ITEM No …12……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 4 FEBRUARY 2026**

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 progress of the one remaining review from 2024/25 and the 2025/26 internal audit plan.

1.2 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 ongoing work undertaken on the 2024/25 and 2025/26 plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Global Internal Audit Standards 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 2025/26 Internal Audit Plan at the September 2025 meeting. Internal audit work undertaken to deliver the 2025/26 plan and the one remaining review from 2024/25 is set out in Appendix 1.

4.3 FTF Internal Audit, working with our partners in Dundee City Council, is 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		**On track or complete**
Amber		**In progress with minor delay**
Red		**Not on track (reason to be provided)**

4.4 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 the NHS Tayside and Dundee City Council Internal Audit Services.

Following an initial delay due to work pressures and other priorities within the Dundee City Council Internal Audit Service, and initial engagement with officers to progress the review, fieldwork on Internal Audit D05-25 Lead Partner Services is nearing completion.

4.5 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.

NHS Tayside reports:

Report Description	Assurance	Key findings
T17/25 Adverse Event Management	Limited Assurance	An overarching Combined Clinical Governance Improvement Action Plan now brings together actions from new national guidance and the findings from this Internal Audit Report as well as local improvement priorities, and will be monitored through the Clinical Governance Quality Assurance Meeting (CGQAM) and Clinical Governance Committee. Agreed management actions in response to audit findings are: • Review of the current Significant Adverse Event Review category 1 process, including the commissioning and sign off process. • Support to services to use Datix Dashboards so that data is used to monitor performance and drive improvement.

		• Introduction of action dashboards to monitor performance and drive improvement. • Introduction of a new CGQAM meeting. • Support services through resources, education, and training. • Work with the Business Unit, to revisit the possible solution of using Qlikview dashboards from Datix. • Include a glossary in the next iteration of the Adverse Event Management policy. • Review of how the CGQAM can be used to enable services to present their learning summaries.
T18/25 Medical Equipment & Devices	Reasonable Assurance	Internal Audit identified no issues with approval, delivery and equipment acceptance. Data entry in the eQuip system (Equipment records register) was inconsistent and there was a lack of precise location tracking. Management are working to identify solutions and implementation of a tracking system is being explored. Management provided appropriate management responses and implementation dates to address audit findings related to the review and update of Guidance Documents; enhancing governance arrangements; prioritising improvement actions; the efficiency and effectiveness for the introduction of new medical equipment; and the implications from recent DL requirements and risks.
T31/25 Data Breaches Learning Review	Limited Assurance	Limited progress was made on Information Commissioner's Office March 2023 recommendations with 61% of actions not implemented, resulting in a disclosure in the 2024/25 Governance Statement. Progress was impacted by resourcing challenges in the Information Governance & Cyber Assurance (IG&CA) team. Actions have been agreed to improve the systems of governance, risk management, and control.
T24/26 Post Transaction Monitoring	N/A	The audit opinion categories for post transaction monitoring are pre-defined within the Scottish Government Health & Social Care Directorates (SGHSCD) Property Transactions Handbook (the Handbook). Therefore, we have not provided an overall opinion on the system but have concluded each transaction related to the Handbook property transaction categorisation requirements. In accordance with the requirements of Part A Section 6.9 of the Handbook, each transaction must be categorised as: A - Transaction has been properly conducted, or B - There are reservations on how the transaction was conducted, or C - A serious error of judgment has occurred in the handling of the transaction.

		The audit opinion for each transaction is: • Sale of Aberfeldy Cottage Hospital – A • Granting of Lease, Retail Lease on Ninewells Concourse – WHSmith - A • Acquisition by Lease, 4 South Ward Road, Dundee – B One significant and two merits attention findings were agreed. The significant finding was that the lessons learnt exercise for the 4 South Ward Road transaction, agreed at the October 2023 Asset Management Group, has not been undertaken. This creates a risk that a Handbook non-compliant decision-making process could occur again and commit partners to financially material contractual arrangements with ongoing costs.

Dundee City Council reports:

Report Description	**Assurance**	**Key findings**
Partnership Working - Dundee Alcohol and Drugs Partnership (ADP)	Comprehensive	**Scope** Review of the arrangements which underpin the Council's delivery responsibilities under the Alcohol and Drugs Partnership's Strategic Framework, including delivery plans, progress monitoring, and engagement with other members of the Partnership. **Conclusion (No Recommendations)** The Council has established effective governance arrangements that appropriately support its delivery responsibilities under the Alcohol and Drugs Partnership's Strategic Framework. Representation, planning alignment, and monitoring processes are all operating effectively. **Key Findings** We identified a number of areas of good practice: • The Council has implemented a representative structure that ensures appropriate engagement at all levels of the Alcohol and Drugs Partnership governance framework. • Council representatives who attend the main ADP group and/or its various subgroups, create a link between the ADP and Council services with information flowing through these designated staff members back to their respective service management teams. • There is a nested plan approach to ensure that ADP strategic priorities are effectively connect with service-level implementation, which enables strategic objectives established at the ADP level to cascade appropriately into operational activities at the service level.

		• Service plans demonstrate consideration of ADP objectives and there are mechanisms in place to incorporate any changes to ADP strategies into service planning. • Service performance indicators indirectly support broader substance use prevention and intervention strategies without duplicating ADP metrics. • There are monitoring and reporting processes for tracking council activities and performance indicators that directly support the priorities of the ADP

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 and Chief Internal Auditor were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 09 January 2026

Jocelyn Lyall
Chief Internal Auditor

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
2024/25								
D01-25	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete 	✓	✓	✓	✓	**N/A**
D02-25	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2025 	✓	✓	✓	✓	**N/A**
D03-25	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.	IJB meeting June 2025 	✓	✓	✓	✓	**Both the Internal Control Evaluation (ICE) and the Annual Report 2024/25 were reported at the June 2025 IJB meeting. Progress to address ICE findings will be reported to the IJB PAC within the Governance Action Plan.**
D04-25	Annual Report 2024/25	Chief Internal Auditor's annual assurance statement to the IJB with fieldwork to support this.	IJB meeting June 2025 	✓	✓	✓	✓	

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D05-25	Lead Partner Services	Lead Partner Governance and Assurance arrangements Scope to review status of information sharing related to finance / financial outlook / risks / clinical and care governance / activity and strategic planning. **Update:** Assignment plan was agreed with the Chief Officer on 19 August 2025 and fieldwork is ongoing.	~~May 2025~~ ~~September 2025~~ ~~November 2025~~ ~~February 2026~~ 20 May 2026 	✓	✓			
2025/26								
D01-26	Audit Planning	Audit Risk Assessment & Operational Planning.	September 2025	✓	✓	✓	✓	**N/A**
D02-26	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at Audit Committee.	Ongoing May 2026	✓	✓			
D03-26	Internal Control Evaluation (reported in March)	Holistic assessment of the internal control environment in preparation for production of 2024/25 Annual Report. Follow-up of previous agreed governance actions including Internal Audit recommendations.	March 2026	✓	✓			

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D04-26	Annual Report 2025/26 (reported in July)	CIA annual assurance statement to the IJB and fieldwork to support this.	IJB Meeting June 2026					
D05-26	Partner Bodies Support Services	Review of support services received from partner bodies (NHST and DCC) as stated within the Scheme of Integration: *'It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the IJB to carry out is functions and requirements', including 'professional, technical and administrative resource."*	TBC					