination, recording and payment for care services.
- 3.4. Due to reprioritisation of resources by the ACHSCP to support an external inspection and to develop and implement a new Care Management System during 2021 and 2022, it has not been possible to carry out a full in-depth review of care management recording and payments. Instead, a review has been undertaken of the plans and progress with implementation of the new system to obtain assurance that these adequately cover risks in respect of care management recording and payments.

Assurance

- 3.5. Assurance has been obtained from Digital and Technology over the project implementation plans for the new Care Management System.
- 3.6. 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.
- 3.7. 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.
- 3.8. 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 ACHSCP 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.



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- 3.9. Assurance over the new arrangements in practice will be obtained through a planned Internal Audit of the new Care Management System during 2023-24. Timings will be agreed as part of the upcoming audit planning exercise.

Management Response

- 3.10. The finance elements of new system development have been a key area of focus. Adoption of the dedicated finance module will enable additional rigour to be applied to Care Management recording and transactions. The iterative data load and validation cycles for finance have allowed a robust approach to the assurance around the new processes under the direct control of the Chief Officer Finance.

4. Implications for IJB

- 4.1. **Equalities** – An equality impact assessment is not required because the reason for this report is for the Risk, Audit and Performance Committee to discuss, review and comment on the contents of an Internal Audit report and there will be no differential impact, as a result of this report, on people with protected characteristics.
- 4.2. **Fairer Scotland Duty** – there are no direct implications arising from this report.
- 4.3. **Financial** – there are no direct implications arising from this report.
- 4.4. **Workforce** - there are no direct implications arising from this report.
- 4.5. **Legal** – there are no direct implications arising from this report.
- 4.6. Other - NA

5. Links to ACHSCP Strategic Plan

- 5.1. Ensuring effective performance reporting and use of Key Performance Indicators will help the IJB deliver on all strategic priorities as identified in its strategic plan.

6. Management of Risk

- 6.1. **Identified risks(s):** The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are as detailed in the resultant report.



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- 6.2. **Link to risks on strategic risk register:** There is a risk of financial failure, that demand outstrips budget and JB cannot deliver on priorities, statutory work, and projects an overspend.
- 6.3. **How might the content of this report impact or mitigate these risks:**
Where risks have been identified during the Internal Audit process, recommendations have been made to management to mitigate these risks.