



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 29 JANUARY 2025

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

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC6-2025

## **1.0 PURPOSE OF REPORT**

- 1.1 This paper provides the Performance and Audit Committee (PAC) with an update on the completion of the 2023/24 Internal Audit Plan and progress of the 2024/25 internal audit plan. 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 PAC:




- 2.1 Notes the completion of the 2023/24 internal audit plan and work undertaken on the 2024/25 plan.
- 2.2 Notes that Internal audit report D06/24 Workforce provided Limited Assurance report and is presented as a separate agenda item.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

## **4.0 MAIN TEXT**

- 4.1 The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor reports periodically to the PAC on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.
- 4.2 The PAC approved the 2023/24 Internal Audit Plan at the September 2023 meeting and completion of the plan is set out in Appendix 1.
- 4.3 The PAC approved the 2024/25 Internal Audit Plan at the September 2024 meeting. Internal audit work undertaken in 2024/25 is also set out in Appendix 1.
- 4.4 Working with our partners in Dundee City Council, we are committed to ensuring that internal audit assignments are reported to the target PAC. The progress of each audit has been risk assessed and a RAG rating added showing an assessment using the following definitions:

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

- 4.5 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1. Resources to deliver these audits are provided by NHS Tayside and Dundee City Council Internal Audit Services.
- 4.6 In order that all parts of the system receive appropriate information on the adequacy and effectiveness of internal controls relevant to them, 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 and Risk Committees. This protocol 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 and are summarised here for information. It should be noted that the respective Audit and Risk/ Scrutiny Committees of the commissioning bodies are responsible for scrutiny of implementation of actions.
- 4.7 The NHS Fife internal audit External Quality Assessment (EQA) is ongoing and meetings have been held by the Chartered Institute of Internal Auditors Assessors with a sample of FTF staff and key stakeholders. The EQA report will be presented to the IJB Audit and Assurance Committee in 2025.

**NHS Tayside reports:**

Report Description	Assurance	Key findings
T25/25 Financial Sustainability – Scottish Government Self-Assessment Review	N/A	<p>The NHS Scotland Financial Delivery Unit (FDU) issued financial considerations information for the NHS Support and Intervention Framework (the Framework) in June 2024, setting out an assessment process for NHS Boards. Boards were required to submit their self-assessment alongside their Quarter 2 financial results, to inform the Scottish Government's escalation status consideration for NHS Boards.</p> <p>The Director of Finance commissioned a review of the adequacy of the Board's financial sustainability arrangements through validation of the self-assessment undertaken by NHS Tayside against the Financial Escalation Assessment template.</p> <p>The results of the internal audit work were communicated in an audit memo issued on 18 October 2024 and we will</p>

		<p>report our findings on areas for further improvements to support financial sustainability as part of internal audit report T26/25 on Savings.</p> <p>We validated the draft Financial Escalation Self-assessment and reviewed available documentary evidence. In our opinion, based on internal audit professional judgement, our knowledge of NHS Tayside, and the outcomes of previous internal and external audits, the draft self-assessment is factually accurate. Of the 34 questions, we fully agreed with the assessment reached for 29 questions. We partially agreed with the assessment for four questions and the Scottish Government submission was updated to reflect audit feedback. Further evidence is to be provided to validate one question.</p>
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**Dundee City Council reports:**

<b>Report Description</b>	<b>Assurance</b>	<b>Key findings</b>
Absence Management and Staff Wellbeing	Limited Assurance	<p>The audit reviewed the arrangements in place within the Council to mitigate long term and future absence arising from sickness absences, and the governance arrangements in place to promote and support staff wellbeing.</p> <p>The following areas for improvement were identified:</p> <ul style="list-style-type: none"> <li>• Roles and responsibilities in respect of producing monthly sickness absence statistics and how the data is used and monitored are not clearly defined within policy documentation.</li> <li>• The policy on Promoting Health and Attendance has not been subject to regular review and does not include a definition of long-term sickness absence.</li> <li>• The Employee Health and Wellbeing Framework is out of date and could be more readily accessible to all staff.</li> <li>• The short-term sickness absence documented process has not always been followed.</li> <li>• The long-term sickness absence documented process has also not always been followed.</li> <li>• Arrangements for obtaining and reporting on staff wellbeing feedback require improvement.</li> <li>• The Health and Wellbeing Action Plan does not have assigned action owners.</li> <li>• There is currently a lack of oversight of compliance with sickness absence management processes.</li> <li>• There is scope to improve the Council's arrangements for measuring the effectiveness of wellbeing support/initiatives.</li> </ul>
Corporate Governance	Substantial Assurance	<p>The Annual Governance Statement Questionnaire and the underpinning process by which information is compiled to inform the Annual Governance Statement is well designed and delivers the necessary assurance over the requirements of relevant guidance. A number</p>

		of recommendations were identified; however, these primarily relate to opportunities for improvements which would enhance consistency and further enhance the quality of assurance obtained.
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## **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**

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

## **7.0 CONSULTATIONS**




- 7.1 The Chief 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.

Christine Jones  
Acting Chief Finance Officer

**Date:** 15 January 2025

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
<b>2023/24</b>								
<b>D01-24</b>	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete 	✓	✓	✓	✓	<b>N/A</b>
<b>D02-24</b>	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2024 	✓	✓	✓	✓	<b>N/A</b>
<b>D03-24</b>	Annual Internal Audit Report (2022/23)	CIA annual assurance statement to the IJB and fieldwork to support this.	June 2023 (IJB) 	✓	✓	✓	✓	<b>N/A</b>
<b>D04-24</b>	Governance & Assurance	All actions have now been added to the Ideagen performance management system following completion of the mapping exercise by Internal Audit. Officers across the Partnership have now updated each of the actions uploaded to Ideagen; a full overview of progress across all actions on the Governance Action Plan is on the agenda at the November 2024 PAC meeting.	<del>September 2023</del> May 2024 <del>September 2024</del> November 2024	✓	✓	✓	✓	<b>N/A</b>

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work Progress in	Draft Report	Completed	Grade
								
D05-24	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of 2023/24 Annual Internal Audit Report.  Follow-up of previous agreed governance actions including Internal Audit recommendations.  Incorporated into the Annual Internal Audit report 2023/24 and reported to the June 2024 IJB meeting	Dundee IJB meeting June 2024  	✓	✓	✓	✓	N/A
D06-24	Workforce	Related risk: Staff Resource  Scope: 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.  The initial scope of the audit was adjusted to reflect the updated description and mitigations for the relevant risk, resulting in a delay in starting the audit fieldwork. Audit fieldwork has been completed and a closure meetings was held on 10 October 2024.Draft report to be issued to management week beginning 11 November 2024.	February 2024  <del>September 2024</del>  <del>November 2024</del>  January 2025  	✓	✓	✓	✓	Limited Assurance
2024/25								
D01-25	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete	✓	✓	✓	✓	N/A

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
								
<b>D02-25</b>	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2025 	✓	✓			
<b>D03-25</b>	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of the 2024/25 Annual Report.  Follow up of previously agreed governance actions including Internal Audit recommendations.	May 2025 	✓				
<b>D04-25</b>	Annual Report 2024/25	Chief Internal Auditor's annual assurance statement to the IJB with fieldwork to support this.	September 2025 (IJB meeting June 2025) 	✓				
<b>D05-25</b>	Lead Partner Services	Lead Partner Governance and Assurance arrangements	May 2025 	✓				

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
		Scope to review status of information sharing related to finance / financial outlook / risks / clinical and care governance / activity and strategic planning (Scope still to be finalised)						