



ANGUS INTEGRATION JOINT BOARD AUDIT COMMITTEE

26 JUNE 2024

INTERNAL AUDIT REPORTS - FOLLOW UP ACTIONS AND GOVERNANCE ACTIONS PLAN

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 and the Governance Actions Plan.

1. RECOMMENDATION

It is recommended that the IJB Audit Committee:-

- (i) Notes the report and the progress made to date in terms of delivering the planned responses.

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."

2.2 Since the inception of the IJB, the IJB has sought to address a series of governance issues. These are flagged up through a variety of sources including Annual Internal Audit Reports, Annual External Audit Reports, the IJB's own Governance Statement and a previous 2018/19 Ministerial Strategic Groups' (MSG) Review of Integration report. At times issues can overlap or evolve over time. As described in the IJB's Annual Governance Statement for 2022/23 and 2023/24, it is acknowledged that a number of unresolved issues have been outstanding for some time.

The IJB's Governance Actions Plan is also shared at the IJB Audit Committee so progress with these issues can be monitored. A summary of governance issues is also documented in regular finance reports to the IJB.

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are provided by Lead Officers, collated in the period prior to an IJB Audit Committee Meeting, and can sometimes be out of date by the day of the IJB Audit Committee Meeting.

3. CURRENT POSITION

3.1 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 (To Be Confirmed; no colour)	e.g. Where no information is available.
Not Yet Started (No Colour)	Actions not yet started.
Complete (Blue)	Action complete.
On track (Green)	Action is progressing and on track to be completed.

In Progress with minor issues (Amber)	Overdue actions.
Not on track with major issues (Red)	Overdue actions.
Superseded (Blue)	Superseded / No longer relevant. See commentary.

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.

For information, and to improve clarity, it is intended to test the changing of two of the above status categories from August 2024. As follows:-

Current Status Category	Proposed Status Category
In Progress with minor issues (Amber)	Overdue with minor issues (Amber)
Not on track with major issues (Red)	Overdue with major issues (Red)

This intended change is to allow Committee members to more readily distinguish the status of overdue items between those with minor and major issues.

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 where there are 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 and 2 for completeness. The IJB now collates updates of progress with outstanding actions between IJB Audit Committee Meetings.

INTERNAL AUDIT FOLLOW UP ACTIONS

Key highlights include:-

3.2 Actions re report AN05/20 (Risk Management)

This action continues towards completion and final confirmation of this will be made available at the August 2024 Audit Committee (previously June 2024). An update will also be shared with Internal Audit and the Audit Committee in due course.

3.3 Actions re report AN06/20 (Data Quality)

Only one action (implementation of the Home Care Contract Monitoring System) now remains outstanding and this is progressing. Completion expected September 2024.

3.4 Actions re AN03/21 2020/21 Annual Internal Report

Only one action regarding strategic risks remains outstanding.

3.5 Actions re report AN06/22 (Commissioned Services)

As previously envisaged, a number of the remaining actions have now reached conclusion and good progress is being maintained with the final action point.

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

This was a joint report with NHS Tayside, Angus IJB and P&K IJB. The recommendations from this report were monitored through the NHS Audit Follow up system, which requires updates to be taken to the NHST Audit and Risk Committee.

Reports to the May 2024 NHS Tayside Audit and Risk Committee ([here](#) , page 17 of 444) noted that the actions associated with this risk had all now been completed. It was also acknowledged that the original recommendations were complex and that context of the original recommendations had evolved in terms of how the actions were addressed.

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

A number of actions have been identified in this report. A further action has been completed, with the remaining actions either progressing or on track for completion.

3.8 The IJB Audit Committee has previously indicated a willingness to intervene or lend support to assist / progress outstanding actions. Currently, there are no recommended interventions asked of the IJB Audit Committee, although it is noted above that an update is still required regarding AN5/20.

3.9 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. The IJB continues to seek to address capacity issues at a number of levels and progress continues to be made with resolving Internal Audit recommendations.

GOVERNANCE ACTIONS PLAN

3.10 Re item 1, this action is nearing completion and an update will also be shared with Internal Audit and the Audit Committee in due course, and planned for the next Audit Committee.

3.11 Items 2 and 3 remain outstanding. Although these continue to be under discussion, they still require development to improve the IJB's overall governance arrangements. As has been noted before, issues regarding Large Hospital Set Aside pre-date COVID-19, are particularly complex and cannot be solved by the IJB in isolation. Issues regarding Mental Health have been separately reported to the IJB.

While this means governance improvement has not progressed as anticipated, the IJB continues to do all it can to ensure that existing governance frameworks have been sustained.

3.12 The IJB Audit Committee has previously indicated a willingness to intervene or lend support to assist / progress outstanding actions. Currently, there are no recommended interventions asked of the IJB Audit Committee.

4. PROPOSALS

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

5. 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: Angus IJB Governance Actions Plan

Angus Integration Joint Board: Internal Audit Reports - Follow-up Action										Appendix 1
IJB Audit Report	Rec. Ref.	Recommendation	Priority	Management Response / Action	Action by	Due Date	Apr-24	Jun-24	Impact of Delay	June 2024 - Status - Comment
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.	CCPG Co-ordinator / Partnership Finance Manager (JFM)	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	New improved financial governance and assurance arrangements approved at Tayside Lead Partner Group (26/04/24). Work regarding overall risk and governance issues still progressing.
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	Issue still being progressed via Third Party Providers meeting. A number of options are under consideration with a timescale of conclusion of September 2024.
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	Detailed improvement plan remains in place and is being worked to. Latest progress update reported to Angus Charging Group on 20 May. Internal Audit follow up work has provided a substantial assurance assessment on the Plan and its delivery.
AN05/21	3	Progression of the agreed Improvement Plan		Originally March 2022; Revised to Dec.2022; Revised to October 2022		In Progress with minor issues	In Progress with minor issues	Weakened governance	Small number of remaining actions now remaining to be completed. All expected to be completed shortly. One action due for completion in September 2024. Eclipse aspects will take longer	

Angus Integration Joint Board: Internal Audit Reports - Follow-up Action							Appendix 1 (continued)			
JJB Audit Report	Rec. Ref.	Recommendation	Priority	Management Response / Action	Action by	Due Date	Apr-24	Jun-24	Impact of Delay	June 2024 - 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.	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	Originally Dec 2021; revised to Dec 2022.	In Progress with minor issues	In Progress with minor issues	Weakened Governance	CCPG Assurance Report will be presented every 4 months to the IJB. Mapping exercise in progress to ensure workplan plan is reflective of wider remit of IJB and appropriate assurance is being sought. This issue may be clarified further as part of emerging discussion with NHS Tayside.
AN46/22 Annual Internal Audit Report 2021/22	4b	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 this requirements of the CCA through 2 work streams. The second work stream, focusing on the development and delivery of an integrated emergency planning and response framework, will be completed by March 2023	CCPG Co-ordinator	Originally Mar 2023; revised to Aug 2024	In Progress with minor issues	On track	N/A	AHSCP Resilience Framework drafted - shared with Resilience Planning Group for comment - will be shared with IJB for endorsement 28 August 2024
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	Weakened governance	The majority of the actions in the previous Information Governance Strategy have now been completed. A new Information Governance Model was agreed in 12 Dec 2023. Formal negotiations have taken place with Angus Council and NHS. The arrangements with NHS have been confirmed. A paper proposing the future arrangements with Angus Council is currently being drafted for EMT consideration.
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	Complete	N/A	All provided BCPs have been reviewed and feedback has been provided. Examples of good practice have been shared with any providers who have requested assistance with their BCPs and the ongoing annual review of BCPs is now built in to contract monitoring processes within Procurement. This recommendation is now complete.

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

Appendix 1 (continued)

IJB Audit Report	Rec. Ref.	Recommendation	Priority	Management Response / Action	Action by	Due Date	Apr-24	Jun-24	Impact of Delay	June 2024 - Status - Comment
AN06/22	2	It is recommended that AHSCP produce Business Continuity Plan (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	Complete	N/A	The Commissioned Care Home and Care at Home BCPs have been approved by Service Leader and are now uploaded to the BCP SharePoint site for staff to access. This recommendation is now complete.
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>	HoS	Mar-23	In Progress with minor issues	Superseded	N/A	Regarding workforce information, after review it has been confirmed the HSCP does not receive regular workforce / recruitment information from providers. Information is provided annually around workforce for Care at Home. Contact Monitoring Meetings are to be introduced taking place with all Care Homes over the next year and we will look to develop workforce information from this source in due course. Separately, information may become available through monitoring arrangements associated with new Health and Care (Staffing) legislation. As this action (referring to "available workforce information" has been progressed as far as it can be without clear resolution, it will now be marked
				<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 member (TDC).</p>			In Progress with minor issues	In Progress with minor issues	Weakened governance	Care Home and Care at Home data dashboards have been developed and are now in place. These dashboards have been developed to gather various data on provider sustainability and continue to evolve. KPI's will also be reported to Performance Steering Group
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 & Professional Governance Group (CCPG) risk update.</p>	HoS	Mar-23	In Progress with minor issues	Complete	N/A	The Terms of Reference for all groups linked to Commissioned Services have been reviewed and updated where required. This recommendation is now complete.

Angus Integration Joint Board: Internal Audit Reports - Follow-up Action										Appendix 1 (continued)
IJB Audit Report	Rec. Ref.	Recommendation	Priority	Management Response / Action	Action by	Due Date	Apr-24	Jun-24	Impact of Delay	June 2024 - Status - Comment
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.	Clinical Director, CCPG Co-ordinator	Oct-23	In Progress with minor issues	On track	Weakened Governance	Risk drafted for failure to deliver the Angus Integration Joint Board's Strategic Commissioning Plan 2023 - 2026. Final draft to be presented at CCPG on 29 July 2024.
	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.	Clinical Director, CCPG Co-ordinator	Dec 2023 and June 2024	On track	Complete	Weakened Governance	IJB Strategic Risk Drop-in Sessions held on during May/June 2024. All Sessions are recorded and shared. Members not in attendance. These Sessions will be held annually.
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	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.	Chief Officer and Integrations Service Manager	Oct-23	In Progress with minor issues	In Progress with minor issues	Weakened Planning	Local indicators have been identified and approved at the April IJB. Work continues to review the local performance framework to ensure all measures reflect strategic and service requirements, and ensure performance indicators are comprehensive, proportionate, and straight forward to interpret.
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.	Chief Officer	Oct-23	In Progress with minor issues	In Progress with minor issues	Weakened Governance	High level overarching Strategic Delivery Plan near completion with plans on a page for each workstream.

Angus Integration Joint Board: Internal Audit Reports - Follow-up Action										Appendix 1 (continued)
Job Audit Report	Rec. Ref.	Recommendation	Priority	Management Response / Action	Action by	Due Date	Apr-24	Jun-24	Impact of Delay	June 2024 - Status - Comment
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.	Chief Officer	Oct-23	In Progress with minor issues	In Progress with minor issues	Weakened Governance	High level overarching Strategic Delivery Plan near completion with plans on a page for each workstream.
AN03/24	6a	To help with the implementation of the Risk Appetite, it is recommend that the IJB sets out clearly how: • 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.	Clinical Director / CCPG Co-ordinator	Dec 2023 and Jun 2024	In Progress with minor issues	On track	Weakened Risk Management	IJB Risk Appetite Development Session scheduled for 11 July 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.		Clinical Director / CCPG Co-ordinator	Sep-23	In Progress with minor issues	In Progress with minor issues	Weakened Risk Management	IJB Risk Appetite Development Session scheduled for 11 July 2024. Risk Appetite Guidance document paused - work planned in Partnership with NHST.	
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 (EMoL)	Mar-24	In Progress with minor issues	In Progress with minor issues	Weakened governance	A workforce data dashboard is now in place for Angus Council employed staff. KPIs are being developed around the data being captured. NHS Tayside are currently building an Angus workforce dashboard to replicate the data being collected by Angus Council. It is expected that the NHST dashboard will be in place by the end of July with KPIs then developed to analyse the information being received.

Angus Integration Joint Board: Governance Actions Plan

Appendix 2

Item	Source	Source Ref.	Comment / Recommendation	Source Priority	IJB Assessed Priority	Management Response / Action	Action by	Due Date	Status at Audit Committees			June 2024 Status - Comment
									Apr-24	Jun-24	Impact of Delay	
1	2018/19 Annual Internal Audit Report, IJB's Governance Statement, and IA report AN06/17, AN05/18	1(g)	Hosted Services arrangement to include risk management, performance management and financial monitoring.	N/A	Significant	IJB intends to develop a consolidated information set regarding locally hosted services covering Finance, Performance and Risks.	Chief Finance Officer	Originally Dec. 2019; Revised to Aug. 2022.	In Progress with minor issues	In Progress with minor issues	Weakened governance	New improved financial governance and assurance arrangements approved at Tayside Lead Partner Group (26/04/24). Work regarding overall risk and governance issues still progressing.
2	2018/19 Ministerial Strategic Groups' (MSG) review of Integration	N/A	Partners to develop financial planning / reporting that reflects their role as a partner with the Health and Social Care Partnership.	N/A	Significant	Development of LHSA and Mental Health reporting. (LHSA as per item below.)	Chief Finance Officer	Originally March 21; Revised to Aug 2022.	Not on track with major issues	Not on track with major issues	Weakened financial planning	In Patient Mental Health financial accountability issues remain unresolved with operational accountability remaining with NHST. An in-year 2023/24 solution was developed between all 3 IJBs and NHST. No long term solution yet agreed.
3	2018/19 Ministerial Strategic Groups' (MSG) review of Integration	N/A	NHS Tayside to work with Integration Joint Boards to resolve the Large Hospital Set Aside agenda.	N/A	Significant	Development of LHSA accountabilities and reporting.	Chief Officer/Chief Finance Officer	Originally March 21; Revised to Aug 2022.	Not on track with major issues	Not on track with major issues	Weakened financial planning	Regular IJB-level activity reporting now in place via Finance reports. Data quality issues with long-term / multiple years trends. Further work required regionally to translate this into more meaningful accountabilities.