Risk, Audit and Performance Committee

Date of Meeting	28 November 2023
Report Title	Internal Audit Report – Care Management System
Report Number	HSCP23.082
Lead Officer	Jamie Dale Chief Internal Auditor
Report Author Details	Jamie Dale Chief Internal Auditor Jamie.Dale@aberdeenshire.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	No
Terms of Reference	2. Review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate.

1. Purpose of the Report

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

2. Recommendations

2.1. It is recommended that the Committee:

   a) Review, discuss and comment on the issues raised in the report.

3. Strategic Plan Context

3.1. Internal Audit's role is to provide assurance regarding the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk

management and control. Each of these areas helps ensure that the IJB can deliver on all strategic priorities as identified in its strategic plan.

4. Summary of Key Information

Assurance Assessment

4.1. The level of net risk is assessed as **MINOR**, with the control framework deemed to provide **SUBSTANTIAL** assurance over the Council's approach to the Care Management System.

4.2. The following governance, risk management and control measures were sufficiently robust and fit for purpose:

4.2.1. **System Maintenance and Development** – System maintenance and development is being adequately tested prior to system upgrades / updates. Digital and Technology (D&T) maintain oversight of user testing of 'wave releases' issued by the system supplier to fix and improve system functionality where necessary. In addition, since the 'go-live' date, D&T has worked with the Health and Social Care Partnership and Integrated Children's and Family Services to develop the system through a 'Sprint Backlog' process of light touch change management, meaning changes are incremental and can be easily rolled back.

4.2.2. **Procurement** – The Council's Care Management System was appropriately procured through an approved UK Government framework agreement (G Cloud 11) in accordance with the Council's Scheme of Governance.

4.2.3. **Business Continuity and Disaster Recover**y – The system supplier indicates within their Statement of Work agreed with the Council that the supplier is responsible for associated costs for disaster recovery and that they have 'best-in-class' service levels for disaster recovery within their cloud services, with inbuilt redundancy and failover within its service. The supplier is also compliant with ISO 22301 Business Continuity Management covering adequacy of business continuity and disaster recovery arrangements.

4.3. Security updates (patching) was out of scope for the review due to resourcing constraints for the Cluster and management assurance that the adequacy of system patching arrangements has been covered by the most recent IT health check (ITHC) for Public Services Network (PSN)

compliance and Cyber Essentials Plus. This will be considered as part of the planned 2023/24 Cyber Action Plan Internal Audit review.

4.4. However, the review identified some areas of weakness where enhancements could be made to strengthen the framework of control, specifically:

4.4.1. **Written Procedures and Training** – D&T has set a mandatory requirement within ServiceNow for line managers approving system access requests to ensure appropriate system and data protection training has been completed prior to use of the system. In addition, 'Click Learn' guidance is available on the system covering various user tasks. Furthermore, comprehensive Children's Social Work guidance is available on the use of the system and checklists are in place for what training is expected to be delivered to H&SCP users by system coaches. However, unlike Children's Social Work, currently Adults Service and Justice Service specific guidance on the use of the system is absent from the Council's Digital Workplace (described as "coming soon") and there are no online videos available on the use of the system like for Children's Social Work. Management however advised that although guidance is absent from the Digital Workplace, guidance is circulated regularly to staff and for Justice Services it is contained within the Staff Handbook. Internal Audit sought views from 10 system users to determine if training had been received prior to use and the adequacy of training delivered. Four (40%) responded[1], two (50%) of which advised that whilst they had received training, they remained unsure of how to navigate the system and that the training did not address their specific service delivery needs. In the absence of adequate online training and guidance for H&SCP users, there is a greater risk these users will be unable to use the system and of cases being mismanaged as a result.

4.4.2. **Access Control** – A dedicated team within D&T maintains system access based on line manager approved requests and via regular removal of any former employees notified to D&T by Payroll. In addition, system access is adequately controlled for employees via Active Directory single sign on through a Council device coupled with the Council's Access Control policy and Password Standard. In addition, D&T advised that all data access is logged. However, whilst the support and maintenance supplier contract covers Data Protection,

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[1] Where it is recognised that this is a small population, with an even lower response rate, Internal Audit made efforts to gain responses and wider feedback. The views relied upon for this report have been substantiated where possible through further discussion and audit testing.

this supplier currently has access to special category data held in the live 'production' system environment, rather than access restricted to when new system developments are pushed out into the production environment Where access to special category data is not suitably controlled, this contravenes the UK GDPR data minimisation principle and the Council risks enforcement action by the ICO, potentially financial loss and reputational damage. Discussions with Management have highlighted the rationale behind this approach but recognise the opportunities to tighten control around this area.

4.4.3. **Interfaces** – At the time of the review, it was noted that the interface to ensure agreement of child protection in both the Child Protection Register (CPR) and Care Management System was not functional and a manual workaround was required involving ad hoc data exports from the Care Management System which are reconciled to the CPR. Whilst this system ensures accuracy of the CPR, the manual nature of the data transfer process could be made more efficient (i.e. single point of data entry and deletion), and is contrary to the Council's transformation ambitions to automate processes where appropriate.

4.5. Recommendations have been made to address the above risks including reviewing system access restrictions, ensuring mandatory training is robust, and establishing an automated interface for CPR updates.

Management Response

4.6. The Social Work system has been developed using modern agile development methodologies. Management is grateful to the Internal Audit team for their collaborative approach to the audit that has ensured a shared understanding of the differences in approach versus traditional line of business systems. The balance of continuous delivery against risk has been assessed ensuring that Aberdeen City Council manages the ongoing risks through the recommendations made.

4.7. The nature of the continuous delivery process and the prioritisation of business needs by Social Work Product Owners means that the system remains current and relevant for Social Work practitioners. In addition system architecture and the centralised nature of the data creates opportunities for the Council and the Health and Social Care Partnership to improve the effectiveness of our care services.

5. **Implications for IJB**

5.1. Equalities, Fairer Scotland and Health Inequality – An equality impact assessment is not required because the reason for this report is for the RAPC to discuss, review and comment on the contents of and Internal Audit Report and there will be no differential impact, as a result of this report, on people with protected characteristics.

5.2. Financial – There are no direct implications arising from this report.

5.3. Workforce – There are no direct implications arising from this report.

5.4. Legal –There are no direct implications arising from this report.

5.5. Unpaid Carers – There are no direct implications arising from this report.

5.6. Information Governance – There are no direct implications arising from this report.

5.7. Environmental Impacts – There are no direct impacts arising from this report.

5.8. Sustainability – There are no direct impacts arising from this report.

5.9. Other – there are no other impacts arising from this report.

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.

6.2. **Link to risks on strategic risk register:** The Internal Audit Plan, and this output report, is developed following consideration of the Aberdeen City Health and Social care Partnership Risk Register and through consultation with management.

6.3. **How might the content of this report impact or mitigate these risks:** Where risks are identified during the Internal Audit process, recommendations are made to management in order to mitigate these risks.