

CÙRAM IS SLAINTE NAN EILEAN SIAR

INTEGRATION JOINT BOARD AUDIT & RISK COMMITTEE



Meeting date: 02 September 2026

Item: 5.2.2

Title: Document Control Details – Policy / Strategy

Responsible Officer: Emma MacSween, Chief Officer, IJB

Report Author: Michelle McPhail, Corporate Business Manager, NHSWI

1 Purpose

This is presented to the Committee for:

- Awareness
- Discussion
- Assurance
- **Decision**

This report relates to a:

- Annual Operating / Delivery Plan
- **Emerging Issues**
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/ LA /Integration Joint Board Strategy or Direction

Competence:

- There are no legal, financial or other constraints associated with the report.

2 Report summary

2.1 Situation

In April 2026, as part of the Audit Plan for 2025/26, Internal Auditors from Azets, conducted a review of the IJB's Corporate Governance processes.

2.2 Background

From the Corporate Governance Audit Report, it denoted a risk, assessed as no major weakness but scope for improvement, and recommended establishing and embedding document control details to each policy and strategy as established or reviewed.

2.3 Assessment

To address the audit recommendations, a document control section will be embedded within all policies, at the point of initial establishment or review, to strengthen oversight and improve the management of controlled documents. This will provide greater clarity on ownership, approval arrangements, review requirements and version control, ensuring policies are consistently maintained and remain current.

The introduction of document control will also create a clear audit trail of amendments and approvals, making it easier to demonstrate compliance with governance requirements and evidence ongoing review. This approach will support transparency, reduce the risk of outdated information being used, and provide assurance that policies are subject to appropriate scrutiny and continuous improvement.

These actions will help strengthen the Integration Joint Board policy framework, enhance governance processes and address the audit findings by ensuring a more robust and consistent approach to document management across all policies.

The appendices attached is an example as to how the document control information will be used, evidencing clearly the status of the report.

From the information presented I am also seeking both the Committee and Internal Auditors agreement that the outstanding recommendation (1.1C) within the Corporate Governance Report will be closed as a result of the evidence provided.

2.3.1 Quality/ Patient Care

The report does not relate to the quality of care (and services).

2.3.2 Workforce

The content of the report does not detail any impact on staff including resources, staff health and wellbeing.

2.3.3 Financial

There are no financial implications in relation to the actions within the report.

Please ensure that the Chief Finance Officer has obtained review of the paper before submitting to the Committee.

Accountants Name	Signature
Comment from the Chief Finance Officer:	

2.3.4 Risk Assessment/Management

The risk, as detailed by Azets, Internal Audit, was an advisory recommendation and note no major weakness but scope for improvement. By the actions reported at section 2.3 the risk has been mitigated.

2.3.5 Equality and Diversity, including health inequalities

State how this supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

An impact assessment has not been completed because it is not relevant to the context of the action.

2.3.6 Climate Emergency and Sustainability Development

State how this report will support or impact on the Scottish Government's policy on Global Climate Emergency and Sustainability Development DL(2021)38, against the 5 themes:

1	Sustainable Buildings & Land	
2	Sustainable Travel	
3	Sustainable Goods and Services	
4	Sustainable Care	
5	Sustainable Communities	
Describe other relevant impacts:		
No relevance between the report and the circular.		

2.3.7 Other impacts

No other relevant impacts.

2.3.8 Communication, involvement, engagement and consultation

The Board is not required to involve nor engage with external stakeholders in relation to this report.

2.3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- The report has not been presented to any other committee or group prior to presenting the information to the Committee.

2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Document Control Details – Example – NOTED AT THE END OF THE REPORT

CÙRAM IS SLÀINTE NAN EILEAN SIAR INTEGRATION JOINT BOARD



EXAMPLE

RISK MANAGEMENT STRATEGY

EXAMPLE

AUTHOR:	EMMA MACSWEEN, CHIEF OFFICER, IJB
VERSION:	V2

DATE OF ISSUE	APPROVAL / STATUS	NEXT REVIEW DATE	REVIEWER / REVIEW TEAM
MARCH 2020	IJB ARC APPROVAL IN MAY 2020	APRIL 2022	CHIEF OFFICER, IJB
JUNE 2026	IJB ARC APPROVAL IN JUNE 2026	MAY 2029	CHIEF OFFICER, IJB

DOCUMENT CONTROL

VERSION	DATE	LATEST CHANGES MADE BY	STATUS	REASON FOR CHANGE AND REVIEWER(S)
VERSION 1	MARCH 2020	NICK FAYERS	DRAFT	ESTABLISHED DOCUMENT
VERSION 2	JUNE 2026	EMMA MACSWEEN	REVIEW / UPDATE	REQUIRED CHANGE DUE TO TIME ELAPSED BETWEEN VERSIONS

DOCUMENT APPROVAL – NAME(S) OF THE INDIVIDUAL(S) REPRESENTING THE APPROVING COMMITTEE(S) / GROUP(S)

REVIEWERS NAME	REVIEWERS ROLE	REVIEW DATE
GOVERNANCE COMMITTEE	COMMENT	APRIL 2026
INTEGRATED CORPORATE MANAGEMENT TEAM	APPROVAL – OPERATIONALLY	APRIL 2026

EXAMPLE