



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 JUNE 2025

REPORT ON: DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT
REPORT 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB37-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2024/25.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board

- 2.1 Notes the content and findings of the attached Internal Audit Annual Report 2024/25 D03/26 (incorporating Report D03/25 – Internal Control Evaluation 2024/25) (Appendix 1).
- 2.3 Instructs the Chief Finance Officer to report progress towards meeting the findings of the Internal Control Evaluation report to the Performance and Audit Committee.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no direct financial implications arising from this report.

4.0 MAIN TEXT

- 4.1 The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This guidance also shows that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.
- 4.2 The Performance and Audit Committee agreed at its meeting of the 25th September 2024 (PAC35-2024, Article XVI of the minute refers) to continue the arrangement for the provision of Internal Audit Services through the appointment of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors and therefore continuing the role of Chief Internal Auditor, supported by Dundee City Council's Internal Audit service. The attached report provides the Chief Internal Auditors opinion on the IJB's internal control framework in place for the financial year 2024/25.

- 4.3 The Internal Audit Annual Report (incorporating the Internal Control Evaluation) (Appendix 1) examined the framework in place during 2024/25 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. In doing so, the review considered the areas of Corporate Governance, Clinical Governance, Staff Governance, Financial Governance and Information Governance.
- 4.4 The Chief Internal Auditors report sets out the findings of their evaluation of the IJB's Governance Framework and highlights both key elements of good practice and areas of recommended improvement to further strengthen the IJBs overall governance system. Where substantive findings have been identified, a management response and timescale for delivery has been agreed and these will be monitored through the Performance and Audit Committee's Governance Action Plan.
- 4.5 The Chief Internal Auditors assessment of the IJB's frameworks concludes that the IJB has adequate and effective governance, risk management and internal control arrangements in place (as noted in Paragraph 5 of the appended report).
- 4.6 The Internal Audit Annual Report states that Reasonable assurance can be taken from the report in evaluating the Internal Control Environment (as noted in Paragraph 8 of the appended report).
- 4.7 The Internal Control Evaluation report includes 13 findings for 2024/25 in section 2 – 1 Significant, 10 Moderate and 2 Merits Attention. Management response has been provided along with action by dates where appropriate. Section 3 provides a progress update on actions and findings from previous years.
- 4.8 The IJB's Unaudited Annual Statement of Accounts 2024/25 includes a Governance Statement based on a self-assessment of the IJB's governance, risk management and control frameworks as they have developed during 2024/25. While highlighting a number of areas of continuous improvement following on from previous years assessments and recommendations from internal and external audit reports, the governance statement has established there are no major issues.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that if required actions in response to Internal Audit recommendations are not coordinated and acted on appropriately the IJB's governance arrangements will not be adequate and effective.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 – High risk
Mitigating Actions (including timescales and resources)	- Implementation and monitoring of governance action plan as recommended by Chief Internal Auditor
Residual Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk
Planned Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk

Approval recommendation	Given the moderate level of planned risk and the expectation that the mitigating action will make the impact necessary to enhance the IJB's governance arrangements the risk should be accepted.
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7.0 CONSULTATIONS

- 7.1 The Chief Officer and the Clerk along with the Chief Internal Auditor of Dundee IJB were consulted in the preparation of this report.

8.0 DIRECTIONS

- 8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

- 9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 11th June 2025

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FTF Internal Audit Service

Dundee City IJB Internal Audit Annual Report 2024/25

Report No. D03/26

Issued To: D Berry, Chief Officer
C Jones, Acting Chief Finance Officer

G Lloyd, Chief Social Work Officer
D Shaw, Clinical Director / Associate Medical Director

Dundee Integration Joint Board
External Audit

C Wyllie, Chief Internal Auditor, Dundee City Council
D Vernon, Senior Manager, Internal Audit, Dundee City Council

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Draft Report Issued	11 June 2025
Management Responses Received	11 June 2025
Target IJB Date	18 June 2025
Final Report Issued	11 June 2025

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INTRODUCTION

1. This annual report provides the Chief Internal Auditor's opinion on the Dundee City Integrated Joint Board's (DIJB's) internal control framework for the financial year 2024/25.
2. DIJB's ambition is for people in Dundee to have the best possible health and wellbeing. The internal audit service seeks to support this ambition through the delivery of a risk-based plan of internal audit work each year.
3. The scope of our Internal Control Evaluation 2024/25 (ICE) was a holistic overview of governance within DIJB, to provide assurance that governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objective.

AUDIT CONCLUSION

4. The overall Internal Audit Opinion for the year has been primarily based on:
 - Outputs of the DIJB 2024/25 internal audit plan (Appendix 1)
 - Internal audit work carried out in each of the partner organisations, where reports were considered relevant for IJB assurance purposes (Appendix 2)
 - The output of the 2024/25 ICE, which provided Reasonable Assurance (Appendix 3).
 - Progress with the delivery of previous internal audit and other governance improvement action points.
5. Based on work undertaken throughout the year I have concluded that:

- The IJB has adequate and effective governance, risk management and internal control arrangements in place
 - The 2024/25 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.
6. In addition, I have not advised management of any concerns around the following:

- Consistency of the draft Governance Statement with information that we are aware of from our work
 - The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected
 - The format and content of the draft Governance Statement in relation to the relevant guidance
 - The disclosure of all relevant issues.

RECOMMENDATION

7. DIJB is asked to take **Reasonable assurance** from this report in evaluating the internal control environment.

AUDIT SCOPE & OBJECTIVES

8. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to comply with the accounts and audit regulations and legislation under section 106 of the Local Government (Scotland) Act 1973. The Integrated Resources Advisory Group (IRAG) guidance requires IJBs to establish appropriate and proportionate arrangements for audit provision, including arrangements to review risk management, governance and control of delegated resources.
9. This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.
10. Guidance issued in April 2017 requires IJBs to prepare their annual accounts and governance statements in accordance with Local Authority Accounts (Scotland) Regulations 2014. These regulations require an authority to:
 - i) *Be responsible for ensuring that the financial management of the authority is adequate and effective, and that the authority has a sound system of internal control which:*
 - (a) *facilitates the effective exercise of the authority's functions; and*
 - (b) *includes arrangements for the management of risk.*
 - ii) *Conduct a review at least once in each financial year of the effectiveness of its system of internal control.*
11. The CIPFA 'Delivering Good Governance' in Local Government Framework 2016 places a responsibility on the authority to ensure additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.
12. The IJB Annual Internal Audit Plan for 2024/25 was based on a joint risk assessment by Internal Audit and the Chief Finance Officer and approved by the Performance and Audit Committee (PAC).
13. The authority, role and objectives for Internal Audit are set out in Appendix 1 of DIJB's Standing Orders.
14. Internal Audit is required to provide the PAC with an annual assurance statement on the adequacy and effectiveness of internal controls.

Section 1

IJB GOVERNANCE STATEMENT

15. DIJB has produced a draft Governance Statement for 2024/25 which reflects the IJB's own assessment for areas for development, setting out several actions to further strengthen governance arrangements. These are generally complex areas which have remained outstanding for several years and depend on the input of partner bodies.

16. DIJB has produced a draft Governance Statement which states that:

“While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of Dundee City Integration Joint Board’s governance arrangements. We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the Integration Joint Board’s principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to regularly review and improve the internal control environment.”

PARTNER BODIES GOVERNANCE STATEMENT

17. DIJB is in an interdependent relationship with both partner bodies in which the controls in place in one body inevitably affect those in the other.

18. The draft NHS Tayside Governance Statement for 2024/25 concludes that:

“As the appointed Accountable Officer, and noting the disclosure in relation to Information Governance Incident Reporting, I am able to conclude with the ongoing improvement work undertaken throughout the year, as evidenced above; the governance framework and the assurances and evidence received from the Board’s committees, that corporate governance continues to be strengthened and internal controls were operating adequately and effectively throughout the financial year ended 31 March, 2025.”

19. Dundee City Council has drafted a Governance Statement for 2024/25 which concludes that:

“The annual review demonstrates sufficient evidence that the code’s principles of delivering good governance in local government operated effectively and the Council complies with the Local Code of Corporate Governance in all significant respects for 2024/2025. It is proposed over 2025/2026 steps are taken to address the items identified in the Continuous Improvement Agenda to further enhance the Council’s governance arrangements”.

AUDIT FOLLOW UP

20. The production of the refreshed and prioritised Governance Action Plan (GAP), now considered at each meeting of the PAC, is an enhancement to the overall governance arrangements. However, new actions are being added and overall, the list of actions is increasing, rather than decreasing. While the January 2025 GAP update did not include the ten actions from our 2023/24 Internal Audit Annual Report, issued in June 2024, Management has confirmed that the GAP will be updated, and these actions will be included for presentation to the September 2025 Performance and Audit Committee.
21. We have followed up agreed actions from previous ICE / Annual Reports and we have completed testing to identify any material changes to the control environment in the period from the issue of the 2024/25 ICE to the year-end. Areas for further development will be followed up in 2025/26.

INTERNAL AUDIT ARRANGEMENTS

22. Following a meeting of DIJB in May 2016, FTF Internal Audit were appointed to provide the IJB's Internal Audit Service. The PAC has approved the Internal Audit Charter, which is reviewed annually, as well as a protocol for the sharing of audit outputs between the partner organisations. The 2024/25 Internal Audit Plan was approved by the Committee in August 2024 and internal audit work undertaken in 2024/25 is set out in Appendix 1.
23. Resources to deliver the Annual Internal Audit Plan are provided by the NHS Tayside (FTF Internal Audit) and Dundee City Council Internal Audit Services.
24. Global Internal Audit Standards (GIAS) require an External Quality Assessment (EQA) of the Internal Audit Service at least once every five years. An assessment for the FTF Internal Audit consortium, that provides services to four Health Boards (Fife, Tayside, Forth Valley, and Lanarkshire) and provides the Chief Internal Auditor function for Angus IJB, was undertaken by the Chartered Institute of Internal Auditors (Chartered IIA) between October 2024 and January 2025. The final report was issued on 4 March 2025.
25. The overall objective of the EQA of FTF Internal Audit was to assess compliance with the then extant Public Sector Internal Audit Standards (PSIAS), which have now been replaced by GIAS and the Application note: GIAS in the UK Public Sector.
26. The EQA final report of FTF Internal Audit compliance with the Public Sector Internal Audit Standards (PSIAS) was issued on 4 March 2025. The overall opinion was that the internal audit services provided Generally Conforms to the PSIAS, which is the highest level of conformance.
27. FTF have developed an improvement action plan based on a gap analysis against GIAS, the UK Public Sector Application Note and recommendations and suggested improvements from the March 2025 EQA report. This improvement action plan will be reported to and monitored by the NHS Tayside Audit and Risk Committee until all actions are complete. Assurance will be provided to DIJB as part of future internal audit progress reports.

Section 1

28. For Dundee City Council Internal Audit Service, the latest update on the External Quality Assessment was “the Council’s Internal Audit Service conforms with the PSIAS except for one minor non-conformance. The non-conformance relates to the timing of the external review that PSIAS requires to be undertaken at least every five years. The next external assessment was due to take place in 2022/23 within a compliant timeframe through the peer review process agreed by the Scottish Local Authority Chief Internal Auditors Group (SLACIAG). The reviewer has delayed completion of the review meaning it is more than five years since the last review. Our self-assessment was provided in November 2023. A draft report is now being considered and should be reported to the next Scrutiny Committee meeting.”

INTERNAL AUDIT PLAN

29. The NHS Tayside 2024/25 Annual Internal Audit Plan included provision of audit services and providing the Chief Internal Auditor function to DIJB. Provision of internal audit services was also included in the Dundee City Council Internal Audit Plan 2024/25. The 2024/25 DIJB Internal Audit Plan was approved by the PAC in September 2024 and internal audit work undertaken in 2024/25 is set out in Appendix 1.
30. Internal Audit has continued to highlight the requirement for coherence between governance structures, performance management, risk management and assurance to improve the ability of the IJB to monitor the achievement of operational and strategic objectives.
31. Our 2024/25 work provided assurance on the adequacy of governance, risk management and controls. Summarised findings or the full report for each review were presented to the PAC throughout the year.
32. Progress against the plan is reported to each meeting of the PAC. The 2024/25 internal audit plan has been substantially completed with one report at fieldwork stage. All carried forward items from the 2023/24 plan were completed. Work is progressing on the one remaining review, with the aim to be completed for the September PAC meeting.
33. Management continues to respond positively to our findings, and action plans have been agreed to improve the systems of governance, risk management and control.

STAFFING AND QUALIFICATIONS

34. Resources to deliver the Annual Internal Audit Plan are provided by the NHS Tayside (FTF Internal Audit) and Dundee City Council Internal Audit Services.
35. During 2024/25, internal audit services to DIJB were provided by:

FTF	Dundee City Council
Jocelyn Lyall, BAcc, CPFA, Chief Internal Auditor	Cathie Wyllie, CA, Service Leader- Internal Audit

Section 1

Barry Hudson, BAcc, CA, Regional Audit Manager	David Vernon, CMIIA, Manager- Internal Audit
Ruth Boyd, FCCA, Principal Auditor	

ACKNOWLEDGEMENT

36. On behalf of the Internal Audit Service, I would like to take this opportunity to thank all members of staff within the IJB for the help and co-operation extended to Internal Audit.
37. My team and I have greatly appreciated the positive support of the Chief Officer, Acting Chief Financial Officer, and the wider management team, as well as the Performance and Audit Committee.

Jocelyn Lyall BAcc CPFA
Chief Internal Auditor

Dundee IJB Internal Audits 2024/25 and 2023/24

Ref	Audit	Indicative Scope	Performance and Audit Committee (PAC) Date
D01-25	Audit Planning	Audit Risk Assessment & Operational Planning 2024/25.	Presented to the September 2024 PAC.
D02-25	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Papers prepared and presented to each PAC during 2024/25.
D03-25	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of the 2024/25 Annual Report.	ICE 2024/25 finalised and issued 5 June 2025 and will be considered at the September 2025 PAC meeting. The ICE is at Appendix 3 for this report.
D04-25	Annual Report 2024/25	Chief Internal Auditor’s annual assurance statement to the IJB with fieldwork to support this.	Considered at the June 2025 DIJB meeting and to be presented to the September 2025 PAC meeting.
D05-25	Lead Partner Services	Lead Partner Governance and Assurance arrangements.	Assignment plan agreed and fieldwork underway. Report to be presented to the September 2025 PAC.
D06-24	Workforce Planning	Coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic & operational responses across the totality of the workforce, including contracted services and 3rd sector	Presented to the January 2025 PAC.

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Relevant Partner Organisation Internal Audits 2024/25

NHS Tayside	Report Assurance	PAC Meeting Date
T08/24 Internal Control Evaluation 2023/24	Reasonable	22 May 2024
T05/23 Whistleblowing	Reasonable	
T06/25 - Annual Internal Audit report 2023/24	Reasonable	25 September 2024
T10/23 – Public Health Governance	Limited	
T33/23 – Departmental Review: Property Dept – Facilities Directorate	Reasonable	
T30/23 Interim report - Missing Clinical Psychology Case Records – Follow up review	N/A	
T24/24 NHS Scotland National Payroll System – ePayroll updates	Substantial	
T12/24 Compliance with Laws and Regulations	Limited	
T25/25 Financial Sustainability – Scottish Government Self-Assessment Review	N/A	29 January 2025
T26/25 Savings Governance	Reasonable	21 May 2025

Dundee City Council	Report Description	PAC Meeting Date
Adaptations and Equipment for People with Disabilities	Limited	25 September 2024
Procurement	Substantial	
Service Design and Business Improvement	Substantial	
Community Justice Liaison with COPFS and the Courts	Substantial	
Corporate Governance	Substantial	29 January 2025
Absence Management	Limited	
Corporate and Corporate Services – Financial Forecasting	Substantial	21 May 2025
Corporate Services – Corporate Finance – Purchase to Pay	Substantial	

FTF Internal Audit Service

Dundee City IJB

D03/25 Internal Control Evaluation 2024/25

Issued To: D Berry, Chief Officer
C Jones, Acting Chief Finance Officer

G Lloyd, Chief Social Work Officer
D Shaw, Clinical Director / Associate Medical Director

Dundee Integration Joint Board
External Audit

C Wyllie, Chief Internal Auditor, Dundee City Council
D Vernon, Senior Manager, Internal Audit, Dundee City Council

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Draft Report Issued	1 May 2025
Management Responses Received	21 May 2025
Target Performance & Audit Committee Date	16 May 2025
Final Report Issued	05 June 2025

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BACKGROUND

- As Accountable Officers, Chief Officers are responsible for maintaining a sound system of internal control to manage and control the available resources used in the organisation. This review aims to provide warning of any significant issues that may affect the Governance Statement.
- Internal Audit completed their 2024/25 work in accordance with Public Sector Internal Audit Standards (PSIAS). From 1 April 2025 the extant PSIAS were replaced by the 'Global Internal Audit Standards (GIAS) supported by an 'Application Note – Global Internal Audit Standards in the UK Public Sector'. Whilst full compliance with GIAS is not expected on the date of change, conformance is to be evidenced during 2025/26 and will be measured through an annual self-assessment exercise, with a periodic independent external inspection every five years.
- Whilst many aspects of how the internal audit service will be delivered and the principles under which it operates will not change, with current arrangements reflecting the intent of the new Standards and best practice, action will be taken to review current working practices to achieve conformance with the Standards. This may involve revision to internal audit plans and Audit Charters.
- The recent External Quality Assessment of the FTF Internal Audit function, undertaken by the Institute of Internal Auditors (4 March 2025) concluded that FTF "generally conforms" with PSIAS. This provides assurance that FTF, as lead auditors for Dundee City IJB (DIJB), are providing an internal audit service in line with the extant standards for 2024/25.

OBJECTIVE

- The DIJB Internal Audit plan provides cyclical coverage of key elements of Corporate, Clinical, Staff, Financial and Information Governance.
- Together, the mid-year Internal Control Evaluation (ICE) and the Annual Report provide assurance on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year and providing an overview of areas which have not been subject to a full audit. These reviews do not and cannot provide the same level of assurance as a full review but do provide insight into the systems which have not been audited in full. The ICE review provides early warning of potential year end assurance issues and allows a holistic view of governance within DIJB.
- This review is a key component of the opinion we provide in our 2024/25 Annual Internal Audit Report and will inform the 2025/26 internal audit planning process.
- To inform our assessment of the internal control framework, Internal Audit developed and utilised a governance checklist. The checklist was based on requirements of the Integration Scheme, guidance issued by the Scottish Government to support Health and Social Care Integration and best practice.
- Our audit specifically considered whether:
 - Governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

AUDIT OPINION

- Findings with management actions from the ICE review are included at section 2.
- Our 2023/24 Annual Report, issued on 13 June 2024, was informed by detailed review of formal evidence sources including Board papers and published documents along with discussions with key officers.

- As well as identifying key themes, our Annual Report made ten recommendations in the following areas:
 - Escalation route for long-outstanding governance improvement actions
 - A firm timeline for prioritised completion of the resource and performance frameworks and delivery plan to be agreed
 - Annual Report from the Performance and Audit Committee (PAC) to include a conclusion on assurance
 - Statutory documents to include review control sheets
 - Risk Management Annual Report to be considered by the PAC, before submission to the IJB
 - Directions monitoring process to be implemented with an Annual Report to PAC
 - Action Trackers to capture all items where future action is agreed, and monitor progress
 - The Clinical, Care and Professional Governance Group to monitor Primary Governance Group attendance at their meetings, escalating any concerns to PAC and including attendance information in assurance reports
 - DIJB to consider adopting FTF Assurance Principles and adopting these for use within governance groups to ensure commonality with partners processes
 - Enhanced financial monitoring to show savings achieved against planned, and recurring or non-recurring
- Progress with outstanding actions to address previous ICE and Annual Report recommendations is shown in Section 3.
- Overall, there has been limited progress on the suite of actions. Prioritisation of all available resources was needed to support both winter pressures and the 2025/26 budget development process.
- The production of the refreshed and prioritised Governance Action Plan (GAP), now considered at each meeting of the PAC, is an enhancement to the overall governance arrangements. However, new actions are being added and overall the list of actions is increasing, rather than decreasing. We also noted that the January 2025 GAP update does not include the ten actions from our 2023/24 Internal Audit Annual Report, issued in June 2024. (Recommendation 5)
- In this report we have provided an update on progress to date and, where appropriate, built on and consolidated previous recommendations to allow refreshed action to be agreed.

RISK

- Whilst there is no overarching corporate/strategic risk relevant to this review, our audit specifically considered whether governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

KEY THEMES

- Key themes are highlighted below.

Key IJB Officers

- Audit Scotland's IJB Finance Bulletin 2023/24, issued in March 2025, noted that "the leadership and strategic vision of senior officers is crucial in the strategic planning and decision making required to drive much needed transformation change. Instability in leadership teams has the

potential to disrupt strategic planning and the leadership capacity to bring about the fundamental change required to address the growing scale of challenges facing IJBs". A key message in the bulletin is that a "continued high turnover of chief officers and chief finance officers adds to the risks around effective strategic planning and decision making".

- DIJB has had acting Chief Officer (CO) and Chief Finance Officer (CFO) posts since January 2024. Both officers were previously employed in substantive DIJB posts prior to these Acting roles.
- External Auditors, in their key messages on the 2023/24 annual accounts, noted that "the partner bodies need to appoint a permanent CO to ensure there is clear and consistent leadership to tackle the significant financial and operational challenges currently being faced in providing health and social care across Dundee". They also acknowledged however that "these internal promotions have ensured continuity of approach in the IJB tackling the significant financial pressures that it currently faces over this period".
- In the period since this report was issued in draft, a permanent appointment has been made to the CO role. In order to ensure stability and effective leadership, a permanent appointment to the CFO role should follow.

Strategic Commissioning Framework (SCF) and Delivery Plan

- The SCF was published in June 2023 with the Resource and Performance frameworks along with an Annual Delivery Plan deferred due to staff resource issues at IJB management level. In our 2023/24 Annual Report we made a significant recommendation that a firm timeline for prioritised completion of these documents be put in place and rigorously monitored. In October 2024 Dundee HSCP's Delivery Plan October 2024 to March 2026 was endorsed by the IJB noting that further consideration would be given to the presentation of the Plan along with design colleagues. From 2026/27 it is intended that the partnership will develop and publish an annual plan, aligned to financial years. The Delivery Plan was designed as a public-facing document but is not yet available on the Dundee HSCP website.
- Progress with actions in the Delivery Plan are to be monitored by the Senior Leadership Team in the first instance, with overview reports provided to the Strategic Planning Advisory Group. The IJB are to receive reports on specific actions on an exception basis, with a full annual review to be delivered via the Annual Performance Report produced at the end of each financial year. To date, no exception reports have been presented to the IJB and we recommend that a schedule of regular updates is included in the annual workplan of the IJB.
- Outline plans for the Resource and Performance Frameworks were reported in June 2024 as having been initiated but could not be progressed due to capacity issues within the relevant teams and the need to prioritise the Delivery Plan in the first instance. Progression of these frameworks is vital to provide the opportunity to reflect on the overall risk profile and focus on mitigating the risks with the potential to stop the organisation achieving its strategic objectives.

Financial Governance – Planning and Recovery Plans

- Audit Scotland's IJB Finance Bulletin 2024/24, issued in March 2025, stated that "*IJBs finances continue to be precarious. IJB's 2023/24 funding has increased in real terms compared to 2022/23 but there is a concerning picture of continued overspending, depletion of reserves and required savings being met through one-off, rather than recurring savings*". Internal Audit have previously reported similar concerns and highlighted the strategic changes required. The financial risk environment for DIJB, NHS Tayside, Dundee City Council and the whole public sector continues to increase.
- Within the five-year financial outlook 2024 to 2029, it was estimated that total savings of over £45m will be required, as reported to DIJB in August 2024.

- In our 2023/24 Annual Report we commented that it is extremely unlikely that savings of this magnitude can be achieved without a significant transformation programme accompanied by clear prioritisation. This will mean making difficult choices and requires a clear focus on financial sustainability. The production of the required key documents should be progressed as a matter of priority including, but not limited to the Resource Framework and Performance Framework.
- When presenting the budget for 2024/25 in March 2024 the IJB had not received formal notification from NHS Tayside of their budget allocation. The IJB requested that the Acting Chief Officer report back when formal notification had been received from NHS Tayside. An update budget 2024/25 was not formally presented to the Board following the March 2024 meeting and officers have informed us that no formal budget notification was received from NHS Tayside. It is important that formal notification and approval of final budgets is recorded.
- DIJB relied on the use of its reserves to present a balanced budget for 2024/25, with a planned £4m draw on reserves included within a £10.69m savings plan. By the time the Q1 results were presented to DIJB in August 2024 the overspend was projected to be £6.2m, only £4m of which was planned.
- A Financial Recovery Plan was presented to the October 2024 IJB, by which time the operational overspend had increased to over £9m. The actions in this plan were in narrative form and were not sufficiently detailed or targeted to be effective and did not appear transformational or prioritised. We reiterate our comment from the 2023/24 Annual Report that it is extremely unlikely that savings, both short and long term, can be achieved without a significant transformation programme accompanied by clear prioritisation. This will mean making difficult choices and require a clear focus on financial sustainability.

Financial Governance – Financial Reporting and Reserves

- The latest finance report to the April 2025 IJB reported a projected overspend of £7.892m. £4m overspend was anticipated as part of the financial plan for 2024/25, therefore £3.892m was unplanned and will require a further draw on reserves, leaving circa £897,000 in uncommitted reserves to be carried forward into 2025/26. Whilst the final year end position will not be known until mid-May 2025 the April 2025 paper to the IJB indicated improvements resulting in a higher level of retained uncommitted reserves than previously anticipated.
- The IJB reserves policy seeks to retain reserves of 2% of budget (approx. £6.4m) but this is proving very challenging in the financial climate with many IJBs having no reserves or levels below their respective reserves policies. Utilising most of the reserves in 2024/25 to support the overspend will significantly impact on financial planning flexibility in future years.

Financial Governance – Budget Planning and Monitoring

- Budget monitoring reports are provided to each meeting of the IJB. These identify significant variances, and it may be helpful if the overspends being reported in almost every delegated service were examined to establish whether these are related to initial financial planning assumptions which require consideration to identify lessons learnt that may assist in future financial plans.
- The necessity of having to institute a recovery plan after only one quarter could indicate that, as noted by Audit Scotland in their IJB Finance Bulletin, that there are financial management risks including “financial forecasting requiring more accuracy”. Consideration should also be given to ensuring that a culture has not developed where overspends have become accepted.
- A public budget consultation ran from 14 February 2025 to 5 March 2025. This consultation clearly informed the public that DIJB must reduce spending by £19.7m in 2025/26. The 10 budget proposals in the consultation paper totalled £7.878m and it was not clear how DIJB intend to achieve the majority of the savings requirement (£11.822m) with ‘operational efficiencies’ being cited as opposed to changes in service provisions which formed part of the consultation. In our

view, operational efficiencies and non-recurring initiatives should not comprise the bulk of a budgetary gap plan.

Service Redesign – Transformation

- The 2025/26 budget paper presented to the March 2025 IJB reported a forecast budget gap of £17.5m. With limited uncommitted reserves coming forward from 2024/25 the challenge facing DIJB is significant.
- Partnership working to transform services to a sustainable operating model is recognised as the way to deal with the ever-increasing demand for services and to improve outcomes for people. Consolidated transformation programme updates were to be provided to the IJB, but this has not progressed recently. We have been informed that this is in the pipeline and will be a focus in 2025/26 with reliance on the partners making transformations. To achieve ongoing financial sustainability, then transformational changes are required.
- The 2024/25 budget proposal, in relation to large hospital set aside, noted *“a key component of the overall funding of health and social care is in relation to progressing the arrangements to release resources through the Large Hospital Set Aside (LHSA) mechanism. The system reform assumptions in Scottish Government’s Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway is key to delivering this objective...”*.
- From discussions with key officers, it was noted that this area has not been progressed and that the current methodology will continue until local and national development of calculating future values of LHSA is developed.
- Our 2021/22 Annual Report recommendation that the IJB receive a progress report on implementation of actions relating to the Ministerial Steering Group (MSG) was removed as part of the GAP reprioritisation process, on the basis that “MSG is no longer being pursued by the Scottish Government, with focus now on National Care Service”.
- The timeframe for implementation of the Care Reform (Scotland) Bill (previously referred to as National Care Service (Scotland) Bill) has been extended multiple times and implementation is now planned for 2026. In the interim, we suggest that the previous MSG actions are reviewed and, where appropriate, plans this action should be reinstated on the Governance Action Plan.

Risk and Assurances

- Existing GAP recommendations around risk, performance and, ultimately, assurance have not progressed as planned. There is a need to ensure that the PAC consider how they will receive assurances that effective counter fraud and corruption arrangements and information governance arrangements are in place within the partner bodies governance arrangements.
- Committee papers also would benefit from being specifically linked to performance and strategic risk(s) in line with FTF’s Assurance Principles to ensure that the Board focuses on managing its highest strategic risks.

Clinical Governance

- NHS Tayside introduced a revised Clinical Governance Framework in April 2025. The previous Getting it Right for Everyone (GIRFE) framework has been amalgamated into the revised Clinical Governance Framework with the GIRFE meeting to be replaced by a Clinical Governance Quality Assurance Meeting (CGQAM). The Dundee HSCP Clinical, Care and Professional Governance Group (CCPG) is working to establish whether the new structure within NHS Tayside will necessitate any changes to their processes. We agree with this approach and recommend that the CCPG clarifies their role within this revised framework.

Adverse Event Management

- The CCPG minutes highlight the issue of overdue verified adverse events, noting that teams focus on the most recent events rather than historical ones due to longstanding issues with workforce availability. The data shows that although the older events are being tackled, the new unverified results being added to the figures means that the backlog is increasing, not reducing. Two primary governance groups – Mental Health & Learning Disability and Dundee Drug and Alcohol Recovery Services – have established adverse event incident review groups to further support this work.

IJB Members Induction

- Given the complex and dynamic nature of the environment within which the IJB operates, initial induction provided to new IJB members is essential to equip them with the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities. The induction pack for new members requires to be reviewed and updated. Management have informed us that the induction pack for new members requires to be refreshed.

IJB Development Sessions

- Internal Audit commend the programme of development sessions that have been delivered in 2024/25 and which are planned for 2025/26. This is a positive step to ensure ongoing IJB members development, however the output of these sessions should be reported to the IJB and a process for monitoring actions that emerge from these should be developed.

Statutory Documentation

- Declaration of Interests is a standard agenda item for each IJB and PAC meeting. There have been no declarations of interest at any meeting in 2024/25 to date (March 2025). While we are unaware of any breaches of the Code of Conduct – section 5, which provides guidelines on interests that need to be declared, the induction process should ensure that members are fully apprised of the circumstances where an interest should be declared. Following discussion with the CFO, members were to be reminded of this responsibility at the budget meeting.
- A response to a recommendation in our 2023/24 Annual Report stated that the Register of Members interests was to be updated by August 2024. The register was not updated and sent for upload until March 2025. The register on the website does not include a control sheet so it is not clear if the document is up to date or not. We have previously recommended control front sheets for all such documentation so that they have been reviewed within an appropriate interval.

General Sustainability

- The environment in which the IJB operates is both exceptionally complex and extremely challenging, particularly in terms of finance and workforce. There is no guarantee that arrangements being put in place can, or will, mitigate the associated risks to acceptable levels.

Audit Follow Up

- We performed detailed follow up work on all the outstanding recommendations from our previous annual reports – see section 3.

KEY DEVELOPMENTS

- Key developments since the issue of our 2023/24 Annual Report included:
 - Adoption of updated Financial Regulations and Scheme of Delegation.
 - Publication of the Dundee IJB Performance Report 2023/24.

- Completion of the exercise to reprioritise outstanding recommendations within the Governance Action Plan, with live actions being uploaded to the Ideagen performance management system.
- Dundee HSCP Delivery Plan October 2024 – March 2026 approved in October 2024.
- Input to, and endorsement of, the Winter Resilience Plan for NHS Tayside and Partner Organisations.
- Implementation and monitoring of a financial recovery plan for 2024/25.
- Best Value Arrangements and Assessment 2024/25.
- Annual Update on progress against the Property Strategy.
- Presentation of the proposed IJB budget for 2025/26.
- Formal review and revision of the terms of reference for the Strategic Planning Advisory Group.

ACTION

- The action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.



ACKNOWLEDGEMENT

- We would like to thank all members of staff for the help and co-operation received during the audit.

J Lyall BAcc (Hons) CPFA



Chief Internal Auditor

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Action Point Reference / Finding		Assessment of risk	Management Response / Action	Responsible Officer	Action by date
1	<p>MSG</p> <p>Our 2021/22 annual report that the IJB receive a progress report on implementation of actions relating to the Ministerial Steering Group (MSG) was removed as part of the Governance Action Plan reprioritisation process, on the basis that “MSG is no longer being pursued by the Scottish Government, with focus now on National Care Service”.</p> <p>The timeframe for implementation of the Care Reform (Scotland) Bill has been extended multiple times and implementation is now planned for 2026. In the interim, we suggest that the previous MSG actions are reviewed and, where appropriate, reinstated on the Governance Action Plan.</p> <p>The IJB, either directly or through the PAC, should receive an update on progress together with an assessment of what is required to ensure the agreed actions are implemented, including any input needed from partners. The consequences of non-delivery should also be set out.</p>	 <p>Moderate</p>	<p>The revised Care Reform (Scotland) Bill will provide the basis for further reform of health and social care integration in Scotland and as such remains the key focus of the Scottish Government in relation to arrangements for integrated governance and services. MSG has not been pursued by the Scottish Government for a number of years and is no longer relevant to the changing landscape of adult health and social care (lessons from the MSG activity have been incorporated into the Care Reform policy agenda where relevant). Officers will ensure that the IJB is appraised of future developments in relation to the Care Reform (Scotland) Bill.</p>	N/A	NO FURTHER ACTION
2	<p>Budget Planning</p> <p>Budget monitoring reports, identifying significant variances, are provided to each IJB meeting.</p>	 <p>Significant</p>	<p>Enhancement of Financial Monitoring Reports content and detail will be reviewed and implemented noting the recommendation.</p>	Chief Finance Officer	August 2025




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Issues and actions

	Overspends are being reported in almost every delegated service, and a financial recovery plan had to be put in place after Q1 in 2024/25. It could be helpful to examine initial planning assumptions to establish whether the adverse variances can be attributed to these. Lessons learned from previous years experiences should be built into the financial planning process for future years.				
3	Publication and Monitoring of the Strategic Commissioning Framework's Delivery Plan In October 2024 Dundee HSCP's Delivery Plan October 2024 to March 2026 was approved but has not yet been uploaded and available to the public on the Dundee HSCP website. No monitoring of progress with the Delivery Plan has been received by the IJB.	 Moderate	The October 2024 version of the delivery plan was published as part of IJB papers but has now also been published as a standalone document. It is to be revised following the 25/26 budget setting process and resubmitted to the IJB in August 2025; this will include an update on progress alongside rationale for revisions made. The Strategic Planning Advisory Group has a strategic planning workshop scheduled for 13 August 2025 where they will develop proposals for a process for monitoring progress against the delivery plan.	Head of Strategic Services	September 2025
4	Update of Governance Action Plan The Governance Action Plan presented to the January 2025 PAC does not include recommendations from Internal Audit report D03/25 – DIJB Annual Report 2023/24, issued on 13 June 2024. Internal Audit have	 Moderate	Governance Action Plan to be reviewed and updated to incorporate recommendations from Internal Audit report 2023/24.	Chief Finance Officer	September 2025

Section 2


Issues and actions

	undertaken follow up on these actions within this report see Section 3.				
5	Fraud Assurances to PAC The Terms of Reference (ToR) for the PAC were updated in December 2023 to reflect their responsibility for the core areas of counter fraud and corruption. The remit of the PAC now includes “to receive assurances that effective counter fraud and corruption arrangements are in place within the partner bodies governance arrangements”. No specific assurances have been presented to the PAC since the update to the ToR.	 Moderate	Officers to liaise with partner body colleagues to obtain and report relevant assurance annually to PAC.	Chief Finance Officer	December 2025
6	IJB Development Sessions A programme of development sessions for members has been undertaken through 2024/25. This is a positive move to ensuring ongoing IJB members development. Consideration should be given to reporting on the output of these sessions to the IJB or PAC and developing a process for monitoring any actions or training needs that emerge from them.	 Moderate	IJB Development sessions are to support and enhance Members’ knowledge and understanding but no formal actions or decisions are taken during these sessions and no output is created. Where possible, a session relevant to an upcoming report will be scheduled at an appropriate time. Any actions or decisions will be presented to full IJB or PAC meetings and documented accordingly. Upcoming sessions are noted on IJB agendas for awareness	Chief Finance Officer	N/A
7	Committee Papers, Link to Strategic Risk and Risk Appetite Whilst papers to the IJB and PAC include a risk section, these are not always explicitly linked to the extant strategic risk. All papers that the	 Moderate	Officers are in the process of revising the Strategic Risk Register, which will then be submitted to the IJB for approval.	Chief Finance Officer / Head of Strategic Services	October 2025

	<p>IJB or PAC consider should be linked to, or contributing to mitigation of, a strategic risk. Where a link cannot be made to a strategic risk then consideration should be given as to whether the IJB or PAC needs to devote time and resource to it.</p> <p>The IJB has committed to taking forward the Committee Assurance Principles during 2025/26 and the adoption and application of these will help to ensure links to risk and performance.</p> <p>Example reports from ICE fieldwork include:</p> <ul style="list-style-type: none"> • The financial recovery plan presented in December 2024 linked to a risk around delivering a balanced budget. However, this description doesn't appear in the strategic risk register, where the financial risks are (1) Unable to maintain IJB spend and (2) Restrictions on Public Sector Funding. • In October 2024 the IJB considered the development and implementation of the Dundee HSCP Workforce Plan 2022-2025. This report did not include a risk section on the basis that the report is for information only. However, implementation of a workforce plan links directly to mitigation of the workforce strategic risk. The IJB should consider whether the progress that was reported is, in any way, mitigating the risk and lowering the risk score. 		<p>As part of this process guidance to IJB report writers on completion of the Risk Section within the report template will be updated and re-issued.</p>		
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Issues and actions

8	<p>Revised NHS Tayside Clinical Governance Framework</p> <p>CCPG minutes record discussion around their assurance role within NHS Tayside's revised clinical governance framework, considering spending development time to align with this structure and facilitate reporting into the new Clinical Governance Quality Assurance Meeting.</p> <p>The CCPG should agree what is expected of it, and what the existing Primary Governance Groups are accountable for within this revised framework.</p>	 <p>Moderate</p>	<p>Reporting into the new Clinical Governance Quality Assurance Group has been ongoing since January 2025. This alternates between assurance and exception reporting in line with reporting to the Clinical Governance Committee. This is an iterative process with the HSCPs coming together to develop comprehensive understanding of new framework and how best to provide assurance aligned to the new Framework. Work with the primary governance groups will commence once the above development is complete.</p>	Clinical Director	December 2025
9	<p>Information Governance Assurances</p> <p>The revised Integration Scheme, section 11, covers information sharing and data handling.</p> <p>Para 11.1 – The Parties.... will adhere to the Information Sharing Protocol</p> <p>Para 11.3 – The Data Protection Officers of NHST, DCC and the IJB.... will meet annually, or more frequently if required, to review the Information Sharing Protocol and will provide a report detailing recommendations for amendments, for the consideration of the IJB, the Council and NHST.</p> <p>A draft Information Sharing Agreement with NHST and DCC was provided to us during our Annual Report work in June 2024. This was dated 2019 and we were informed that this</p>	 <p>Moderate</p>	<p>The Information Sharing Agreement will be finalised and presented to the IJB by October 2025. Thereafter an Annual Report will be submitted at the end of each Financial Year.</p>	Head of Strategic Services	October 2025



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Issues and actions

	<p>was to be revisited to ensure it was signed by all parties and finalised. This has not come before the IJB yet, neither has an annual report been provided.</p> <p>The IJB was sighted on GDPR regulations in October 2018 (DIJB54-2018) but no formal assurances from the partners have been received since.</p> <p>We have previously commented that the IJB should receive assurance that its strategies and statutory responsibilities are supported by the asset and IT strategies and information governance arrangements of its partners and that these are appropriately prioritised, resourced, and monitored, as an important enabler for the delivery of genuine transformation. The outstanding resource framework to support the Strategic Commissioning Framework is intended to include digital</p>				
10	<p>Consolidated Transformation Programme Reporting and Results</p> <p>Partnership working to transform services into a sustainable operating model is recognised as the way to deal with the ever-increasing demand for services and to improve outcomes for people.</p> <p>Consolidated transformation programme updates were to be provided to the IJB, but this has not progressed. We have been informed that this is in the pipeline and will be</p>	 <p>Moderate</p>	<p>Due to capacity within senior Leadership team and prioritisation of Financial Recovery Plan during 2024/25, this has not been progressed. This will be part of current year (and longer term) strategic financial planning priorities during 2025/26. The HSCP management team is creating a Budget Delivery Group consisting of HSCP officers which will monitor the progress of savings and transformation proposals and new opportunities.</p>	Chief Finance Officer	December 2025


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	a focus in 2025/26, with reliance on the partners making transformations.				
11	<p>Control Document for Suite of Governance Documents</p> <p>We previously made recommendations about updating statutory documents and including a document control form to evidence update and review on a regular basis.</p> <p>DIJB has been working through the revision to documents such as financial regulations, standing orders etc. These have been updated at various times. To ensure that the IJB is given assurance that these are subject to regular review and kept current, a control document that would allow review of the 'suite' at a glance might be appropriate.</p>	 Moderate	Control Document recommendation to be introduced and maintained	Chief Finance Officer	December 2025
12	<p>PAC Annual Report</p> <p>Our 2021/22 Annual Report recommendation that the PAC should provide an annual report to the IJB "with a conclusion on whether it has fulfilled its remit and its view on the adequacy and effectiveness of the matters under its purview" featured in DIJB's Governance Action Plan. The first PAC annual report was in 2023 and, in our annual report 2023/24 we recommended again that the report should conclude on the adequacy and effectiveness of the work of the PAC and provide assurance that it has fulfilled its remit. This was accepted with a completion date of August 2024.</p>	 Merits attention	Annual report to be presented to PAC in May 2025 to review activity of 2024/25 and confirm PAC has fulfilled its remit. This will support the Assurance report provided to IJB, scheduled to be presented to IJB at August meeting. These annual reports will be incorporated into PAC and IJB workplans.	Chief Finance Officer	August 2025

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	<p>The November 2024 GAP update to the PAC showed this action as completed with the second annual report submitted in December 2024.</p> <p>However, the PAC Annual Report submitted to the IJB in December 2024 still does not offer this assurance, with the purpose of the report being described as “an overview of the activities of the PAC over 2023/24”.</p>				
13	<p>Involvement and Engagement Plan</p> <p>Various involvement and engagement pieces of work have been presented to the IJB e.g. the Carers Involvement Framework 2024 (finalised in August 2024) and Engage Dundee Cost of Living Crisis Survey (considered in June 2024). The revised Integration Scheme para 10.4 states that <i>“the Parties will support the Integration Joint Board to prepare and review an Involvement and Engagement Plan by providing appropriate resources and support. The Plan will be aligned to relevant national standards.”</i></p> <p>There is currently no overall IJB Involvement and Engagement Plan.</p>	 Merits attention	<p>Due to staffing pressures, the production of a separate Involvement and Engagement Plan cannot be prioritised during 2025/26. The approach to involvement and engagement will be considered as part for the statutory review of the IJB’s Strategic Commissioning Plan.</p>	Head of Strategic Services	N/A

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Updated Position on Previous ICE / Annual Report Actions

Source	Rec.	Assessment of Risk	Description	Original target date	Current Status	Conclusion
D03/22 Annual Report 2020/21	3	Moderate	Review of standing orders including remit of PAC to refer to their receiving assurances from the Clinical & Care Governance Group. Workplan for the PAC should set out how all areas of their work will be completed with clear links to assurance flows Financial regulations to be reviewed separately	Oct 2021 (Fin Regs) March 2022 (S/O)	2022/23 Standing Orders reviewed June 22 with no amendments. PAC remit does not refer to C&CG Review of financial regulation planned for 23/24 2023/24 The Standing Orders were reviewed in Dec 2023 with an update to the ToR of the PAC. This does now explicitly reference the PACs role to “receive assurances in relation to Clinical Care & Professional Governance through the consideration of a report presented to each meeting of the PAC by the Clinical Director” Financial regulations have not yet been reviewed. 2024/25 Updated Financial Regulations were noted and adopted by the IJB in June 2024.	Action - Complete
D03/22 Annual Report 2020/21	4	Significant	Adopt pan-Tayside solutions to LHSA, corporate support and hosted services	March 2022	2022/23 IS reviewed and updated; discussions have taken place in relation to lead partner (previously hosted) arrangements including governance and reporting. LHSA unlikely to make progress with National Care Service arrangements being developed. Partner	Action - Ongoing

Section 3

Updated Position on Previous ICE / Annual Report Actions

					<p>bodies have not been prescriptive around corporate support arrangements</p> <p>2023/24</p> <p>No further progress</p> <p>2024/25</p> <p>Bi-monthly meetings are in place to discuss key risks and strategic priorities. Financial summary of Lead Partner services included in monthly finance report to HSCP managers. Internal Audit of Lead Partner arrangements is scheduled in 2025.</p> <p>There has been little progress with LHSA.</p>	
D03/22 Annual Report 2020/21	6	Moderate	IJB Assurance Plan, including assurances required to be provided by partners	December 2021	<p>2022/23</p> <p>Due to resourcing capacity the IJB has been unable to progress the connection between risk and performance and ultimately an overarching IJB assurance report. The IJB continues to receive assurance in many ways from partners, but arrangements will be progressed during 2023/24 to further request assurances from partner bodies following clarification of responsibilities reflected in the updated Integration Scheme.</p> <p>2023/24</p> <p>No further developments: this was unable to be progressed during 2023/24 as planned</p>	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

					2024/25 Findings of internal audit reports conducted by Dundee City Council and NHS Tayside with relevance to the IJB are now summarised and reported to PAC. Further work is to be progressed in relation to FTF Assurance Principles over the next year. Development work with Angus and Perth & Kinross IJB's is underway for lead partner services assurances.	
D03/23 Annual Report 2021/22	2	Significant	Consideration of how the IJB receives assurances and monitors progress against actions in the Strategic Commissioning Plan.	December 2022	2022/23 Following the approval of the new Strategic Commissioning Plan which reflects the IJBs high level priorities, a delivery plan will be published. This will, in effect, be the HSCP's response to how the priorities will be delivered within front line services. The reporting of the delivery of this plan alongside the wider performance indicators will provide the necessary assurances to the IJB that priorities are being delivered 2023/24 The new Strategic Commissioning Plan was published in summer 2023 and was to be accompanied by a Resource & Performance Framework and an Annual Delivery Plan. This was, in effect, to be the HSCP's response to how the priorities will be delivered within frontline services. The reporting of the delivery of the plan, alongside wider performance indicators, would provide the necessary assurances to the IJB that	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

					<p>priorities are being delivered. This has not been actioned in-year.</p> <p>2024/25</p> <p>A delivery plan covering October 2024 – March 2026 was endorsed by the IJB in October 2024. Future versions of the plan will align to financial years. This will be monitored via the Senior Management Team and the Strategic Planning Advisory Group, with exception reporting to the IJB where required.</p> <p>The Strategic Planning Advisory Group advised that work was required to update the action lists associated with each strategic priority in the commissioning plan; an addendum was published, and actions will be monitored by the Strategic Planning Advisory Group.</p> <p>Due to resource issues, the Resource and Performance framework have not been progressed.</p>	
D03/23 Annual Report 2021/22	4	Significant	The IJB to receive relevant, reliable, and sufficient assurances against its strategic risks especially high scoring ones (risk appetite still to be established) either through adapting existing reporting processes or through specific deep dive assurance report. Some assurances may have to come from other organisations e.g. partner bodies.	December 2022	<p>2022/23</p> <p>To be adopted through assessing against planned substantive service specific reports to be taken to IJB during the year. Ensure a high-quality risk assurance statement included as standard in reporting.</p> <p>Due to service capacity unable to take this recommendation forward as</p>	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

					<p>planned. Will be picked up during 2023/24.</p> <p>2023/24</p> <p>The service capacity issues did not ease during 2023/24, and this continues to be an ongoing action.</p> <p>2024/25</p> <p>Development session focused on risk was delivered. Risk appetite survey of IJB members has been developed and was supposed to be finalised for issuing in January 2025 however this deadline was not met. Meantime, routine reporting against strategic risk register remains embedded as part of the IJB meeting cycle.</p>	
D03/23 Annual Report 2021/22	5	Moderate	Consideration as to how clinical and care governance arrangements feed into the formation of IJB directions	December 2022	<p>2022/23</p> <p>Issues of clinical and care governance were to be considered where relevant in the issuing of Directions.</p> <p>A new Directions Policy was presented at the April 2023 meeting. The policy makes no reference to clinical and care governance.</p> <p>2023/24</p> <p>No further movement on this action</p> <p>2024/25</p> <p>An IJB Directions policy has been agreed and is being implemented. At the next review of that policy the interface with CCPG will be considered and relevant amendments recommended to the IJB.</p>	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

D03/23 Annual Report 2021/22	6	Significant	Detailed monitoring of savings initiatives	As required	<p>2022/23</p> <p>2022/23 budget was balanced without the need for savings, but a savings plan has been agreed for 2023/24. Financial monitoring arrangements this year will include savings monitoring.</p> <p>2023/24</p> <p>Reports did not include specific monitoring of savings initiatives, and this has been covered within our report</p> <p>2024/25</p> <p>Further strengthening of reporting on savings and transformation will be made in the 2025/26 budget setting process. Additional opportunities to enhance reporting through the implementation of the Delivery Plan.</p>	Action - Ongoing
D03/23 Annual Report 2021/22	7	Merits Attention	Reporting of progress in delivering the Risk Management Action Plan should set out progress against individual actions to allow for clear monitoring of maturity assessment	November 2022	<p>2022/23</p> <p>Following the Internal Audit Review of the Governance Action Plan this will be reconsidered alongside the consolidation and reporting of other reviews.</p> <p>2023/24</p> <p>At the time of our Annual Report in June 2023 we reported that, following the Internal Audit Review of the Governance Action Plan, this would be reconsidered alongside the consolidation and reporting of other reviews. Since this work has not yet been finalised, this action is considered ongoing.</p>	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

					2024/25 Following a risk management development session in November 2024 consideration will be given as to how these individual actions are subsequently reported to the IJB.	
D03/23 Annual Report 2021/22	9	Merits Attention	Output from internal monitoring and quality assurance process for care services should be overtly included within CCPG reports and their quality assessed through triangulation with results of external inspections.	Ongoing	2022/23 No further developments this year; arrangements in place are still deemed to be as effective as they can be. Further investment has been made by the Scottish Government to Health Boards through additional assurance responsibilities to the Executive Directors of Nursing to support care home oversight which will provide additional support and guidance to the care home sector. 2024/25 CCPG forums and reporting includes consideration of quality monitoring for care services, including both internal and external scrutiny approaches. Exception reporting is included within this approach. This is then reflected within reports to the IJB as appropriate.	Action - Complete
D03/24 Annual Report 2022/23	1	Significant	Monitoring of the implementation of the Strategic Commissioning Framework and of the development and implementation of the supporting Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework is fundamental. Financial monitoring	December 2023	2023/24 A first year Annual Delivery Plan was not produced and there has been no further update on the Resource and Performance Frameworks. Updates have not been given to the Board. 2024/25	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

			reports to clearly link to the Strategy Delivery Plan and Resource Framework		<p>A Delivery Plan was produced in October 2024. No progress has been made on the Resource and Performance Frameworks.</p> <p>Financial recovery and budget planning for 2025/26 continues through development sessions and IJB reports. The scale of the financial challenge is recognised and is to be managed alongside strategic and commissioning priorities.</p>	
D03/24 Annual Report 2022/23	2	Moderate	Consider how IJB members can be involved in the development and agreement of the organisation's risk profile. IJB to clearly set out how risk appetite is considered as part of decision making, how risk appetite affects monitoring and escalation process for individual risk and to ensure risk appetite is reflected in target risk scores and how the IJB will understand if the target is being achieved.	December 2023 and April 2024	<p>2023/24</p> <p>At the time of our Annual Report in June 2023 a detailed report on progress was to be provided to the PAC by Dec 2023 and the 2023/24 Risk Management Annual Report would provide further assurance on the effectiveness of these developments. A risk appetite session with IJB members was held in August 2023 and a feedback questionnaire was being developed to identify risk categories, appropriate risk appetite and target scores. Following this, inherent risks and target risk scores were to be revised. Unfortunately, this has not progressed further at this time and therefore the action is ongoing</p> <p>2024/25</p> <p>A risk appetite survey was being developed. This was scheduled for completion by January 2025, but this deadline has not been met.</p>	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

D03/24 Annual Report 2022/23	3	Significant	PAC Annual Report should clearly highlight lack of progress in implementing agreed governance improvements and their impact on governance arrangements. Focus on prioritising outstanding actions with clearly identified solutions to overcome barriers to progressing outstanding actions	August and September 2023	<p>2023/24</p> <p>The PAC's first Annual Report (2022/23) was considered by the IJB in August 2023. This did include a paragraph drawing the Board's attention to our Annual Report 2022/23 and the issues around the number of outstanding actions. The work being undertaken to streamline the outstanding actions with the Governance Action Plan should assist in focusing attention on the intransigent issues that must be overcome. This action is therefore incomplete at this stage.</p> <p>2024/25</p> <p>The review of the Governance Action Plan is now complete and routine reporting has been reinstated at every PAC meeting.</p>	Action - Complete
D03/25 Annual Report 2023/24	1	Significant	<p>Alongside robust monitoring of agreed governance improvement actions, a clear escalation route should be introduced to allow DIJB to identify remedial action.</p> <p>Consider whether a strategic risk on delivery of key governance improvements is required.</p>	September 2024	<p>2024/25</p> <p>A commitment was made to bring a full update to the September 2024 PAC.</p>	Action - Complete
D03/25 Annual Report 2023/24	2	Significant	Firm timeline for prioritised completion of the resource and performance frameworks and Annual Delivery Plan.	October 2024	<p>2024/25</p> <p>The Delivery Plan for an 18m period Oct 2024 – March 2025 was approved by the IJB in October 2024.</p>	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

					The resource and performance frameworks have not yet been completed.	
D03/25 Annual Report 2023/24	3	Merits Attention	The Annual Report of the PAC should conclude on the adequacy and effectiveness of its work and provide assurance that it has fulfilled its remit during the year under review.	August 2024	2024/25 An annual report was presented in August 2024, but this did not conclude on the adequacy and effectiveness of the PAC, and it did not provide assurance that it had fulfilled its remit. Therefore, this action must be considered ongoing.	Action - Ongoing
D03/25 Annual Report 2023/24	4	Moderate	Document control front sheets to be included with each statutory document	August 2024	2024/25	Action - Ongoing
D03/25 Annual Report 2023/24	5	Merits Attention	The PAC to receive, review and endorse the Strategic Risk Annual Report before endorsing it for onward submission to the IJB	May 2025	2024/25 Not yet due for completion	Action - Not yet due
D03/25 Annual Report 2023/24	6	Merits Attention	Implement a monitoring process for directions, including requesting progress reports from partners as required.	May 2025	2024/25 Not yet due for completion	Action - Not yet due
D03/25 Annual Report 2023/24	7	Moderate	Committee support to ensure all items for future action are reflected in the Action Planner to ensure follow-up is undertaken.	August 2024	2024/25 DCC Committee Services and HSCP management team work together to ensure actions continue to be captured on the Action Tracker and explore options to monitor follow-up	Action - Complete
D03/25 Annual Report 2023/24	8	Significant	CCPG to monitor attendance of the PGGs at each meeting, and whether reports are provided as required. This analysis to be provided to the	December 2024	2024/25 Attendance at, and provision of reports to the CCPG have been closely	Action - Complete

Section 3





Updated Position on Previous ICE / Annual Report Actions

			PAC in the CCPG Assurance Reports, highlighting any areas of concern.		monitored and data included within the assurance reports to the PAC.	
D03/25 Annual Report 2023/24	9	Moderate	DIJB to consider adopting FTF Assurance Principles across governance groups to provide clarity around the use of assurance levels used within the NHS Tayside Clinical Governance fora.	October 2024	2024/25 Report was to be taken to the IJB in October 2024, but this did not happen.	Action - Ongoing
D03/25 Annual Report 2023/24	10	Moderate	Financial monitoring to be enhanced to allow Board to gauge progress against budgets, especially where brought forward reserves are being used to balance a budget and in savings targets. Financial reports to show actual savings against planned savings and savings to be categorised as recurring or non-recurring.	October 2025	2024/25 Complications around the integrated nature of the budget but looking to enhance monitoring where appropriate. Added complexities surrounding utilisation of in-year reserves for financial monitoring purposes as statutory accounting treatment dictates this is actioned at year end.	Action - Not yet due

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Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non-Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.	One
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	Ten
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Two