



## ANGUS HEALTH AND SOCIAL CARE

### INTEGRATION JOINT BOARD AUDIT COMMITTEE – 29 AUGUST 2018

#### INTERNAL AUDIT REPORTS - FOLLOW UP ACTIONS

#### REPORT BY ALEXANDER BERRY, CHIEF FINANCE OFFICER

#### ABSTRACT

The aim of this paper is to update the Audit Committee regarding the IJB's progress with meeting the recommendations of Internal Audit reports.

#### 1.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board Audit Committee note the report and the progress made to date in terms of delivering the planned response.

#### 2.0 BACKGROUND

2.1 On a regular basis the IJB's Audit Committee receives Internal Audit Final reports setting out the findings of agreed Internal Audits. Many of these reports have recommendations for improvements contained within them and the final versions of reports will have agreed "management responses" to those recommendations of the Internal Auditors. All "management response" will have time lines and associated lead officers.

In recent months the IJB's Audit Committee has increasingly acknowledged the need to be able to monitor progress with governance issues. One way to formalise this process is to routinely track the progress with "management responses" to Internal Audit reports until those responses are complete.

The appendix attached to this report is the first "Internal Audit Follow Up" summary. It lists "recommendations " from 2016/17 and 2017/18 Audits (where they have not already been superseded) and sets out agreed management responses, lead officers and due dates. It then adds information about status to date with reference to the "due date" and provides brief commentary on current status.

Status updates are provided by Lead Officers and collated in the period prior to an Audit Committee. On that basis, action status information will not always be perfectly up to date by the date of an Audit Committee.

2.2 From the information on the attached it can be seen that:-

Actions re report AN06/17 (Performance Management) are now partially complete.

A number of actions re report AN05/18 (Clinical, Care and Professional Governance) are now complete, while others are overdue or have not yet fallen due.

Actions regarding report AN07/18 (Financial Management) have not yet fallen due.

Actions that are "complete" will be reported for 2 successive Audit Committees to provide context. Some actions may eventually be superseded by other circumstances, recommendations or actions.

2.3 This report will be provided on a routine basis going forward and will augment other reports that document progress with overall governance issues.

### **3.0 CONCLUSION**

- 3.1 The Audit Committee are asked to note the report and the progress made to date in terms of delivering the planned response.

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Appendix 1: Angus IJB Internal Audit reports – Follow Up Actions

IJB Audit Report	Rec. Ref.	Recommendation	Priority	Management Response / Action	Action by	Due Date
AN06/17 Performance Management	1	To allow management to enable the organisation to focus limited resources and direct service change to best effect, discussion should be held with staff and managers to determine the data they require operationally, and how this might be available, for example, through the NHS Tayside Business Unit or Angus Council. This may include different measures as well as more timely local data not yet validated at national level.	2	IJB to quickly engage with small group to review operational service data set requirements. In longer term, data set requirements to be reviewed regularly (at least annually) by existing R2 group.	Head of Comm. Health & Care (North)	31.03.18
AN06/17	2	Consideration should be given to how performance data can provide assurance against the IJB's strategic risks and ensure appropriate links are made between performance reports and the Partnership's risk register.	2	Agreed IJB already embarked on developing this with intention of ensuring the links are made between performance data relevant and strategic risk.	Head of Comm. Health & Care (North)	31.12.17
AN06/17	3	As part of the work to address this recommendation, management should ensure that performance management requirements are taken into account. This should include work on the development of a common reporting platform with an agreed suite of indicators for adoption at a Tayside-wide level as originally agreed by Angus IJB in May 2016.	2 (a)	The IJB acknowledges the overall framework for Hosted services requires improvement. Within that we are aware of the Performance reporting issues and are working at a Tayside level to agree a suite of hosted services indicators and working closely with NHST Business Unit (analyst network).	Head of Comm. Health & Care (North)	31.03.18
			2 (b)	Regarding Large Hospital Services, the IJB is participating in discussion through Tayside and National CFO networks to develop financial and other associated reporting re Large Hospitals.	Chief Finance Officer	31.03.18
AN06/17	4	We would recommend that future iterations of this document link to the indicators and measures in place setting targets and trajectories against which performance can be measured and scrutinised to identify where remedial action should be focused on those measures identified as high risk or not performing in line with target.	2	IJB will look to develop performance thresholds around which exceptions will be highlighted and monitored and remedial action documented.	Head of Comm. Health & Care (North)	31.03.18
AN05/18 Clinical, Care & Professional Governance	1	It is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/group.	2 (a)	A self-evaluation framework through Partnership Improvement model is underway and assurance will be provided to the IJB on the outcome.	Clinical Director	30.06.18
			2 (b)	Recommendations for a higher level performance improvement framework and self-evaluation (through the PIM) is to be discussed with the 3 HSCPs at the planned NHS Tayside event	Clinical Director	30.06.18
AN05/18	2	We would suggest that further consideration should be given to the role of the integrated clinical & care governance group given that the Local Authority CSWOs are both the recipients as well as providers of assurance.	3	Chief Social Work Officer has written to Angus HSCP Chief Officer to recommend a lead social work role within Clinical Care and Professional Governance (CCPG).	Chief Officer	30.06.18
AN05/18	3	We would recommend that IJB members are asked whether they receive adequate assurance for their needs. Management should give consideration whether there should be a standing agenda item of the IJB on clinical, care & professional governance, which could take the form of regular chair's assurance reports from the R2.	2 (a)	Seek the opinion of the IJB and commence quarterly reporting.	Clinical Director	30.06.18
AN05/18	3	In addition, we would recommend that the R2 Forum prepares an annual report for consideration by either the Audit Committee or the IJB itself.	2 (b)	An annual report to be formulated to go to the Audit Committee/IJB. This will form part of discussion at next CQF.	Clinical Director	31.08.18
AN05/18	4	We welcome the ongoing work on the development of hosted services performance indicators. We have made recommendations in relation to reporting on hosted services in separate audit reports to both Dundee and Angus IJB and would recommend that the chairs of the 3 Tayside Groups meet to discuss and agree mutual flows of assurance.	2 (a)	To be discussed with chairs of other CCPGs	Clinical Director	31.08.18
AN05/18	4	This should include both the assurance to be provided by Angus IJB to both Dundee and Perth & Kinross IJB, as well as Angus IJB being provided with assurance on services hosted on their behalf by the other IJBs	2 (b)	Review of service performance indicators for hosted services performance required.	Principal Officer	31.08.18
			2 (c)	This will form discussion with the Chairs of the other 3 HSCPs and agreement at NHS Tayside CQF.	Clinical Director	30.09.18
AN05/18	5	A gap analysis should be carried out to establish whether sufficient data is available for each service to ensure that the level of assurance received is consistent and in line with the principles under Appendix A.	2	Undertake gap analysis and review at CCPG.	Clinical Director	30.06.18

Status at Audit Committees			Status - Comment
Aug-18	Dec-18		
Complete			Completed - including discussion with IJB Chairperson.
Complete			Ongoing review of Performance Report will reflect latest Strategic Risks
Overdue			IJB are represented at Tayside Analytical Network. That group has agreed service performance indicators for all services (including for hosted services) and is now collecting baseline data.
Ongoing			This is an ongoing issue and progress will also be reported through other governance channels.
Overdue			This is a particularly complicated issue to progress systematically due to volume of measures and their varying characteristics. Issue still under consideration.
Complete			Completed pre-Audit.
Complete			Event completed June 2018. For information, further developments planned in 2018/19 via SLWG.
Complete			Agreed Head of Service (North) to deputise for CSWO as required at the Angus CCPG forum.
Complete			Agreed half yearly reporting at June 2018 Audit Committee. This will be contained in the Performance Report updates submitted to the IJB.
Complete			This will be captured in the half yearly updates described above.
Complete			From January 2017, all hosted services in Angus report to R2 as per the reporting calendar. Discussion about services hosted elsewhere is developing through the Tayside Analytical network. That group has agreed service measure and is now collating baseline data.
Ongoing			IJB are represented at Tayside Analytical Network. That group has agreed service performance indicators for all services (including for hosted services) and is now collecting baseline data.
Ongoing			Discussion about services hosted elsewhere is developing through the Tayside Analytical network. That group has agreed service measure and is now collating baseline data.
Overdue			Still work in progress.

IJB Audit Report	Rec. Ref.	Recommendation	Priority	Management Response / Action	Action by	Due Date
AN05/18	6	As a further development, we would recommend that the reporting schedule is linked to where external inspections of the services are planned or expected.	3	Addition of planned inspections to CCPG reporting calendar with alignment where appropriate.	Clinical Director	31.05.18
AN05/18	7	Whilst we will comment on this area in more detail under AN04/18 Risk Management we would highlight that in line with our recommendation 3 above, assurance should flow from the R2 to governance level, including escalation of operational risks where necessary.	2 (a)	Report to be provided to IJB re Risk Management.	Head of Comm. Health & Care Services (North Angus) / Clinical Director	
			2 (b)	Update on requirements to be provided following IJB approval of Risk Management paper.		
			2 (c)	An annual report to be formulated to go to the IJB Audit Committee.		30.04.18
			2 (d)	Agree a process of escalating and reporting of risks to Angus Council and NHS Tayside		31.05.18
AN05/18	8	Good practice would be to review the Terms of Reference at regular, scheduled intervals	3 (a)	Terms of Reference will be reviewed and at regular scheduled intervals and will include annual review date.	Clinical Director	31.07.18
			3 (b)	Discussion to be held at CCPG 30/05/18, finalise at July meeting.		
AN07/18 Financial Management	1	It is recommended that the Angus Health & Social Care Partnership Chief Officer completes the outstanding action for Recommendation 1 from the original audit (Report AN07-17).	1	AHSCP will look to review overall provision of Corporate Support arrangements (including Finance) with Partners from July 2018. (Note the IJB acknowledge this is later than anticipated).	Chief Officer	Dec. 2018
AN07/18	2	It is recommended that the procurement & Commissioning Manager and the Finance Services Manager (Team A) meet to discuss how best to link the contract information to the financial systems in future	3	The IJB and Procurement and Commissioning Manager agree this work needs progressed and concluded. Further work to reconcile Contracts register with Finance information (e.g. budgets) will be led by Finance Manager and Procurement and Commissioning Manager and reported through the Third Party Providers forum.	Proc. & Comm. Manager / Finance Manager (Team A)	Dec. 2018

Status at Audit Committees		
Aug-18	Dec-18	Status - Comment
Complete		Important to note that some reporting bodies (e.g. MWC, HIS) do not publish outputs. Now agreed that CCPG will consider all inspection reports that include a grade 3 or below.
Complete		Annual Report now submitted to Audit Committee. See report 55/18.
Complete		Report submitted June 2018 to Audit Committee. Report author to note that an increased level of narrative could be considered in reporting of risks.
Complete		Annual Report now submitted to Audit Committee. See report 55/18.
Overdue		Discussions ongoing with Partners.
Complete		ToR have been reviewed and are in current circulation. Plan to sign off updated ToR at next CCPG meeting (Sept'18). Reporting calendar to be set out at start of each year.
Overdue		
Not Yet Started		Programme of review still to be confirmed.
Ongoing		This is ongoing work between Procurement and Finance however the work does need a clearer project outline and this will be agreed via local working groups.