

# ANGUS HEALTH AND SOCIAL CARE

# **INTEGRATION JOINT BOARD AUDIT COMMITTEE - 9 DECEMBER 2020**

## **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. **RECOMMENDATION**

It is recommended that the Integration Joint Board Audit Committee:-

(i) note the report and the progress made to date in terms of delivering the planned response.

### 2. 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 responses" will have time lines and associated lead officers. This reports provides an update regarding progress with "management responses".

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.

Progress is described using an agreed clarification shown below for reference. Note that in all instances, the commentary in the appendix may provide further information.

Status Category	Explanation of Status					
TBC	Still "To be confirmed" – e.g. where no information					
	is available.					
Complete	Action complete.					
Complete (Ongoing)	Action complete, but with an ongoing requirement.					
Not Yet Started	Applies to actions not overdue.					
Limited Progress	Applies to actions not overdue.					
Good Progress	Applies to actions not overdue.					
Overdue (*Not Yet Started/ Limited	Overdue actions with detail re progress.					
Progress/Good Progress)						
Superseded	Action superseded or no longer relevant.					
	Commentary will provide clarity.					

Actions that are "complete" will be reported for 2 successive Audit Committees to provide context. Some actions may eventually by superseded by other circumstances, recommendations or actions. Once noted as "Superseded", actions will not be reported at further Audit Committees.

2.2 Actions re report AN07/18 (Financial Management)

A formal review of Corporate Support arrangements has still not yet been initiated. While, shortcomings within overall Corporate Support arrangements have a detrimental impact on the IJB, the IJB has acknowledged that a review of this issue will not be progressed in 2020/21. The IJB has highlighted the important of this issue to NHS Tayside and Angus Council.

2.3 Actions re report AN05/20 (Risk Management)

While the IJB initially made good progress developing an improvement plan to reflect action points, the progression of this plan has been delayed due to COVID-19 responses. However progress has been made with some aspects of the action plan and others will be progressed as soon as capacity allows.

2.4 Actions re report AN06/20 (Data Quality)

Actions from this report have now been included in this report after consideration of AN06/20 at the August 2020 Audit Committee.

# 3. 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.

### REPORT AUTHOR: Alexander Berry, Chief Finance Officer E-mail details: tay.angushscp@nhs.scot December 2020

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

	Ser Source	Board: Internal Audit Reports - Fo					Status -	t Audit Cor	nmittocc	Appendix 1
IJB Audit Report	Pac Pat	Recommendation	Priority	Management Response / Action	Action by	Due Date	Jun-20	Audit Cor Aug-20	Dec-20	Status - Comment
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	Chief Officer	Dec. 2018	Overdue - Not	Overdue - Not Started Yet	Overdue -	IJB notified that this unlikely to be progressed in 20/21 but IJB has highlighted the importance attached to this in letters to Angus Council and NHS Tayside.
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	Proc. & Comm. Manager / Finance Manager (Angus Council)	Dec. 2018	Limited	Overdue - Limited Progress	Complete	<ul> <li>NHS Tayside.</li> <li>Finance and Procurement support an annual reconciliation of budgets and associated contra price increases is undertaken as part of the budget setting process. This work is coordinated through the Third Party Provider working group, membership of which includes senior management, finance and procurement colleagues. On an annual basis, from 21/22, a co-authored report from Finance/Procurement (called Finance (Budget) / Contracts Annual Reconciliation) will be shared with the Third Party Provider Working Group (or any relevant successor group), by September of each financial year, confirming the reconciliation.</li> </ul>
AN05/19 GP Prescribing	3	We would recommend that the GP Prescribing risk BAF is reviewed and updated to take account of the results of this report, to note additional controls in place, to review and improve assurances provided and ensure all relevant staff groups engage with the risk.	Merits Attention	The HSCP will ensure the Prescribing BAF / Risk Assessment is a regular agenda item (at least every quarter) at the Angus PMG. This will ensure wider engagement, including Finance, with the associated risk.	Initially Clinical Director; now Chair Angus PMG	Nov. 2019	Overdue - Limited Progress	Complete	Complete	Now confirmed within local PMG work plan.
AN05/20 Risk Management	1	The Risk Policy and Strategy should be updated and presented for approval to Angus IJB. We are aware that work is ongoing on a Tayside-wide basis to update the HSCI Risk Policy & Strategy Angus representation should ensure that this work is progressed at pace. The update to the Risk Policy & Strategy should include reference to the interdependencies of these systems and reflect the respective risk management responsibilities of all the partners aligned to the governance arrangements for AHSCP specifically in relation to identifying/escalating, evaluating, recording and monitoring shared risks as well as a clear flow of assurance on shared risks.	Significant	The IJB will review its Risk Policy and Strategy, update it and present it for approval to Angus IJB. This will reflect Tayside- wide work to update the HSCI Risk Policy & Strategy; and will include reference to the interdependencies across systems and respective risk management responsibilities of all partners.	Chief Officer	Dec. 2020	N/A	Good Progress	Overdue - Limited Progress	An action plan has been developed to implement all action points from AN05/20 with the action plan being considered by CCPG regularly. The progression of this has been delayed due to COVID-19 responses. However progress has been made with some aspects of the action pla and others will be progressed as soon as capacity allows.
AN05/20	2	Reports to the board should include a section covering risk to ensure the Board is aware of the impact of their decision or the effect on assurances from information reports where relevant. Where relevant, the risk section should specifically refer to the relevant strategic risk and performance reports should include an overt comment which confirms that risks controls are working as intended and risk scores are correct.	Significant	<b>J</b>	Chief Officer	Oct.2020	N/A	Good Progress	Overdue (Good Progress)	
AN05/20	3	The Board should formally agree the IJB risk appetite using an agreed methodology and this should be incorporated in to the Risk Policy and Strategy.	Significant		Chief Officer	Dec. 2020	N/A	Good Progress	Overdue - Not Started Yet	

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IJB Audit Report		. Recommendation	Priority	Management Response / Action	Action by	Due Date	Jun-20	1	Dec-20	Status - Comment
AN05/20	4	A formal ongoing training programme/record should be maintained to ensure that all relevant staff, including Board and Audit Committee members, have received risk training.		The IJB has to keep in mind the time demands on Board members and Audit Committee members, many of whom will also be participants in other forums where risk management is also a feature. Through the IJB's Improvement and Development Team, the IJB will develop and record risk training to ensure that all relevant staff have received risk	Head of Service (South)	Feb.2021	N/A	Good Progress	Overdue - Limited Progress	An action plan has been developed to implement all action points from AN05/20 with the action plan being considered by CCPG regularly. The progression of this has been delayed due to COVID-19 responses. However progress has been made with some aspects of the action plan and others will be progressed as soon as capacity allows.
AN05/20	5	Consideration should be given to ensuring that adequate administrative support is available for the risk management function to cover any future periods of absence.	Merits Attention	The IJB Chief Officer will review the scale of resource and its sustainability and consider options to revisit risk management resources.	Chief Officer	Dec. 2020	N/A	Good Progress	Overdue (Good Progress)	
AN05/20	6	The Angus HSCP Improvement plan should specifically include governance and assurance arrangements required from partners and from IJBs hosting services on behalf of the Angus	Significant	As part of the IJB's review of its Risk Management Strategy & Policy, governance and assurance arrangements required from partners and from IJBs hosting services on behalf of the Angus will be addressed.	Officer	Dec. 2020	N/A	Good Progress	Overdue - Limited Progress	
AN06/20 Data Quality	1	Action is required to ensure that in future the needs of all parties (NHST, Local Authority and IJB) are considered when key IT development decisions are being taken and any IT problems that arise due to the unique circumstances of an H&SCP can be discussed and resolved timeously. In addition, the possibility of interfaces sharing information between systems should be explored. As part of an internal audit report for Dundee IJB (D04/19 Information Technology and Governance as enablers of integration) an action was agreed that 2 out of the 4 meetings per year of the Workplace Enablement (WPE) group which has a remit in relation to this work were to include Angus and P&K representation. We would encourage active participation in this work. As part of the review of the partners' IT strategies, the IJB should consider whether investment in laptops for staff would increase efficiency and provide value for money.	Merits Attention	The Partnership will review opportunities for improvement with regard to Information Technology. This will include considering interfaces between systems and reviewing the options to work with Partners and neighbouring IJBs and	Officer	Mar-21	N/A	N/A	Not Started Yet	
				(including participation in the Workplace Enablement (WPE) Group)	Chief Officer	Mar-21	N/A	N/A	Not Started Yet	
				and reviewing opportunities for further investment in lap tops (noting there has been increased investment due to COVID- 19).	Officer	Mar-21	N/A	NA	Complete	The IJB has made a significant investment in lap tops. This investment has been supported by Angus Council with some further costs attributed to Scottish Government COVID-19 responses.
AN06/20	2	We would therefore recommend that the HSCP receives updates on the progress of both the reconciliation of finance and activity information and the implementation of the Home Care contract monitoring system as well as assurance on staffing capacity to ensure current controls will remain ongoing.	3	The Partnership will continue to progress the work to systematically reconcile finance and activity information.     The Destemption will progress the implementation of the	CFO	Mar-21 Mar-21	N/A	N/A N/A	Limited Progress	Work is ongoing on all these areas but progress still required to deliver outcomes.
				<ol> <li>The Partnership will progress the implementation of the Home Care Contract Monitoring system to support invoicing and improved data quality.</li> </ol>	Head of Service (South)	IVIAF-21	IWA	IVA	Limited Progress	
				3) In addition the Partnership recognises that some data requirements (e.g. actual activity rather than planned activity, Carers activity) are not currently well recorded in data systems and will look to develop this going forward.	Head of Service (South)	Mar-21	N/A	N/A	Limited Progress	
				<ol> <li>The Partnership will ensure clear responsibilities for data quality after recent staff turnover.</li> </ol>	Chief Officer	Dec-20	N/A	N/A	Limited Progress	Staffing review underway but not yet complete.