



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD AUDIT COMMITTEE – 13 DECEMBER 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updates are provided by Lead Officers, collated in the period prior to an IJB Audit Committee Meeting and could be out of date by the day of the IJB Audit Committee Meeting.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Superseded	Action superseded or no longer relevant.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 Some actions may eventually be superseded by other circumstances, recommendations or actions. Once noted as “Superseded”, actions will not be reported at further IJB Audit Committee Meetings.

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, the updates from the previous Audit Committee are included in Appendix 1 for completeness. The IJB now collates updates of progress with outstanding actions between IJB Audit Committee Meetings.

2.3 Actions re report AN05/20 (Risk Management)

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. At the time of report submission, no update had been provided for this action.

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 remains outstanding. This is progressing well with it being agreed that Chair’s assurance reports will be submitted to the IJB in relation to Audit Committee, Strategic Planning Group and the Clinical Care and Professional Governance Committee.

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 but these are now progressing. No new updates were provided for two of the actions, as noted on Appendix 1.

2.8 Actions re report AN06/22 (Commissioned Services)

A number of the remaining actions have now missed their original deadline but 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 14th September 2023. Papers can be accessed [here](#) with the update given at Agenda Item number 7.8, page 4 and pages 11-13.

Angus IJB also provides a regular update to NHS Tayside Care Governance Committee regarding Primary Care risks. The latest updates are available in section 7.2, accessible [here](#).

2.10 Actions re AN03/24 2022/23 Annual Internal Audit Report

A number of actions have been identified in this report. A further actions has been completed, with the remaining actions either progressing or on track for completion. No new update was provided for two of these actions, as noted on Appendix 1.

2.11 Actions re report AN05/23 (Financial Management)

A number of actions were identified in this report. Two of these actions are already complete, with the remaining action 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 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

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

Appendix 1

							Status at Audit Committee			
IJB Audit Report	Rec. Ref.	Recommendation	Priority	Management Response / Action	Action by	Due Date	Aug-23	Dec-23	Impact of Delay	December 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 <small>(Note - This is a CFO assessment of this priority.)</small>	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.	Team Leaders (Procurement / Finance)	Originally Dec. 2018; Revised to Sept. 2022.	In Progress with minor issues	Complete	Weakened governance	Final report submitted to Third Party Provider group on 21 November 2023 - report agreed and action now complete. Future years updates part of TPP workplan.
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	No update provided.
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	On track	Weakened governance	A detailed improvement plan is in place. 26 total actions have been identified covering all aspects of the charging for service process.
AN05/21	3	Progression of the agreed Improvement Plan		Originally March 2022; Revised to Dec.2022; Revised to October 2023.						

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

Appendix 1 (cont)

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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.	In Progress with minor issues	In Progress with minor issues	Weakened Governance	Assurance reports now submitted to every IJB in relation to Audit Committee, Strategic Planning Group and the Clinical Care and Professional Governance Committee. This reflects groups overseeing Risk Management. Action to be deemed to be complete after December IJB.
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	In Progress with minor issues	In Progress with minor issues	Weakened Governance	Discussed at August EMT. Clinical Care & Professional Governance Co-ordinator currently reviewing risk reporting in context of broader CCPG reporting.
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	Continue to establish Angus Resilience Planning Group (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. IJB Development Session in November 2024. 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 HSOP Civil Contingencies Steering Group.	HoS (JG)	Mar-23				
ANG46/22	6b	The information Governance Strategy 2019/22 will now require to be reviewed, taking account any impact of Covid19.	Moderate	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 majority of the actions in the previous Information Governance Strategy have now been completed. A new Information Governance Model is currently being developed across the partnership to be implemented in 2024.

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

Appendix 1 (cont)

IJB Audit Report	Rec. Ref.	Recommendation	Priority	Management Response / Action	Action by	Due Date	Status at Audit Committee			December 2023 - Status - Comment
							Aug-23	Dec-23	Impact of Delay	
AN06/22 Commissioned Services	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.	Significant	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 requested copies of BCPs from all Commissioned Service providers. These will then be reviewed against the draft Care Home and Care at Home BCPs to ensure that they are consistent and complimentary of each other. The date for review of Care Home BCPs is 24th Nov. Following the initial review exercise, there will be ongoing annual review of BCPs through the contract monitoring process.
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	Both the Care Home and Care at Home draft BCPs have been updated. These will then be reviewed against the draft Care Home and Care at Home BCPs to ensure that they are consistent and complimentary of each other. The date for review of Care Home BCPs is 24 Nov.
AN06/22	3	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. 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. Data available should be monitored and reported regularly to provide clear information on how controls are performing.	Significant	The IJB will develop KPIs from available workforce information to demonstrate commissioned service recruitment status as an indicator of sustainability. 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).	HoS	Mar-23	In Progress with minor issues	In Progress with minor issues	N/A	There are still some areas of missing data that needs to be populated and a number of potential improvements have been identified which will be picked up by the Senior Planning Officer for Care at Home and the Lead Officer for Care Homes once they are in post. The Performance Teams within I&D continue to support this work.
AN06/22	4	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. The overall contribution of these groups should be recorded as controls as part of the next update to the risk.	Moderate	The IJB will review the role of all groups linked to Commissioned Services and document the outcomes. Relevant contributions of groups to Risk Management will be documented in the controls section of a future Clinical, Care & Professional Governance Group (CCPG) risk update.	HoS	Mar-23	In Progress with minor issues	In Progress with minor issues	N/A	A list of working groups has been drafted and work is ongoing to review the Terms of Reference for these groups to ensure that their role in relation to commissioned services is clear and well documents with adequate controls in place for any group with financial responsibilities. The guidance for the Locality Improvement Groups has been updated and finalised, the aim of this change was to strengthen the financial governance around LIG funding bids. Work is in progress to review other working groups.

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AN03/24 Annual Internal Audit Report 2022/23	1a / b	The creation of a new strategic risk on implementation of the new SCP is recommended. 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.	Significant	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.	HoS (JG), Clinical Director, CCPG Co-ordinator	Oct-23	On track	On track	Weakened Governance	Ongoing work to further develop ideas to support the SCP and ensure it is achievable within the financial envelope. Agreement at recent Strategic Delivery Group to use Pentana to report on progress including the financial outcomes. KPIS will also be aligned to actions to demonstrate the impact of changes.
	1c	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.		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.	HoS (JG), Clinical Director, CCPG Co-ordinator	Dec 2023 and June 2024	On track	On track	Weakened Governance	Further session to be carried out early 2024 due to number of Development Sessions that have taken place.
AN03/24	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	On track	On track	Weakened Planning	Performance Steering Group met on 13/11/23 review updated Business Critical Report. Members to identify and agree KPIs to accompany national indicators, to assure IJB of progress to deliver SDP. Strategic Delivery Group to reconvene on 16/11/23 to agree TOR and process for monitor improvement actions.
AN03/24	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	On track	In Progress with minor issues	Weakened Governance	No new update provided - At August 2023 - 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.
AN03/24	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	On track	Complete	Weakened Governance	Complete

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AN03/24	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"> • risk appetite is taken into consideration as part of decision making; • risk appetite affects monitoring and escalation processes for individual risks and • risk appetite is reflected in target risk scores and how the IJB will understand whether target is actually being achieved. 	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	On track	In Progress with minor issues	Weakened Risk Management	Development session now planned for early 2024.
	6b			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	On track	In Progress with minor issues	Weakened Risk Management	While this work continues to progress an increased focus will be to reflect the distinction between risk appetite and risk tolerance and this will be developed in conjunction with NHS Tayside and neighbouring IJBs.
AN03/24	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"> • 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. • 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. 	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	On track	In Progress with minor issues	Weakened Governance	No new update provided. At August 2023 - 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	In Progress with minor issues	Complete	Weakened Financial Management	Actioned from October 2023 IJB reporting.
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	In Progress with minor issues	Complete	Weakened Financial Management	Review complete and output shared at October 2023 IJB meeting.
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	In Progress with minor issues	In Progress with minor issues	Weakened Financial and Strategic Management	Currently limited content within SDP to support progressing this action.

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IJB Audit Report	Rec. Ref.	Recommendation	Priority	Management Response / Action	Action by	Due Date	Aug-23	Dec-23	Impact of Delay	December 2023 - Status - Comment
Workforce Plan (AN04/23)	1	To support the monitoring of the Workforce Action plan, the development of KPIs and the use of data is recommended. This would provide data to monitor how effectively controls against the workforce risk are performing.	Significant	A core dataset for wider workforce planning purposes is now in place and has been used to inform the AHSCP Workforce Plan Annual Update 2023. This will be further developed to include KPIs and further qualitative as well as quotative data.	HoS (EMcL)	Mar-24	n/a	In Progress with minor issues		Care Homes/Care at Home dashboard is operational and monitoring staffing levels across providers to identify risk areas in relation to provider failure. The development of a Tayside minimum dataset has encountered a significant block as NHS Tayside are unwilling to host the dashboard due to information governance issues. The issue has been escalated locally and assistance has been requested from NES to try and resolve this issue. Next steps are to develop an internal Angus wide workforce data dashboard that will combine both of the above elements, plus identify additional local data required, following which KPI's will be developed.