
Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	25 September 2023
Report By:	Chief Officer Inverclyde Health and Social Care Partnership	Report No:	IJBA/12/2023/AP
Contact Officer:	Andi Priestman	Contact No:	01475 712251
Subject:	Internal Audit Progress Report - 5 June to 1 September 2023		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to enable the Inverclyde IJB Audit Committee members to monitor the performance of Internal Audit and gain an overview of the IJB's overall control environment.
- 1.3 The report also presents an update on the Internal Audit work undertaken at Inverclyde Council and NHS Greater Glasgow and Clyde (NHSGGC) between 5 June and 1 September 2023 that may have an impact upon the Inverclyde IJB's control environment.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that Inverclyde IJB Audit Committee members agree to note the progress made by Internal Audit for the period 5 June to 1 September 2023.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The audit plan for 2023/24 was approved at the IJB Audit Committee meeting in June 2023.
- 3.2 Internal Audit reports findings and action plans to relevant Inverclyde IJB Officers and the Audit Committee as part of the annual audit plan. A follow up process is in place to allow follow up of current internal audit actions to be co-ordinated and updated by Internal Audit on a monthly basis with regular reporting to the Audit Committee.
- 3.3 In each audit, one of 4 overall opinions is expressed:

Strong	In our opinion there is a sound system of internal controls designed to ensure that the organisation is able to achieve its objectives.
Satisfactory	In our opinion isolated areas of control weakness were identified which, whilst not systemic, put some organisation objectives at risk.
Requires improvement	In our opinion systemic and/or material control weaknesses were identified such that some organisation objectives are put at significant risk.
Unsatisfactory	In our opinion the control environment was considered inadequate to ensure that the organisation is able to achieve its objectives.

- 3.4 Individual audit findings are categorised as Red, Amber or Green:

Red	In our opinion the control environment is insufficient to address the risk and could impact the organisation as a whole. Corrective action must be taken and should start immediately.
Amber	In our opinion there are areas of control weakness which we consider to be individually significant but are unlikely to affect the organisation as a whole.
Green	In our opinion our audit highlighted areas for minor control improvement and/or areas of minor control weakness.

- 3.5 Since the last Internal Audit progress report to the June meeting of the Inverclyde IJB Audit Committee, there were no reports finalised. One audit review is at draft report stage.
- 3.6 In relation to Internal Audit follow up, there were no actions due for completion by 31 August 2023. There are 4 actions being progressed by officers. The current status report is attached at Appendix 1.
- 3.7 In addition, since the last Internal Audit Progress report to the Audit Committee meeting in June 2023, Internal Audit Reports reported to Inverclyde Council and NHSGGC which are relevant to the Inverclyde IJB are set out at paragraphs 3.8 and 3.9 of this report.

3.8 Inverclyde Council – Internal Audit Progress Report Summary

Since the last Internal Audit Progress Report considered at the June 2023 meeting of the Audit and Performance Committee, there was one Internal Audit Report reported to Inverclyde Council which is relevant to the Inverclyde IJB.

Audit Report	Report Opinion	Category/Number of Issues		
		Red	Amber	Green
Climate Change – Utilities Management (1)	Satisfactory	0	3	2

- (1) The review focused on the high-level processes and procedures in relation to utilities management and concentrated on identified areas of perceived higher risk, such as utility usage within the Council estate is not efficient or is not completely and accurately monitored on a regular basis, utility bills are not completely and accurately processed in a timely manner or emission reduction targets are not being achieved.

The overall control environment opinion for this audit was Satisfactory. There were 3 AMBER issues identified as follows:

Adequacy of resources to progress actions from the Net Zero Strategy (Amber)

Inverclyde Council's Net Zero Strategy sets out the Council's commitment to achieving net zero by 2045. Another two strategies introduced by the Scottish Government are the Heat in Buildings Strategy and the Local Heat and Energy Efficiency Strategies (Scotland) Order (LHEES). The Net Zero Strategy will be implemented through a series of 5 year action plans, in particular in relation to utilities management, through a schedule of energy projects including review of Automatic Meter Reading provision, investing in additional devices for all utilities and an increase in resources to assist in the development of the LHEES.

Through discussions with the Interim Head of Property Services, it was identified that Scottish Government funding will be used to secure a Team Leader Energy and Climate Change Officer and a technician post to assist with the actions required from the Net Zero action plan. However, at the time of the review, recruitment had commenced for the additional resources but the positions have not yet been filled.

Where adequate resources are not in place to progress agreed actions, there is a risk that the Council may not make adequate progress in achieving net zero targets set by the Scottish Government.

Collation and reporting of emissions results (Amber)

One of the key tasks of the Carbon Reduction Officer is to monitor, collate and report emissions data from the consumption of utilities across the council estate. The Carbon Reduction Officer extracts the emissions data manually from utility billing spreadsheets and reports the results to the Climate Change Group and to the E&R Committee on an annual basis.

Through a walkthrough of the process, it was identified that there are currently no written procedures for the monitoring, collation and reporting of emissions data and the calculation of the emissions data involves a lot of manual intervention to provide complete and accurate results. In addition, there is a single person dependency in relation to the emission data calculation and there is no independent check of the data collated. Also, we identified an error in the example reviewed.

Where written procedures do not exist, there is a risk that staff may not carry out procedures in a consistent manner, or at all.

Where there is no independent check of the emissions data, management cannot be confident that the total results reported internally and externally are complete and accurate.

Lack of Records Retention Policy (Amber)

In order to comply with the Code of Practice on the Discharge of Functions by Public Authorities under the Freedom of Information (Scotland) Act 2002, Inverclyde Council has developed a policy for the retention and disposal of electronic/paper documents and records.

Within this policy, services should use a retention schedule to record documents and records that should be permanently preserved or disposed of when no longer required. Through discussions with the Carbon Reduction Officer, it was identified that although all Planning services have developed a retention schedule, both hard copy and electronic records in relation to utilities management since March 2011 have been omitted from the retention schedule and have therefore not been archived or disposed of according to the policy.

Where documents or records in relation to utilities management have not been included on the retention schedule or are not retained or disposed of in accordance with the retention policy, there is a risk that utilities management information is being held for longer than necessary which is costly to the Council in terms of physical storage space and server space and may not comply with the with the Freedom of Information (Scotland) Act 2002 where information should be easily accessible to respond to Freedom of Information requests.

3.9 NHSGGC - Internal Audit Progress Report Summary

Since the last IA Progress Report considered at the June meeting of the Audit and Performance Committee, there were no Internal Audit Reports reported to NHSGGC which are relevant to the Inverclyde IJB.

3.10 Internal Audit within Inverclyde Council and NHSGGC undertake follow up of actions in accordance with agreed processes and report on progress to the respective Audit Committees.

4.0 PROPOSALS

4.1 The Inverclyde IJB Audit Committee is asked to note the progress made by Internal Audit for the period 5 June to 1 September 2023.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic Plan Priorities		X
Equalities, Fairer Scotland Duty & Children and Young People		X
Clinical or Care Governance		X
National Wellbeing Outcomes		X
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

5.3 Legal/Risk

Where delays arise in delivering the Internal Audit Plan, there is a risk that this may result in an inability to provide a reasonable level of assurance over the Inverclyde IJB's system of internal control to those charged with governance. The main basis for providing assurance is coverage of the planned risk-based audits. Every endeavour is therefore made to ensure that no material slippage occurs in risk-based audits by concentrating resources on these audits.

5.4 Human Resources

There are no human resources implications arising from this report.

5.5 Strategic Plan Priorities

This report relates to strong corporate governance.

5.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	N/A
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	N/A
People with protected characteristics feel safe within their communities.	N/A
People with protected characteristics feel included in the planning and developing of services.	N/A
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	N/A
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	N/A
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	N/A

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Clinical or Care Governance**

This report relates to strong corporate governance.

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	N/A

People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	N/A
People who use health and social care services have positive experiences of those services, and have their dignity respected.	N/A
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N/A
Health and social care services contribute to reducing health inequalities.	N/A
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	N/A
People using health and social care services are safe from harm.	N/A
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	N/A
Resources are used effectively in the provision of health and social care services.	N/A

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1 Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The Chief Officer and the Chief Financial Officer have been consulted on this report.

8.0 BACKGROUND PAPERS

8.1 Internal Audit Reports. Copies available from Chief Internal Auditor.

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
AT 31 AUGUST 2023**

Summary: Section 1 Summary of Management Actions due for completion by 31/08/2023

There were no actions due for completion by 31 August 2023.

Section 2 Summary of Current Management Actions Plans at 31/08/2023

At 31 August 2023 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/08/2023

At 31 August 2023 there were 4 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 August 2023 there were three audit action points where the agreed deadline had been missed.

Section 5 Summary of Audit Action Points By Audit Year

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.08.2023

SECTION 1

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*	No action proposed
0				

* These actions are included in the Analysis of Missed Deadlines – Section 4

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.08.2023

SECTION 2

Current Actions	
Due for completion September 2023	1
Due for completion December 2023	1
Due for completion January 2024	1
Due for completion April 2024	1
Total current actions:	4

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

CURRENT MANAGEMENT ACTIONS AS AT 31.08.2023

SECTION 3

Recommendation/Agreed Action	Owner	Expected Date
IJB Integration Scheme Update – Readiness Review (December 2019)		
<p>Recommendation: Specifying governance arrangements within the Integration Scheme (Amber) The Scottish Government have confirmed IJBs will be required to review their current integration schemes rather than complete a new scheme. The 6 HSCP across Greater Glasgow and Clyde will contribute to a short life working group to review collectively ensuring cross cutting issues are addressed.</p> <p>The Inverclyde HSCP has identified the appropriate officer to contribute to this work. The HSCP are also working closely with Legal Services within the Council and NHS to review our current Integration Scheme.</p> <p>Agreed Action: Recommendation accepted.</p>	IJB Chief Officer	01.04.2023*
IJB Performance Management and Reporting Arrangements (July 2021)		
<p>Recommendation: Reporting on progress with implementing the IJB’s Strategic Plan (Amber) Management will provide a mid-year (April to September) Strategic Plan progress report to IJB that includes RAG status and actions.</p> <p>Management will produce an “easy read” document which covers the progress being made with implementing the IJB’s Strategic Plan and would accompany the Annual Performance report.</p> <p>Agreed Action: Recommendation accepted.</p>	IJB Chief Financial Officer	30.09.2023*
	IJB Chief Financial Officer	31.01.2024*

* These actions are included in the Analysis of Missed Deadlines – Section 4

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

CURRENT MANAGEMENT ACTIONS AS AT 31.08.2023

SECTION 3

Recommendation/Agreed Action	Owner	Expected Date
IJB Workforce Planning Arrangements (February 2023)		
Recommendation: Managing Timescales within the Workforce Plan action plan (Amber) The IJB Chief Financial Officer will also explore the use of the Pentana system to record milestones for actions and priorities for each action. Agreed Action: Recommendation accepted.	IJB Chief Financial Officer	31.12.2023

* These actions are included in the Analysis of Missed Deadlines – Section 4

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
IJB Integration Scheme Update – Readiness Review (December 2019)	<p>Specifying governance arrangements within the Integration Scheme (Amber) The Scottish Government have confirmed IJBs will be required to review their current integration schemes rather than complete a new scheme. The 6 HSCP across Greater Glasgow and Clyde will contribute to a short life working group to review collectively ensuring cross cutting issues are addressed.</p> <p>The Inverclyde HSCP has identified the appropriate officer to contribute to this work. The HSCP are also working closely with Legal Services within the Council and NHS to review our current Integration Scheme.</p>	<p>31.07.22 31.05.23</p>	01.04.24	Work has continued to be developed on the integration schemes. We continue to work with our partners at the NHS and Council around updates. Work also continues across all 6 Greater Glasgow and Clyde IJB's to find a consistent approach to our Integration Schemes.
IJB Performance Management and Reporting Arrangements (July 2021)	<p>Reporting on progress with implementing the IJB's Strategic Plan (Amber) Management will produce an "easy read" document which covers the progress being made with implementing the IJB's Strategic Plan and would accompany the Annual Performance report.</p>	<p>30.06.22 30.11.22 30.09.23</p>	31.01.24	Due to an unanticipated vacancy arising this action has not been progressed. The post has now been filled and a revised date of end of 31 January 2024 has been set for the completion of this action.
IJB Performance Management and Reporting Arrangements (July 2021)	<p>Reporting on progress with implementing the IJB's Strategic Plan (Amber) Management will provide a mid-year (April to September) Strategic Plan progress report to IJB that includes RAG status and actions.</p>	30.11.22	30.09.23	The Strategic Plan was presented to the March 2023 IJB and was approved. The mid-year update will be presented to the September meeting of the IJB.

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF ACTION PLAN POINTS BY AUDIT YEAR

SECTION 5

The following table sets out the total number of agreed actions raised by audit year together with their completion status as at 31 August 2023.

Audit Year	Total Agreed Actions	Total Actions Completed	Total Current Actions Not Yet Due*		
			Red	Amber	Green
2016/2017	3	3	0	0	0
2017/2018	8	8	0	0	0
2018/2019	6	6	0	0	0
2019/2020	6	5	0	1	0
2020/2021	2	2	0	0	0
2021/2022	6	4	0	2	0
2022/2023	6	5	0	1	0
Total	37	33	0	4	0

* This part of the table sets out the total number of current actions not yet due at the date of the follow up report.