



## ANGUS HEALTH AND SOCIAL CARE

### INTEGRATION JOINT BOARD AUDIT COMMITTEE – 23 AUGUST 2023

#### INTERNAL AUDIT REPORTS - FOLLOW UP ACTIONS

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

#### ABSTRACT

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

#### 1. RECOMMENDATIONS

It is recommended that the IJB Audit Committee: -

- (i) Notes 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 which contain recommendations for improvements. Those "recommendations" will usually have agreed "management responses" with timelines and associated lead officers. This report provides an update regarding progress with "management responses".

Status updates are provided by Lead Officers, collated in the period prior to an IJB Audit Committee Meeting and could be out of date by the day of the IJB Audit Committee Meeting.

Progress is described using agreed status categories shown below. 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.
Not Yet Started (No Colour)	Actions not yet started.
Complete (Highlighted Blue)	Action complete.
On track (Highlighted Green)	Action is progressing and on track to be completed.
In Progress with minor issues (Highlighted Amber)	Overdue actions.
Not on track with major issues (Highlighted Red)	Overdue actions.
Superseded	Action superseded or no longer relevant. Commentary will provide clarity.

Actions that are “complete” will be reported to one IJB Audit Committee. Some actions may eventually be superseded by other circumstances, recommendations or actions. Once noted as “Superseded”, actions will not be reported at further IJB Audit Committee Meetings.

## 2.2 Updates from Respondents – Calling In

At the April Audit Committee it was agreed two actions within ANG46/22 regarding Information Governance be called in for the August 2023 Audit Committee if matters had not been satisfactorily resolved. One of these actions has now been superseded as detailed in Appendix 1. An update regarding the remaining action has been provided and can be found at Appendix 2.

## 2.3 Actions re report AN05/20 (Risk Management)

Progress with remaining action has been delayed due to staff absence. Lead Partner Services meetings have now been established to progress this action.

## 2.4 Actions re report AN06/20 (Data Quality)

Only one action (implementation of the Home Care Contract Monitoring System) now remains outstanding. It is anticipated that the remaining reports from providers’ electronic monitoring systems will be provided as part of the quarter 2 monitoring information.

## 2.5 Actions re report AN05/21 (Charging for Services)

As noted previously, only a series of headline actions are captured in this update. An action plan has now been developed and delivery of that plan is now underway.

## 2.6 Actions re 2020/21 Annual Internal Report

Only one action regarding strategic risks now remains outstanding. It has been agreed that Chair’s assurance reports will be submitted to the IJB in relation to Audit Committee and Strategic Planning Group.

## 2.7 Actions re AN46/22 2021/22 Annual Internal Report

A number of these actions have now been completed but, as with issues noted above, there are overall capacity issues that have delayed progress with the remaining actions. However, EMT considered the FTF Committee Assurance Principles at its August 2023 meeting and agreed to share these principles more widely within the IJB and to reconsider at the September 2023 EMT.

As noted at 2.2 above an update for the Information Governance Actions from the respondents was to be called in if matters had not been satisfactorily resolved.

There are plans in place to progress the remaining actions.

## 2.8 Actions re report AN06/22 (Commissioned Services)

One action is now complete (qualitatively evaluating providers regarding BCP’s during the tendering process). While a number of the remaining actions have now missed their original deadline, good progress is generally being reported. It is to be expected that a number of these items will be completed over the coming months.

## 2.9 Actions re report AN05/22 (Sustainability of Primary Care Services)

This is a joint report with NHS Tayside, Angus IJB and P&K IJB. The recommendations from this report are being monitored through the NHS Audit Follow up system, which requires updates to be taken to the NHST Audit and Risk Committee. To avoid duplication the position reported to that Committee will be brought to the Angus IJB Audit Committee. Therefore, the recommendations from this report have not been added to the follow up actions detailed in Appendix 1.

The latest update was taken to the NHST Audit and Risk Committee on Thursday 18 May 2023. Papers can be accessed [here](#) with the update given at Agenda Item number 7.7, page 5 and pages 11-15.

## 2.10 Actions re 2022/23 Annual Internal Audit Report

A number of actions have been identified in this report. Two of these actions are already complete, with the remaining actions being on track for completion.

- 2.11 Actions re report AN05/23 (Financial Management)  
The actions identified within this report are all progressing.
- 2.12 The IJB Audit Committee has previously indicated a willingness to intervene or lend support to assist / progress outstanding actions. At the moment, there are no recommended interventions asked of the IJB Audit Committee.
- 2.13 The IJB Audit Committee should be aware that updates regarding the status of outstanding issues are generally sought directly from lead officers. At times, due to annual leave and capacity constraints, it can be challenging to get updates on all issues. In those instances, occasionally updates are provided by the Chief Finance Officer (and noted with an “\*”). The IJB now collates updates of progress with outstanding actions between IJB Audit Committee Meetings.
- 2.14 The IJB continues to have a back-log of actions. Most issues that have escalated to “audit actions” are characterised by their complexity and multi-faceted nature. As noted previously, resolution requires capacity across the system to solve issues of this type and currently there isn’t capacity across all parts of the system, concurrently, to resolve a number of issues. The IJB continues to seek to address capacity issues at a number of levels.

### **3. PROPOSALS**

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

### **4. EQUALITY IMPACT ASSESSMENT**

An Equality Impact Assessment is not required.

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Appendix 1: Angus IJB Internal Audit reports – Follow Up Actions  
Appendix 2: Update on Information Governance Strategy

Angus Integration Joint Board: Internal Audit Reports - Follow-up Action

Appendix 1

							Status at Audit Committees			
IJB Audit Report	Rec. Ref.	Recommendation	Priority	Management Response / Action	Action by	Due Date	Jun-23	Aug-23	Impact of Delay	August 2023 - Status - Comment
AN07/18 Financial Management	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	Moderate (Note - This is a CFO assessment of this priority.)	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.  Note - Action will remain on this list until the 2023/24 report has been issued.	Team Leaders (Procurement / Finance)	Originally Dec. 2018; Revised to Sept. 2022.	In Progress with minor issues	In Progress with minor issues	Weakened governance	*Formal report submitted to TPP group on 25th July 2023. Some residual queries to be resolved, expect to be finalised during August.
AN05/20 Risk Management	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 HSCP.	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.	Head of Service (JG)	Originally Dec. 2020; Revised to Dec. 2022	In Progress with minor issues	In Progress with minor issues	Reduced ability to share position with other IJBs	Lead partner meetings with Heads of Service and CFOs from all three HSCPs have now been reestablished to progress.
AN06/20 Data Quality	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.	Merits Attention	2) The Partnership will progress the implementation of the Home Care Contract Monitoring system to support invoicing and improved data quality.	Senior Planning Officer (Strategic Relations)	Originally Mar. 2021; Revised to August 2022	In Progress with minor issues	In Progress with minor issues	Weakened information governance	First quarters contract monitoring information has been provided. 3 of the 7 Option 3 providers are able to provide data from their electronic monitoring systems. The remaining 4 Option 3 providers are in the process of implementing the system and information should be available by the end of next quarter (i.e. September). Due to the volume of data available on the reports the information will be provided on a 4-weekly basis.
AN05/21 Charging For Services	2	This Internal Audit report was of a consultancy nature and did not generate specific set of actions but set out key findings and areas for improvement. This has been translated in to 3 summarised and stepped management actions.	All steps treated as Significant	Development of a resourced improvement plan with agreed timelines and leadership and support from Angus IJB and Angus Council.	Chief Finance Officer/ Angus Council Director of Finance	Originally Dec 2021; Revised to June 2022; Revised to June 2023.	In Progress with minor issues	In Progress with minor issues	Weakened governance	The working group has taken stock of progress to date and agreed to make changes in approach, primarily to implement those changes which can be made now as a matter of priority whilst other more challenging work runs in parallel. An action plan has now been developed and delivery to that action plan is underway. Training programme to all staff undertaken during June. More detailed update on the action plan and its progress is available if required.
AN05/21	3			Progression of the agreed Improvement Plan		Originally March 2022; Revised to Dec. 2022; Revised to October 2023.	In Progress with minor issues	In Progress with minor issues	Weakened governance	As above - action plan now being implemented and good progress being made.

**Angus Integration Joint Board: Internal Audit Reports - Follow-up Action**

**Appendix 1 (cont)**

							Status at Audit Committees			
IJB Audit Report	Rec. Ref.	Recommendation	Priority	Management Response / Action	Action by	Due Date	Jun-23	Aug-23	Impact of Delay	August 2023 - Status - Comment
AN03/21 Annual Internal Audit Report 2020/21	3	The IJB is developing an annual work plan. Whilst a number of reports are included on a cyclical basis, we would recommend that, to further develop good governance arrangements, an IJB assurance plan could be implemented to ensure assurance on all risks is provided to the IJB, including necessary assurances from partner organisation. The FTF internal audit assurance principles are appended to this report and should be used to inform development of any assurance work plan. As part of the development of the work plan for the IJB, the IJB should consider how it will receive assurance on each of these risks. Some may require to be provided by the partners, to ensure the IJB receives assurance that its strategies and statutory responsibilities are supported by the enabling strategies and governance arrangements of its partners and these are appropriately prioritised, resourced and monitored.	Moderate	The IJB will request the IJB's Executive Management Team to consider this recommendation and report back to a future Audit Committee (target December 2021 as part of the mid-year Risk Management update). This update will set out plans to ensure the IJB receives feedback regarding its strategic risks from appropriate sub-committees or other forums.	Chief Officer and AMD	Originally Dec 2021; revised to Dec 2022.	Not on track with major issues	In Progress with minor issues	Weakened Governance	Assurance reports to be submitted to every IJB in relation to Audit Committee and Strategic Planning Group which covers the principles which include assurance on the risks.
AN46/22 Annual Internal Audit Report 2021/22	2	As part of the continued development of the IJBs risk management arrangements especially in relation to comprehensive assurance processes over its strategic risks, including controls and actions operated and implemented by partner bodies, we would recommend consideration of relevant aspects of the FTF Committee Assurance principles.	Moderate	The IJB's Executive Management Team will consider the FTF Committee Assurance Principles at an upcoming meeting.	Chief Officer	Oct-22	Not on track with major issues	In Progress with minor issues	Weakened Governance	Report compiled for consideration at IJB's EMT meeting in August 2023.
ANG46/22	4a	Following the assessment of compliance against the Civil Contingencies Act, we recommend the IJB formulate a work plan in order to clearly articulate their role and responsibilities, what they are required to do, with priorities, targets and a mechanism for reporting and escalation.	Moderate	The IJB plans to respond to the requirements of the CCA through 2 work streams.  The first work stream regarding Business Continuity Planning is described in an integrated business continuity planning framework that has been developed and is being rolled out across all IJB service areas by December 2022.	HoS (JG)	Mar-23	In Progress with minor issues	In Progress with minor issues	N/A	Establishing Angus RPG to oversee work associated with both BCP and Emergency Planning. Sub groups to be established one of which will be BCP. Agreement also reached that parent organisation template will continue to be used for BCPs. Completion anticipated March 2024.
	4b			The second work stream, focusing on the development and delivery of an integrated emergency planning and response framework, will be completed by March 2023 through the new Angus HSCP Civil Contingencies Steering Group.	HoS (JG)	Mar-23	In Progress with minor issues	In Progress with minor issues	N/A	As above one sub group will be around emergency planning. Working with partner agencies to ensure relevant assurances are given from parent organisations and development of an Angus IJB emergency plan is being progressed. Completion anticipated March 2024.

Angus Integration Joint Board: Internal Audit Reports - Follow-up Action

Appendix 1 (cont)

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ANG46/22	6a	The information Governance Strategy 2019/22 will now require to be reviewed, taking into account any impact of Covid19.	Moderate	Most of the elements of the strategy have been achieved at no cost to the IJB. One outstanding area remains the issue of interoperability of client data systems across health and social care which has been highlighted in a recent significant case review.  The possible resource implications are currently being considered and will be the subject of a forthcoming report to the IJB (target December 2022).	AMD	Mar-23	In Progress with minor issues	Superseded	N/A	Both NHS Tayside and Angus Council have now published Digital Strategies which reflect interoperability across the systems which health and social care staff use. Therefore this action will be progressed through these strategies and updates provided to the AHSCP Digital Partnership Meeting where colleagues from NHS Tayside Digital Directorate and Angus Council IT provide regular updates. It is recommended that this action is treated as being superseded by Partner's Digital Strategies.
	6b			The IJB intends to review progress with the Strategy during 2022/23 with an expectation that the majority of the actions will be complete thereby addressing the original risks identified. This review is scheduled to be completed by March 2023.	AMD	Mar-23	In Progress with minor issues	In Progress with minor issues	N/A	The review was complete in July 2023 and the majority of actions have been completed. A few of the actions from the 2019-22 implementation plan have been carried forward into a new plan which will be presented to the IJB later in 2023 including an update around our governance arrangements. See Appendix 2 - Update on Information Governance Strategy for more details.
AN06/22 Commissioned Services	1a	It is recommended that the Business Continuity Plan (BCP) for each provider is in place and is fit for purpose at the review of tender stage before the contract is awarded.	Significant	The IJB (Commissioning Service) will work with Procurement to ensure that during tendering process, providers are qualitatively evaluated by the Commissioning Service regarding BCPs.	HoS and Proc & Comm Manager	Oct-22	In Progress with minor issues	Complete	Weakened Commissioning	Procurement are leading on this work, recent updates advise that this is now included within the tendering process.
	1b	The currency and quality of all provider BCPs should be reviewed as part of ongoing contract monitoring. This should be included as part of the agenda of contract monitoring meetings.  Provider BCPs should be specifically identified as a key control in the Commissioned Service provider Failure risk.		As part of contract monitoring, Commissioning Services will work with Procurement to cyclically (annually) review all Provider's BCPs (Commissioning Service) to ensure those BCPs remain appropriate and to record that review (Procurement).	HoS and Proc & Comm Manager	Mar-23	In Progress with minor issues	In Progress with minor issues	N/A	Procurement have advised that this is being progressed.
AN06/22	2	It is recommended that AHSCP produce BCP that covers Commissioned Services and that this is reviewed and updated regularly.	Significant	The IJB recognise the need for BCPs for Commissioned Services. The IJB will develop BCPs for a range of generic instances including failure of Home Care providers, Care Home providers and other independent and voluntary sector providers and reflecting various scales of failure.	HoS	Mar-23	In Progress with minor issues	In Progress with minor issues	N/A	The BCP template is changing back to the Angus Council template. There is some information within the first draft of the BCP templates which is not suitable for a Bronze operational BCP and should instead be moved to a Silver strategic level BCP. New draft Bronze BCPs will be shared with some members of the group by the end of July for comment.

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AN06/22	3	<p>To provide assurance on the effectiveness of the actions taken to support recruitment, relevant KPIs derived from workforce performance and other data should be monitored regularly in order to provide assurance on controls.</p> <p>This principle should be extended so that the performance of the controls can be measured against agreed parameters which indicate the sustainability of a provider early risk warnings.</p> <p>Data available should be monitored and reported regularly to provide clear information on how controls are performing.</p>	Significant	<p>The IJB will develop KPIs from available workforce information to demonstrate commissioned service recruitment status as an indicator of sustainability.</p> <p>The IJB will develop KPIs, with parameters, within an overall monitoring framework describing the sustainability of providers. This will be undertaken for Care Home providers initially and reflect factors such as workforce, occupancy and care indicators. The monitoring framework will be overseen by a nominated group (TBC).</p>	HoS	Mar-23	In Progress with minor issues	In Progress with minor issues	N/A	The Care Home and Care at Home dashboards are now live but there are a number of missing data points which still need to be populated. Once the data is complete then a RAG status level can be assigned to provider workforce data to flag any potential risk areas.
AN06/22	4	<p>There are a large number of fora and working groups involved in commissioned service providers. The purpose of each group and the role each group plays in controlling the overall strategic risk should be clearly identified and recorded to ensure that there is no omission or unnecessary duplication.</p> <p>The overall contribution of these groups should be recorded as controls as part of the next update to the risk.</p>	Moderate	<p>The IJB will review the role of all groups linked to Commissioned Services and document the outcomes.</p> <p>Relevant contributions of groups to Risk Management will be documented in the controls section of a future Clinical, Care &amp; Professional Governance Group (CCPG) risk update.</p>	HoS	Mar-23	In Progress with minor issues	In Progress with minor issues	N/A	Several groups Terms of Reference have now been reviewed and updated where necessary. There are still a number of groups to be reviewed. This work is currently in progress.
Annual Internal Audit Report 2022/23	1a / b	<p>The creation of a new strategic risk on implementation of the new SCP is recommended.</p> <p>As part of the exercise it is recommended that consideration is given to the impact of future implementation of a National Care Service on the ability of the IJB to deliver its strategic objectives.</p> <p>It is recommended that consideration should be given to how IJB members could be involved in the development and agreement of the organisation's risk profile.</p>	Significant	<p>At the time of archiving the previous risk around the strategic plan, it was agreed that following approval of the new Strategic Plan that it would be discussed and considered again. The IJB's CCPG will therefore consider the creation of a new strategic risk regarding the implementation of the new SCP at an upcoming meeting.</p>	HoS (JG), Clinical Director, CCPG Co-ordinator	Oct-23	n/a	On track	Weakened Governance	The new AHSCP Strategic Commissioning Plan provides an opportunity for reflection on whether the current strategic risk register reflects all issues with the potential to stop the organisation achieving its strategic objectives. Consideration will be given to creating a new strategic risk on implementation of the new Strategic Commissioning Plan to provide an anchor for articulating how the governance and operational structures will work together and provide control and assurance.
	1c			<p>The IJB members will be invited to attend 2 Strategic Risk Review sessions per year along with risk owners and managers to discuss the strategic risks and be involved in the development and agreement of the risk profile.</p>	HoS (JG), Clinical Director, CCPG Co-ordinator	Dec 2023 and June 2024	n/a	On track	Weakened Governance	Will be arranged in line with timescales.

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Annual Internal Audit Report 2022/23	2	When developing the local measures, targets to be set should be realistic and achievable, reflecting the current environment and where possible reporting should be against a meaningful comparison e.g. national average. It is recommended that management consider a number of enhancements to the reporting format.  Performance reporting at operational and governance level should overtly demonstrate implementation of the new SCP Delivery plan. It is recommended that management consider a number of enhancements to the performance reporting format.	Moderate	The Strategic Delivery Group and Performance Steering Group will develop a new reporting template, including reflecting audit recommendations, to:- 1. Monitor progress against the strategic delivery plan with named leads and timescales; 2. Describe improvement actions required and any associated risks; and 3. Detail relevant indicators and outcome of associated actions. This reporting template will be approved by SPG.	HoS and Integrations Service Manager	Oct-23	n/a	On track	Weakened Planning	A draft reporting template will be presented to the SPG on 16 August for approval. This will enable effective monitoring of the actions being undertaken to deliver the SDP, risks and status of EQIAs/Equalities considerations forms, where appropriate. It will also incorporate links to relevant performance indicators. The first meeting of the Strategic Delivery Group will be arranged for August 2023 and a TOR will be agreed.
Annual Internal Audit Report 2022/23	3	It is recommended that a general principle, Chairs' assurance reports should cover a number of topics. Details of these can be found in the 2022/23 Annual Internal Audit Report.	Moderate	The IJB is committed to introducing Chair's Assurance Reports for SPG, Audit Committee and CCPG. These Audit recommendations will be factored into developing reporting templates.  Assurance reports, reflecting audit recommendations to be introduced.	Chief Finance Officer / HoS (JG)	Aug-23	n/a	Complete	Weakened Governance	Assurance reports to be submitted to every IJB in relation to Audit Committee and Strategic Planning Group which covers the principles. (Described as complete on presumption of reports going to IJB meeting on 23 Aug 2023).
Annual Internal Audit Report 2022/23	4a	It is recommended that the reporting processes and formats to be established for the SDG and SPG should have a clear focus on the success of transformational projects (planned interventions) .	Significant	As per Action Point 2, progress will be monitored via Strategic Delivery Group and Strategic Planning Group and will be included in Chair's Assurance Report to the IJB as well as the strategic planning update as per the IJB workplan.	HoS (JG)	Oct-23	n/a	On track	Weakened Governance	Template being developed to be shared with SPG for comment. Strategic Delivery Group being established which will provide a forum for monitoring progress against plan. The performance steering group are reviewing outcomes and targets which will go to IJB for comment and approval. This information on progress will be included in chair assurance reports.
	4b	Financial monitoring reports should also clearly link 'Planned Interventions' to the SDP and clearly show progress with savings (identified and actually achieved against a planned trajectory) arising from these actions.		Finance reports routinely show progress with delivery of "Planned Intervention". The IJB will continue to do this in 2023/24 with first reporting starting from August 2023.	Chief Finance Officer	Aug-23	n/a	Complete	Weakened Financial Planning	2022/23 Finance Reports continue to show progress with Planned Interventions. Where this links to content to the Strategic Delivery Plan this will be visible.
Annual Internal Audit Report 2022/23	5	The Terms of Reference for the Performance Steering Group (PSG) now require to be updated to reflect the dual role the group will play in supporting the implementation of the new SCP as well as other performance related issues as required by the Executive Management Team (EMT).	Merits Attention	The Terms of Reference for the PSG will be updated to reflect dual role.	HoS (JG)	Aug-23	n/a	On track	Weakened Governance	Work in progress.



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Annual Internal Audit Report 2022/23	6a	To help with the implementation of the Risk Appetite, it is recommend that the IJB sets out clearly how: <ul style="list-style-type: none"> <li>risk appetite is taken into consideration as part of decision making;</li> <li>risk appetite affects monitoring and escalation processes for individual risks and</li> </ul>	Merits Attention	IJB members will be invited to attend 2 Strategic Risk Review sessions per year along with risk owners and managers to discuss the strategic risks and be involved in the development and agreement of the risk profile.	HoS (JG) / Clinical Director / CCPG Co-ordinator	Dec 2023 and Jun 2024	n/a	On track	Weakened Risk Management	To be arranged as per timescales.
	6b	risk appetite is reflected in target risk scores and how the IJB will understand whether target is actually being achieved.		Guidance on the application of the Angus IJB risk appetite is being drafted and will be shared with the IJB's Audit Committee.  The guidance will encompass issues such as the current score of the strategic risks being compared to the expressed appetite for the assigned category of risk; when the current score exceeds the risk appetite, additional mitigating actions, will be identified; and increased reporting of a risk being required until the risk is mitigated to within/below the risk appetite.	HoS (JG) / Clinical Director / CCPG Co-ordinator	Sep-23	n/a	On track	Weakened Risk Management	Progressing. Discussions ongoing regarding a regional approach.
Annual Internal Audit Report 2022/23	7	It is recommend that whenever the results of an external review are received, consideration should include an assessment of whether internal systems should have identified any issues and whether there are any wider assurance implications for other areas covered by the same quality systems.  As a development, the Learning from Inspections' procedure should include: <ul style="list-style-type: none"> <li>Reference to the need for triangulating significant findings from external inspections with the results of internal control systems, especially where internal systems did not identify the same issues.</li> <li>CCPG assurance reporting to the IJB should include reporting on the outcome of any external reviews and inspections, providing assurance on progress against improvement actions as well as closing the loop.</li> </ul>	Merits Attention	Significant findings from external inspections will be triangulated with Quality Assurance Reports and the REFLECT Framework to ensure that local internal control systems are robust (e.g. The IJB will review the output of the Angus Council Adults With Incapacity Audit in this context).  CCPG will submit a Chair's assurance report to IJB every second meeting, this will include the outcome of any external reviews and inspections and provide assurance on progress against improvement actions.	Clinical Director / CCPG Co-ordinator	Oct-23	n/a	On track	Weakened Governance	In progress and will be included as part of the chairs assurance reports going to the IJB.
Financial Management (AN05/23)	1	Financial monitoring reports currently only show the current projection against assumed savings as a 3 year total. It is recommend enhancement of this section to clearly distinguish between identified and achieved savings against a planned trajectory.	Moderate	Future Finance Reports to show planned, projected and achieved savings.	Chief Finance Officer	Aug-23	n/a	In Progress with minor issues	Weakened Financial Management	At August this remains work in progress.
AN05/23	2	It is recommended that IJB members are formally asked their views on the current Finance Report template and any enhancements they may like to see.	Merits Attention	Through a future Finance Report, the IJB will seek the views of IJB members regarding the format and possible enhancements to finance reporting. It will be noted that separately, there has been previous requests for brevity in terms of IJB reports.	Chief Finance Officer	Aug-23	n/a	In Progress with minor issues	Weakened Financial Management	During July 2023, IJB members have been asked for feedback on the content of IJB Finance reports. At the point of writing this report, feedback continues to be received.
AN05/23	3	Whilst one of the controls noted against the Finance risk is to Maintain progress towards delivery of actions within Strategic Financial Plan, there is no overt link to savings / planned intervention and transformation work. It is recommended that the risk is reviewed and controls are updated to include any processes designed to ensure long term sustainability.	Moderate	Reflecting the new Strategic Commissioning Plan and associated Strategic Delivery Plan, the IJB will introduce a new "control" in risk reports reflecting the "progression of actions within the SDP intended to ensure the IJB can close out projected financial shortfall.	Chief Finance Officer	Oct-23	n/a	In Progress with minor issues	Weakened Financial and Strategic Management	At August this remains work in progress.

### Update on Information Governance Strategy

**Situation** – The IJB Audit Committee on 22 June 2022 received a report from the IJB’s internal auditors on annual assurance for 2021/22. The report had findings and recommendations around governance including an action around the IJB’s Information Governance Strategy needing reviewed. The action was to be completed by March 2023 but is now overdue.

**Background** – In June 2019, the IJB approved the Information Governance Strategy 2019/22 and Supporting Policies (information security, data protection and access to information).

The IJB is accountable for the governance of all information assets created or processed in the carrying out of its various functions. Where those functions are carried on its behalf by NHS Tayside or Angus Council under the direction of the IJB, the IJB needs to be assured that its information assets are subject to appropriate governance and management arrangements. While NHS Tayside and Angus Council have their own policy framework for information governance, the IJB needs to ensure that there are common standards of governance in place in respect of all its information assets across all organisations involved in their creation and processing.

As the primary purpose of the IJB is the integration of health and social care it is essential that the information which underpins its functions is also integrated and readily accessible to staff delivering health and social care services irrespective of which organisation they are employed by. It is equally important that the work of the IJB is as transparent as possible to the public it serves, and that there is an agreed policy on public access to information across all IJB services irrespective of who delivers them.

Together with staff guidance and operational procedures, the strategy and supporting policies ensures that the IJB maintains the highest standards of information governance.

**Assessment/Outcome** – The review of the Strategy has been completed in July 2023. The majority of actions in the 2019-22 action plan have been completed, with a few being carried forward into a new action plan which we are currently progressing. As part of the production of a new action plan we are also reviewing our governance and support arrangements which will inform how we take Information Governance forward in terms of duties, responsibilities, and resources. This will be pulled together into an Information Governance Framework rather than a strategy and presented to the IJB later in 2023.