

AGENDA ITEM NO: 4

Report To: Inverclyde Integrated Joint Board Date: 8 September 2025

Audit Committee

Report By: Chief Internal Auditor Report No: IJBAC/28/2025/AP

Contact Officer: Andi Priestman Contact No:

Subject: INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2025-2026

1.0 PURPOSE AND SUMMARY

1.1 ⊠For Decision □For Information/Noting

1.2 The purpose of this report is to present the Internal Audit Annual Strategy and Plan for 2025-2026 for approval.

2.0 RECOMMENDATIONS

2.1 It is recommended that Inverclyde IJB Audit Committee approve the Internal Audit Annual Strategy and Plan for 2025-2026.

Andi Priestman Chief Internal Auditor Inverclyde Integration Joint Board

3.0 BACKGROUND AND CONTEXT

- 3.1 Internal Audit is an assurance function that primarily provides an independent and objective opinion to the organisation on the control environment comprising governance, risk management and control by evaluating its effectiveness in achieving the organisation's objectives. It objectively examines, evaluates and reports on the adequacy of the control environment as a contribution to the proper, economic, efficient and effective use of resources.
- 3.2 As stated in the IRAG (Integrated Resources Advisory Group) Guidance, it is the responsibility of the Inverciyde 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.
- 3.3 The Global Internal Audit Standards (GIAS) include the requirement for the Chief Internal Auditor to prepare a risk-based plan to determine the priorities of the internal audit activity, consistent with the organisation's goals.
- 3.4 The Chief Internal Auditor will prepare an annual internal audit plan which will be subject to consideration and approval by the Inverclyde IJB Audit Committee.
- 3.5 The GIAS require that the annual audit plan should be kept under review to reflect any changing priorities and emerging risks. Any material changes to the audit plan will be presented to the Inverclyde IJB Audit Committee for approval.

4.0 PROPOSALS

- 4.1 The proposed Internal Audit Annual Strategy and Plan for 2025-2026 is set out at Appendix 1.
- 4.2 The total budget for the Internal Audit Annual Plan for 2025-2026 has been set at 20 days. The Plan does not contain any contingency provision. Where there are any unforeseen work demand that arise eg special investigations or provision of ad hoc advice, this will require to be commissioned as an additional piece of work which will be subject to a separate agreement.

5.0 IMPLICATIONS

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

| SUBJECT | YES | NO |
|--|-----|----|
| Financial | | X |
| Legal/Risk | X | |
| Human Resources | | Х |
| Strategic Plan Priorities | X | |
| Equalities | | Х |
| Clinical or Care Governance | | Х |
| National Wellbeing Outcomes | | Х |
| Children & Young People's Rights & Wellbeing | | Х |
| Environmental & Sustainability | | Х |
| Data Protection | | Х |

5.2 Legal/Risk

The Internal Audit Strategy and Plan has been constructed taking cognisance of risks which have implications for the Inverclyde IJB through discussions with management and review of the Inverclyde IJB risk register.

5.3 Strategic Plan Priorities

The establishment of a robust audit plan will assist in assessing whether the Integration Joint Board and Officers have established proper governance and control arrangements which contribute to the achievement of the strategic priorities of the Inverclyde IJB's Strategic Plan.

6.0 DIRECTIONS

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

7.0 CONSULTATION

- 7.1 The Inverclyde IJB's Chief Financial Officer has been consulted in relation to the proposed annual audit plan coverage for 2025-2026.
- 7.2 There will be regular ongoing discussion with External Audit to ensure respective audit plans are reviewed as circumstances change in order to minimise duplication of effort and maximise audit coverage for the Inverclyde IJB.

8.0 BACKGROUND PAPERS

8.1 None.

1. Introduction

- 1.1 The Global Internal Audit Standards UK Public Sector (GIAS) set out the requirement for the Chief Internal Auditor to prepare a risk-based audit plan to determine the priorities of the internal audit activity, consistent with the organisation's goals.
- 1.2 The Chief Internal Auditor must review and adjust the plan as necessary in response to changes in the organisation's business, risks, operations and priorities.
- 1.3 The audit plan must incorporate or be linked to a strategic or high-level statement of how the Internal Audit Service will be delivered and developed in accordance with the Internal Audit Charter and how it links to the organisational objectives and priorities.
- 1.4 The strategy shall be reviewed on an annual basis as part of the audit planning process.

2. Internal Audit Objectives

- 2.1 The purpose of Internal Audit, as defined within Global Internal Audit Standards is to 'strengthen the organisation's ability to create, protect, and sustain value by providing the board and management with independent, risk-based and objective assurance, advice, insight and foresight'.
- 2.2 The primary aim of the internal audit service is to provide assurance services which requires the Chief Internal Auditor to provide an annual internal audit opinion based on an objective assessment of the framework of governance, risk management and control.
- 2.3 The internal audit service also provides advisory services, generally at the request of the organisation, with the aim of improving governance, risk management and control and contributing to the overall opinion.
- 2.4 The internal audit service supports the Inverclyde IJB's Chief Financial Officer in his role as Section 95 Officer.

3. Risk Assessment and Audit Planning

- 3.1 The internal audit approach to annual audit planning is risk-based and aligns to the IJB's strategic planning processes and management's own assessment of risk.
- 3.2 There will be regular ongoing discussion with External Audit to ensure respective audit plans are reviewed as circumstances change in order to minimise duplication of effort and maximise audit coverage for the Inverclyde Integration Joint Board.

4 Service Delivery

- 4.1 The provision of the internal audit service is through a directly employed in-house team from Inverclyde Council.
- 4.2 In relation to the total staff days allocated to the 2025-2026 plan, each member of staff completes a resource allocation spreadsheet for the year which is split between annual leave, public holidays, training days, general administration and operational plan days. This spreadsheet is reviewed and updated each period by each member of staff against time charged to timesheets.

The operational plan is 20 days which will be resourced as follows:

Team Member

Audit Practitioner – 12 days Chief Internal Auditor – 8 days

The Chief Internal Auditor does not directly carry out the assignments included in the annual audit plan but provides the technical quality review and oversight of the delivery of the overall plan. Time is also set aside for overall audit planning, reporting on Internal Audit performance and attending Audit Committee. Where there are any resource issues which may impact on delivery of the plan, this will be reported to Audit Committee at the earliest opportunity.

- 4.3 Given the range and complexity of areas to be reviewed it is important that suitable, qualified, experienced and trained individuals are appointed to internal audit positions. The Global Internal Audit Standards UK Public Sector requires that the Chief Internal Auditor must hold a professional qualification such as CMIIA (Chartered Internal Auditor), CCAB or equivalent and be suitably experienced.
- 4.4 Internal audit staff members identify training needs as part of an appraisal process and are encouraged to undertake appropriate training, including in-house courses and external seminars as relevant to support their development. All training undertaken is recorded in personal training records for CPD purposes.
- 4.5 Internal audit staff members require to conform to the Code of Ethics of the professional body of which they are members and to the Code of Ethics included within the Global Internal Audit Standards. An annual declaration is undertaken by staff in relation to specific aspects of the Code.
- 4.6 Following each review, audit reports are issued in draft format to agree the accuracy of findings and agree risk mitigations. Copies of final audit reports are issued to the IJB Chief Officer, HSCP Head of Service and HSCP Service Manager responsible for implementing the agreed action plan. A copy of each final audit report is also provided to External Audit.
- 4.7 The overall opinion of each audit report feeds into the Internal Audit Annual Report and Assurance Statement which is presented to the Audit Committee and is used by the Chief Financial Officer in the preparation of the Annual Governance Statement.

5 Proposed Audit Coverage 2025-2026

5.1 The proposed audit coverage is set out in the table below. The IJB risk register for September 2025 was reviewed for those risk areas/themes rated Very High, High and Medium which may be relevant to internal audit coverage for the IJB.

| Risk Area/Theme | Previous Assurance Work | Planned Assurance Work 2025-26 | Other Assurance Work 2025-26 |
|---|---|---|--|
| Area/Theme | Previous Assurance Work | VVOFK 2025-26 | WORK 2025-26 |
| IJB Risk 1 – Effective Governance | 16/17 – Review of Governance Arrangements 21/22 – Performance Management and Reporting Arrangements | Strategic Planning and Performance Management Arrangements | External Audit Annual Audit Plan 2024/25 |
| IJB Risk 2 – Maintaining Effective Communication and Relationships with Acute Partners During Transformational Change | Inverclyde Council Internal Audit Annual Audit Plans: 18/19 – HSCP Contract and Commissioning arrangements 18/19 - Change Management Arrangements | None | HSCP/Acute interface joint working groups |
| IJB Risk 3 – Financial Sustainability/ Constraints/ Resource Allocation | 17/18 - Strategic Planning and Performance Management Arrangements 18/19 - Financial Planning 19/20 Budgetary Control 22/23 Review of pandemic recovery and response 24/25 Budgetary Control Process | None | External Audit Annual Audit Plan 2024/25 |
| IJB Risk 4/5 – Workforce Sustainability | 17/18 – Workforce Planning Arrangements 22/23 – Workforce Plan Implementation | None | External Audit Annual Audit Plan 2024/25 |
| IJB Risk 6 - Performance Management Information | 17/18 – Strategic Planning and Performance Management Arrangements 18/19 – IJB Directions 20/21 – Advisory review on new IJB Directions Policy 21/22 – Implementation of IJB Directions 21/22 – Performance Management and Reporting Arrangements | Strategic Planning and Performance Management Arrangements | External Audit Annual Audit Plan 2024/25 |

| Risk Area/Theme | Previous Assurance Work | Planned Assurance Work 2024-25 | Other Assurance Work 2024-25 |
|---|--|---|--|
| | | | |
| IJB Risk 7 – New Strategic Plan 2024 onwards | New Risk identified March 2024 | Strategic Planning and Performance Management Arrangements | External Audit Annual Audit Plan 2024/25 |
| IJB Risk 8 – National Patient Safety Alert | None - New Risk identified March 2024 | None | National issue with Staff representation on GGC Working Group |
| IJB Risk 9 – Availability of RSL housing | None - New Risk identified March 2024 | None | Management review of Housing Strategy Workstreams |
| IJB Risk 10 – Implementation of Reduced Working Week (NHS) from 1 April 2026. | New Risk identified September 2025 | None | Management are monitoring potential impacts and ensuring service changes/ redesigns are implemented by the 1st April 2026. |

| Planned Work | | Days |
|--|---|------|
| Strategic Planning and Performance Management Arrangements | We will undertake a review of Inverclyde IJB's Strategic Planning and Performance Management Arrangements and highlight any areas of improvement to management. | 12 |
| CIPFA Audit Committee Guidance October 2022 | C/F - We will finalise the review of current Audit Committee arrangements and highlight any areas of improvement to management. | 2 |
| Action Plan Follow Up | To monitor the progress of implementation of agreed internal audit action plans by management. | 2 |
| Audit Planning and Management | Review and update of the audit universe and attendance at Inverclyde IJB Board Audit Committee. | 2 |
| Internal Audit Annual Report 2024-2025 | Annual report on 2024-2025 audit activity will be provided to CFO to inform the Annual Governance Statement for the IJB. | 2 |
| Total Staff Days | | 20 |

6 Quality and Performance

- 6.1 The GIAS require each internal audit service to maintain an ongoing quality assurance and improvement programme based on an annual self-assessment against the Standards, supplemented at least every five years by a full independent external assessment.
- 6.2 In addition, the performance of Internal Audit continues to be measured against key service targets focussing on quality, efficiency and effectiveness. For 2025-2026 targets have been set as follows:

| Me | asure | Description | Target |
|----|---------------------------|---|---------------|
| 1. | Final Report | Percentage of final reports issued within 2 weeks of draft report. | 100% |
| 2. | Draft Report | Percentage of draft reports issued within 3 weeks of completion of fieldwork. | 100% |
| 3. | Audit Plan Delivery | Percentage of audits completed v planned. | 100% |
| 4. | Audit Budget | Percentage of audits completed within budgeted days. | 100% |
| 5. | Audit Recommendations | Percentage of audit recommendations agreed. | 90% |
| 6. | Action Plan Follow Up | Percentage of action plans followed up – Internal and External Audit. | 100% |
| 7. | Customer Feedback | Percentage of respondents who rated the overall quality of internal audit as satisfactory or above. | 100% |
| 8. | Staff compliance with CPD | Number of training hours undertaken to support CPD | 20 |
| 9. | Management engagement | Number of meetings with Chief Officer and Chief Financial Officer as appropriate | 2 per year |

6.3 Actual performance against targets will be included in the Internal Audit Annual Assurance Report for 2025-2026.