



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 JULY 2022

**REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN
PROGRESS REPORT**

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC14-2022

1.0 PURPOSE OF REPORT

1.1 This paper provides the Performance and Audit Committee (PAC) with an update on the ongoing work from the 2021/22 plan and the one remaining review from the 2020/21 plan. Progress on the non-discretionary elements of the provisional plan is also incorporated below. This report also includes internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs are considered relevant for assurance purposes to Dundee IJB.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Notes the continuing delivery of the audit plans and related reviews as outlined in this report and noted in Appendix 1 to this report.




3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The PAC approved the Integration Joint Board's 2021/22 Annual Internal Audit Plan at its meeting on 26 May 2021 (Article XI of the minute of the meeting refers). The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor (CIA) reports periodically to the Audit Committee (the PAC in the case of Dundee City IJB) on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned so as to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.

4.2 Acknowledging the slippage in the delivery of the audit plan, and working with our partners in Dundee City Council, we are committed to ensuring that internal audit assignments are reported to the target Performance & Audit Committee. Fieldwork on outstanding reports has been completed and will be reported to the September 2022 Performance & Audit Committee. Following a suggestion at the September 2021 PAC (Article VIII of the minute of meeting of this Committee of 29th September 2021 refers) the progress of each audit has been risk assessed and a RAG rating added showing an assessment of progress using the following definitions:

Risk Assessment	Definition	
Green		On track or complete
Amber		In progress with minor delay
Red		Not on track (reason to be provided)

4.3 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1.

4.4 In order that all parts of the system receive appropriate information on the adequacy and effectiveness of internal control within their purview, including controls operated by other bodies which impact on their control environment, an output sharing protocol was developed and approved by all partners' respective audit committees which covers the need to share internal audit outputs beyond the organisation that commissioned the work, in particular where the outputs are considered relevant for assurance purposes. The following reports are considered relevant:

NHS Tayside reports:

Report	Final report Issued	Opinion	Key findings
T22/21 Executive Team Recruitment & Selection	March 2022	Reasonable assurance	<p>We reviewed a sample of Executive Team appointments between 2019 and 2021 and assessed compliance with the NHS Tayside Recruitment and Selection Policy and the Value Based Executive Recruitment Process (NHS Scotland 2018).</p> <p>Testing confirmed that:</p> <ul style="list-style-type: none"> • There was appropriate governance in relation to the appointments tested; • With the exception of a small number of items referenced in the report, appropriate documentation was completed for the appointments tested; • Data Protection and GDPR training undertaken by relevant staff helps ensure that data is processed lawfully, fairly and in a transparent manner and officers demonstrated a clear understanding of the importance of confidentiality and robust information governance; <p>Management agreed actions to:</p> <ul style="list-style-type: none"> • Improve retention of supporting documentation in line with national the Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020 and the NHS Tayside Records Management

			<p>Policy and Records Retention Schedules;</p> <ul style="list-style-type: none"> • For Executive level posts, develop a checklist to help ensure that all required document is collated and is readily available; • Complete a check to ensure at least one member of each interview panel holds a valid Certificate to Recruit or has completed alternative training, to ensure appropriate knowledge of regulations and best practice; • Ensure retention of documentation to evidence appropriateness of posts and sufficient funding.
T08/22 Internal Control Evaluation (ICE)	March 2022	N/A	NHS Tayside has successfully managed the shorter term operational risks, ensuring continuation of service delivery and good performance throughout the pandemic. The focus must now be on management of longer term risks, most importantly the Waiting Times risk, and development of overall Clinical Strategy. Completion of the 2020/21 ICE and Annual Report recommendations will be crucial to the organisation's long terms success.
T25/22 NHS Scotland National Payroll System – ePayroll Updates	May 2022	Comprehensive assurance	<p>Throughout the year updates to the Whitley Council Pay Scale Master / Agenda for Change Pay Band file are required to reflect guidance issued by the Scottish Government. Local payroll managers can also request supplementary pay scale updates in respect of staff on national "K" and "T" scales and those on protected scales. Additionally, the national team make changes to allowance/deduction codes upon receipt of an authorised request form.</p> <p>This audit provided comprehensive assurance on the accuracy of updates applied in 2021/22 and in addition, during the course of this audit, a walkthrough was completed to document the processes and controls followed by the National Payroll Systems Team whilst completing such changes.</p> <p>During fieldwork one input error was noted on a payscale amendment for one territorial Board. This was corrected by the National Payroll Systems Team in the next available update and the relevant Board was informed.</p>
T29/22 Missing Clinical Psychology Case Records	January 2022	Limited Assurance	During the period December 2020 to April 2021, 78 Clinical Psychology Case Records were reported as missing. Internal Audit were requested by the Board Secretary / SIRO to undertake a review of the wider governance and risk implications of the missing records, the adequacy of the investigations and implementation of subsequent actions taken by NHS Tayside following identification of the missing records. Internal audit and management

			<p>conducted further investigation, but the missing records have not been found.</p> <p>The Internal Audit review raised a number of serious concerns over the way in which the Local Adverse Event Reviews (LAERs) reviewing the missing records had been conducted and the implementation of the resultant action plans.</p> <p>The full internal audit report was considered by Tayside NHS Board's Audit and Risk Committee in reserved business on 20 January 2022. NHS Tayside has now agreed to undertake a Significant Adverse Event Review (SAER).</p> <p>The Audit and Risk Committee agreed that additional Internal Audit days should be allocated to allow Internal Audit to undertake further work to ensure the issues raised in the Internal Audit Report were progressed and the SAER was progressed in line with the correct organisational processes.</p>
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Dundee City Council reports:

Report	Final report Issued	Opinion	Key findings
2020-21 Dundee Health and Social Care Partnership – Adult Support and Protection	January 2022	Limited Assurance	<p>In July 2018, the Joint Inspection of Adult Support and Protection Report was published. The report made recommendations for improvement against three key quality indicators, 'Outcomes', 'Key Processes', and 'Leadership and Governance', which were considered in each partnership using a six-point scale / evaluation criteria from unsatisfactory to excellent.</p> <p>Following the joint inspection report by the Care Inspectorate, the approach taken by the Dundee Partnership was to jointly revise and improve the processes in place for all vulnerable persons across the public protection committees (including adult protection and child protection). The approach taken in conjunction and consultation with the Care Inspectorate was to enact change from the 'bottom up' with practitioners being involved.</p> <p>The Dundee City Council internal audit assessed progress made towards implementing key recommendations for improvement identified in the Joint Inspection of Adult Support and Protection Report.</p> <p>The conclusion from the audit work was that Dundee Health and Social Care Partnership has partially completed the work on the key processes with limited roll-out. Work is continuing on fully implementing these across Adult Support and Protection (AS&P).</p> <ul style="list-style-type: none"> The DH&SCP has partially completed the implementation and roll out of key processes for AS&P on its ICT system, MOSAIC, but has not sought feedback to

			<p>ensure the system meets the needs of end users.</p> <ul style="list-style-type: none"> • Appropriate testing and piloting of the updated chronologies process should be completed and fully implemented within the Public Protection teams. • Planned piloting and feedback of the updated risk assessment and risk management plan processes should be completed before full implementation into the wider Public Protection teams. • A schedule should be created for completion of future case file reviews, ensuring they happen at regular intervals. This will assist in the monitoring of the quality of case files produced and confirm new processes are being implemented as planned • An action plan directly linking to the recommendations within the 2018 joint inspection report, which are currently not completed, should be produced and regularly monitored with the progress noted for each action.
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5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Regional Audit Manager, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.


8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer





Date: 28/06/22


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2020/21 outstanding								
Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D06-21	Audit Follow Up/ Governance Action plan	Joint exercise between Internal Audit and management to review & update and consolidate actions arising from all sources of previous recommendations as well as reprioritising using a RAG status.	September 2021 May 2022 September 2022* 	✓	✓	✓		




*: Additional work was performed to ensure the audit adds value and the Governance Action Plan is complete with no duplication. Fieldwork is now complete and a draft report is under review

2021/22:								
Ref	Audit	Indicative Scope	Target Audit Committee	Status	Work in Progress	Draft Report	Completed	Grade
D01-22	Audit Planning	Agreeing audit universe and preparation of strategic plan	Complete 	✓	✓	✓	✓	N/A

2021/22:								
Ref	Audit	Indicative Scope	Target Audit Committee	Status	Work in Progress	Draft Report	Completed	Grade
D02-22	Audit Management	Liaison with management and attendance at Audit Committee	Complete 	✓	✓	✓	✓	N/A
D03-22	Annual Internal Audit Report (2020/21)	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment	Complete 	✓	✓	✓	✓	N/A
D04-22	Governance & Assurance	Ongoing, independent review and advice of the Integration Scheme update and provide formal assurance on the final product.	Complete 	✓	✓	✓	✓	The Chief Internal Auditor provided detailed comments on a draft update version. We concluded that whilst the new scheme more clearly articulates operational management responsibilities, the review process did not resolve many of the other areas previously identified as concerns
D05-22	Viability of External Providers	Review the controls established to manage Strategic Risk HSCP00d1. A review of the IJB's approach to continually assess the viability of its contracted social care providers as essential partners in delivering health and social care services and the priorities set out in the IJB's Strategic and Commissioning Plan.	November 2021 July 2022 September 2022** 	✓	✓	✓		

2021/22:								
Ref	Audit	Indicative Scope	Target Audit Committee	Status	Work in Progress	Draft Report	Completed	Grade
		The review will consider the steps taken to engage with providers around the IJB's strategic direction and how the IJB provides ongoing support to them, including the process invoked should there be concerns over financial or operational sustainability.						
D06-22	Category 1 responders	Review the necessary arrangements in place to meet the requirements of the Act as well as alignment and coordination with partners	Complete See separate agenda item 	✓	✓	✓	✓	Limited Assurance

** This audit is being delivered by Dundee City Council Internal Audit department through their co-sourcing partner KPMG. Progress was affected by a number of staff absences. Fieldwork is now complete and a draft report is under review

2022/23:							
Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
Audit Planning	Agreeing audit universe and preparation of strategic plan	July 2022  Complete- separate item See agenda	✓	✓	✓	✓	N/A
Audit Management	Liaison with management and attendance at Audit Committee	Ongoing 	✓	✓			
Annual Internal Audit Report (2021/22)	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment	June 2022  Complete- reported to June 2022 IJB	✓	✓	✓	✓	N/A