

REPORT

Item No:

SUBJECT:	Internal Audit Report – Follow-up of Agreed Actions
TO:	Performance, Finance and Audit Committee
Lead Officer for Report:	Chief Officer
Author(s) of Report	Chief Financial Officer
DATE:	25 May 2021

1. PURPOSE OF REPORT

1.1 This paper is coming to the Performance, Finance and Audit (PFA) Committee:

For approval	<input type="checkbox"/>	For endorsement	<input checked="" type="checkbox"/>	For noting	<input type="checkbox"/>
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1.2 This report provides an update on the results of the planned Internal Audit assignment to follow-up on the status of the recommendations agreed in respect of previous Internal and External Audit reports.

2. ROUTE TO THE PERFORMANCE, FINANCE AND AUDIT COMMITTEE:

2.1 This paper has been:

Prepared By; Audit and Risk Manager, North Lanarkshire Council	Reviewed By; Chief Financial Officer	Endorsed By; Chief Officer
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3. RECOMMENDATIONS

3.1 The PFA Committee is asked to agree the following recommendation:
 (1) Note the contents of the report.

4. VARIATIONS TO DIRECTIONS

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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5. BACKGROUND/SUMMARY OF KEY ISSUES

5.1 This report presents the results of the recently completed internal audit work undertaken by North Lanarkshire Council (NLC) in line with the approved North Lanarkshire IJB Internal Audit Plan for 2020/2021.

5.2 The purpose of this audit is to provide an update on the results of Internal Audit's follow-up work which reviewed the extent to which management have implemented those actions previously committed to in response to recommendations contained in previous Internal and External Audit reports.

5.3 The lead for this audit was the Audit and Risk Manager for NLC. The completed audit report is attached as an appendix.

6. CONCLUSIONS

6.1 The outcome of the follow-up audit concluded the following:

- 5 agreed actions (20%) have been completed.
- Work continues to progress 18 agreed actions (72%), 16 where the target timescales agreed have passed and 2 where the target timescales agreed have not yet passed.
- 2 agreed actions (8%) are no longer relevant.

6.2 Internal Audit concluded that management continues to appropriately address actions identified in audit outputs. An action plan for areas where Internal Audit consider the action taken by management to implement the recommendation is not sufficient and further work is required, has been agreed and is included in the attached report.

7. IMPLICATIONS

7.1 NATIONAL OUTCOMES

This relates to all nine national outcomes.

7.2 ASSOCIATED MEASURE(S)

The internal audit arrangements for the IJB are an integral part of the overall governance arrangements and this service makes a key contribution to the ongoing development of health and social care integration.

7.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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7.4 RISK ASSESSMENT/RISK MANAGEMENT

The risks associated with the achievement of the revised target timescales will be monitored. The effectiveness of the agreed actions following implementation will also be assessed and included in future update reports to the PFA Committee.

7.5 PEOPLE

None.

7.6 INEQUALITIES & FAIRER SCOTLAND DUTY

EQIA Completed & Fairer Scotland Impact Assessment Form Completed:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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7.7 CARBON MANAGEMENT IMPLICATIONS

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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8. BACKGROUND PAPERS

None.

9. APPENDIX

Internal Audit Report - Follow Up of Agreed Actions

Appendix

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CHIEF OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Marie Moy on telephone number 01698 453709.



INTERNAL AUDIT REPORT

IJB: FOLLOW-UP OF ACTIONS PREVIOUSLY AGREED BY MANAGEMENT IN RESPONSE TO AUDIT RECOMMENDATIONS

Contents

- 1. Work undertaken
- 2. Summary of progress made on previous recommendations
- 3. Action Plan
- Appendix 1: Detailed narrative in respect of agreed actions

Issued to: Chief Accountable Officer (IJB) **Copied to:** Chief Financial Officer (IJB)

Headlines

The purpose of this report is to update the Integrated Joint Board (IJB) on the results of Internal Audit’s follow-up work which reviewed the extent to which management have implemented those actions previously committed to in response to recommendations contained in previous Internal and External Audit reports.

Information is contained in respect of the 2018-19 and 2019-20 External Audit Annual Reports and the three Internal Audit reports issued during 2018-19 and 2019-20 which contained recommendations and agreed actions. We have also included an assessment of the current position in respect of continuous improvement actions identified by management in both the 2018-19 and 2019-20 Annual Governance Statements (AGS).

The status of each agreed action is based on the position as at the time of audit fieldwork which was undertaken in March 2021. Overall, 5 of the 25 agreed actions have been completed, work continues to progress 18 actions (16 where the target timescales agreed have passed and two where the target timescales agreed have not yet passed) and two are no longer relevant.

The two actions deemed no longer relevant relate to 2018-19 actions which have been superseded by subsequent actions either agreed in response to recommendations in the 2019-20 External Audit Report or identified in preparing the 2019-20 Annual Governance Statement and which have been followed up as part of this exercise.

As part of the Councils approved audit plan for 2019-20, Internal Audit undertook a separate exercise to provide assurance on the progress which was being made in taking forward improvement actions identified in the integration review. The resultant recommendations from this exercise were followed up by Internal Audit and reported to the Council’s Audit and Scrutiny Panel in December 2020 and will also be used to inform the annual internal audit opinion in respect of the IJB.

We were pleased to note that management continues to appropriately address actions identified in audit outputs. A summary of progress made on previous recommendations is contained at section 2 of this report. An action plan, for areas where Internal Audit consider the action taken by management to implement the recommendation is not sufficient and further work is required, is at section 3. Appendix 1 provides full details of the current position of each previously agreed action.

Report status	FINAL	Audit Ref	0700/2021/004	Date issued	05/05/2021
Audit Team	Lynn McCrum and Paula Hendry				

1. Work undertaken

All Internal and External Audit reports contain management responses to audit recommendations which generally include a commitment to specific actions by a stated timescale. The purpose of this report is to update the IJB on the results of Internal Audit's follow-up work reviewing the extent to which management have implemented those actions previously committed to in response to audit recommendations.

Information is contained in respect of the 2018-19 and 2019-20 External Audit Annual Reports and the three Internal Audit reports, with recommendations, issued during 2018-19 and 2019-20. We have also included an assessment of the current position in respect of continuous improvement actions identified by management in both the 2018/19 and 2019/20 Annual Governance Statements (AGS).

The internal audit reports included within this review are:

- Risk maturity assessment (issued 15/08/19);
- Performance management (issued 20/08/19); and
- Due Diligence (issued 18/05/20).

The status of each agreed action is based on the position as at the time of audit fieldwork which was conducted in March 2021. Relevant management provided an update on progress to date regarding the agreed actions which was reviewed by Internal Audit. The updates from management have been verified on a sample basis by Internal Audit during the preparation of this report. However, it should be noted that this review has focussed on whether planned actions have been completed as previously committed to and has not included detailed testing of whether the implemented actions have been effective in addressing the previous identified weaknesses.

This engagement has been conducted by the Internal Audit team at North Lanarkshire Council in accordance with the '*Public Sector Internal Audit Standards*'. The Internal Audit section periodically reports formally on conformance with these standards to the Council's Audit and Scrutiny Panel.

2. Summary of progress made on previous recommendations

Source Report	Complete	Work target passed	underway: timescale	Work target yet passed	underway: timescale not	No longer relevant	Total
Internal Audit	2	10		0		0	12
External Audit	2	2		2		1	7
Actions in AGS	1	4		0		1	6
TOTAL	5	16		2		2	25

3. Action Plan

IJB Follow-up

0700/2021/004

No	Original recommendation	Current position	Recommendation	Management response
1	<p>Internal Audit Report: Performance Management</p> <p>Management should ensure that, going forward, consideration is given to the issues detailed at Appendix 3 to enhance and improve the current format of the Annual Performance Report.</p> <p>(see Appendix 1 Ref: 2)</p>	<p>The Annual Report for 2019/20 is complete.</p> <p><u>IA Comment</u> - there were three issues included in Appendix 3 of the report which we consider have not been actioned/addressed. These were: little or no information was provided with regards to the wider performance management framework; detail was not included in respect of recommendation made by the Care Inspectorate or action taken to address these; and the Annual Report did not include a glossary of terms for non-experts.</p>	<p>Management should ensure that when preparing the 2020/2021 Annual Report all expected areas are included and that where they are not there is a clear rationale for them being omitted.</p>	<p>Agree</p> <p>Graeme Cowan, Performance Manager</p> <p>November 2021</p> <p>The statutory deadline of 31 July 2021, in relation to the Annual Report, has been extended due to the Covid-19 pandemic.</p>
2	<p>Internal Audit Report: Risk Maturity Assessment</p> <p>The IJB should consider a specific Board Development Event or similar to consider a fundamental review of the Risk Register, taking into account lessons learned from the production of the Strategic Commissioning Plan (including potential obstacles to its delivery), also overtly considering relevant risks from partner bodies' (including SL IJB) Risk Registers. (see Appendix 1 Ref: 6)</p>	<p>The development event on risk was undertaken at the IJB Liaison Group in March 2020 and the review of the IJB Risk Register has been completed.</p> <p><u>Internal Audit Comment</u> – we consider that the revisions to the Risk Register only considered strategic financial risks - other risks associated with the strategic planning role of the IJB have still to be fully developed.</p>	<p>Management should ensure that risks associated with the strategic planning role of the IJB, and in particular those associated with the Strategic Commissioning Plan 2020/23, are developed and the IJB Risk Register updated to reflect these.</p>	<p>Agree</p> <p>Morag Dendy, Head of Performance, Planning and Quality Assurance</p> <p>June 2021</p>
3	<p>Internal Audit Report: Risk Maturity Assessment</p> <p>Controls and actions should be differentiated and assurance received on both.</p> <p>The forthcoming assurance mapping exercise may be helpful in this regard but will require to be updated regularly</p> <p>(see Appendix 1 Ref: 7)</p>	<p>The development event on risk was undertaken at the IJB Liaison Group in March 2020 and the review of the IJB Risk Register has been completed.</p> <p>The ongoing review of the IJB Risk Register considers the risk appetite, the controls and the mitigating actions.</p> <p><u>Internal Audit Comment</u> - the IJB Risk Register does not clearly differentiate between current mitigating controls and planned actions.</p>	<p>Management should ensure that the mitigating controls and further actions required are differentiated within the Risk Register.</p>	<p>Agree</p> <p>Christine Jack, Operational and Business Manager</p> <p>June 2021</p>
4	<p>Internal Audit Report: Risk Maturity Assessment</p> <p>IJB and Performance, Finance & Audit Committee papers should contain a section on risk which considers whether issues raised should be included within the risk register and overtly reflect the impact on any existing strategic risks. Performance reports should reference relevant strategic risks and assess whether scores are accurate and whether actions intended to reduce risk to target level are on track.</p> <p>(see Appendix 1: Ref 10)</p>	<p>An assessment of risks, current and emerging, is undertaken at the end of each Performance, Finance and Audit Committee and IJB meeting and the new reporting template has been implemented which includes a specific section on risk assessment and risk management implications.</p> <p><u>Internal Audit Comment</u> - there remains a high proportion of reports being presented to Committee where the template is not being used.</p>	<p>Management should remind all relevant staff that the new reporting template should be used for reports submitted to the Performance, Finance and Audit Committee and the sections on risk assessment and risk management implications should be populated for all relevant strategic risks.</p>	<p>Agree</p> <p>Ross McGuffie, Chief Officer</p> <p>June 2021</p>

3. Action Plan (continued)

IJB Follow-up

0700/2021/004

No	Original recommendation	Current position	Recommendation	Management response
5	<p>External Audit and Internal Audit reports both reference the need to finalise and implement the hosting arrangements for budgets in respect of the cross-cutting services associated with the disaggregation of Children, Families and Justice. (see Appendix 1 Ref: 11, 12, 15 & 25)</p>	<p>Work is progressing to finalise the proposed hosting arrangements for budgets in respect of the cross-cutting services. A report will thereafter be submitted to the IJB for approval and will include the detail of the disaggregated budgets which have been agreed.</p>	<p>Management should ensure that:</p> <p>(1) the hosting arrangements for the budgets in respect of cross-cutting services are finalised;</p> <p>(2) the hosting arrangements and detail of the disaggregated budgets which have been agreed are submitted to the IJB and to the relevant Council committees (Adult Health and Social Care and Education and Families).</p>	<p>Agree Marie Moy, Chief Financial Officer September 2021</p>
6	<p>Several External Audit and Internal Audit reports and the IJB Annual Governance Statement reference recommendations which have been impacted by the Covid-19 pandemic and as such work is still ongoing to fully implement them. Full details of the individual recommendations can be found at Appendix 1 of this report (Ref: 1, 3, 4, 8, 19, 22, 23 & 24).</p>	<p>Work on these actions is underway but have been delayed due to the impact of the Covid-19 pandemic.</p>	<p>Management should ensure that revised timescales are adopted and appropriate action is taken to address the outstanding issues as listed.</p>	<p>Agree Actions 1, 3 & 8: Graeme Cowan, Performance Manager Action 4: Diane Fraser, Head of Adult Social Work Services Actions 19, 23 & 24: Marie Moy, Chief Financial Officer Action 22: Ross McGuffie, Chief Officer March 2022</p>

Appendix 1 Detailed narrative in respect of agreed actions

No	Report	Details from original recommendation	Original Management response (extract)	Current position per management update	Status
1	INTERNAL AUDIT REPORT Performance Management	<p>Management should undertake a formal review of the current arrangements for monitoring and reporting performance to reflect on whether reports are fit for purpose and contain relevant, comprehensive information useful to stakeholders. This could include comparison with other IJB published reports.</p> <p>Particular consideration should be given to the areas identified in the finding opposite, i.e.:</p> <ul style="list-style-type: none"> • an overview of all indicators on the performance scorecard including a mechanism to provide an update on indicators previously reported but now considered satisfactory; • areas for improvement listed should include proposed actions with timescales, progress with these and how effective they are; • greater use of benchmarking with other IJBs and trend information; and • incorporating reporting by locality. 	<p>Agree</p> <p>Responsible Officer: Graeme Cowan</p> <p>Implementation date: March 2020</p>	<p>Ongoing - An annual review of our current reporting arrangements has commenced with a view to reaching agreement on a new suite of indicators and targets for 2020/2021. The review commenced before January 2020 and it was expected that the outcome of the review would be concluded by 31 March 2020. This has been rescheduled to 31 March 2021 because of the Covid-19 pandemic and will be the subject of a report to the IJB before the end of the financial year.</p> <p>The report will include details of future arrangements for improved action planning, benchmarking activity and locality improvement planning.</p>	<p>Ongoing (see Action Plan Ref: 6)</p>
2	INTERNAL AUDIT REPORT Performance Management	<p>Management should ensure that, going forward, consideration is given to the issues detailed at Appendix 3 to enhance and improve the current format of the Annual Performance Report</p>	<p>Agree</p> <p>Responsible Officer: Graeme Cowan</p> <p>Implementation date: June 2020</p>	<p>Complete – The Annual performance Report for 2019/20 is complete, graphically designed and available on the website.</p>	<p>Ongoing – testing highlighted three areas which had not been actioned in the Annual Performance Report 2019/20 (see Action Plan Ref: 1)</p>
3	INTERNAL AUDIT REPORT Performance Management	<p>Management should ensure that a formal record is retained detailing the rationale for and approval of the targets and trajectories set for the indicators on the performance scorecard and this information should be shared with the Performance, Finance and Audit Committee.</p>	<p>Agree</p> <p>Responsible Officer: Ross McGuffie</p> <p>Implementation date: Oct 2019</p>	<p>Ongoing - An annual review of the current reporting arrangements was commenced with a view to reaching agreements on a new suite of indicators and targets for 2020/2021.</p> <p>It was anticipated that the outcome of this work would have been concluded, however, due to the Covid-19 pandemic it has been rescheduled and will recommence in 2021/22.</p>	<p>Ongoing (see Action Plan Ref: 6)</p>

Appendix 1 (continued) Detailed narrative in respect of agreed actions

No	Report	Details from original recommendation	Original Management response (extract)	Current position per management update	Status
4	INTERNAL AUDIT REPORT Risk Maturity Assessment	The IJB should propose to the Local Authority a similar approach to that adopted between the IJB and Health Board and the Risk Management Strategy (RMS) should be updated accordingly when the approach has been agreed.	Agreed - A similar approach to that adopted between the IJB and Health Board will be discussed and agreed with the Local Authority. The RMS will also be updated to reflect the revised arrangements Responsible Officer: Ross McGuffie Implementation date: March 2020	Ongoing - The review of the Risk Management Strategy has been delayed due to Covid-19 but will be undertaken in 2021.	Ongoing (see Action Plan Ref: 6)
5	INTERNAL AUDIT REPORT Risk Maturity Assessment	Either the agreed appetite should be implemented or a revised appetite, reflecting the underlying reasons for these exceptions should be presented to and approved by the IJB.	Agreed - The Risk Appetites will be reviewed. The application of this concept will also be refreshed. The reduction of all risks to as minimal a level as possible is a positive outcome. Responsible Officer: Christine Jack Implementation date: March 2020	Complete - The review of the IJB Risk Register has been completed. A desktop review of risks was jointly undertaken by the Chief Officer, Chief Financial Officer and the Operational & Business Manager. This included a review of the risk appetite. Several risks were no longer valid and there were areas of duplication across risks. Having regard to the strategic responsibilities of the IJB, all risks on the register are strategic in nature. The IJB approved the current version of the IJB Risk Register on 9 December 2020. To ensure that risks continue to be effectively managed, the IJB Risk Register is a standard agenda item at each IJB meeting. This includes the identification of new risks, the re-assessment of existing risks, the review of mitigating actions and the oversight of each partner's Risk Registers in respect of the functions delegated to the IJB, as appropriate.	Complete
6	INTERNAL AUDIT REPORT Risk Maturity Assessment	The IJB should consider a specific Board Development Event or similar to consider a fundamental review of the Risk Register, taking into account lessons learned from the production of the Strategic Commissioning Plan (including potential obstacles to its delivery), also overtly considering relevant risks from partner bodies' (including SL IJB) Risk Registers.	Agreed - A specific Board Development Event will be organised to review the Risk Register. Responsible Officer: Christine Jack Implementation date: March 2020	Complete - The development event on risk was undertaken at the IJB Liaison Group in March 2020 and, as highlighted in response to action 2 above, the review of the IJB Risk Register has been completed. The current IJB Risk Register was approved on 9 December 2020. It includes the strategic risks in respect of the Strategic Commissioning Plan 2020/2023 and references the partner's risks, as appropriate.	Ongoing - testing highlighted that non-financial strategic risks have not yet been reviewed/ fully developed (see Action Plan Ref: 2)

Appendix 1 (continued) Detailed narrative in respect of agreed actions

No	Report	Details from original recommendation	Original Management response (extract)	Current position per management update	Status
7	INTERNAL AUDIT REPORT Risk Maturity Assessment	Controls and actions should be differentiated and assurance received on both. The forthcoming assurance mapping exercise may be helpful in this regard but will require to be updated regularly	Agreed - Further clarification of controls and actions will be developed and included in future reports to the IJB. Responsible Officer: Christine Jack Implementation date: March 2020	Complete - The development event on risk was undertaken at the IJB Liaison Group in March 2020 and, as highlighted in response to action 2 above, the review of the IJB Risk Register has been completed. The ongoing review of the IJB Risk Register considers the risk appetite, the controls and the mitigating actions.	Ongoing - testing highlighted that there is still no differentiation between controls and actions in the Risk Register (<i>see Action Plan Ref: 3</i>)
8	INTERNAL AUDIT REPORT Risk Maturity Assessment	Suitable KPIs / performance measures should be agreed at the start of the year together with an appropriate methodology for assessing the adequacy and effectiveness of Risk Management. An annual report for 2019/20 should be presented to the PFAC in June 2020 providing assurance on the adequacy and effectiveness of Risk management arrangements for 2019/20.	Agreed - An appropriate methodology for assessing the adequacy and effectiveness of Risk Management arrangements will be developed. This will include suitable KPIs and performance measures Responsible Officer: Graeme Cowan Implementation date: March 2020	Ongoing - An appropriate methodology for assessing the adequacy and effectiveness of risk management arrangements will be developed. This will include suitable key performance indicators and performance measures. Performance indicators are being considered as part of the current review of the Health & Social Care Partnership's Performance Framework.	Ongoing (<i>see Action Plan Ref: 6</i>)
9	INTERNAL AUDIT REPORT Risk Maturity Assessment	The role of the IJB and PFAC in relation to risk should be clarified and reporting arrangements adopted appropriately i.e. if the PFAC has primary responsibility it should produce an assurance/escalation report to the IJB rather than the Risk Register paper being duplicated. Minutes should reflect the conversations held and record key actions arising.	Agreed - Responsibility for risk management will be confirmed. The key risk issues discussed will be recorded and existing escalation processes formalised. Responsible Officer: Christine Jack Implementation date: March 2020	Complete - The IJB has agreed that the Performance, Finance and Audit Committee will oversee specific risks associated with the remit of the Performance, Finance and Audit Committee. The current IJB Risk Register was reported to the Performance, Finance and Audit Committee on 4 November 2020 and approved by the IJB on 9 December 2020. The last agenda item at each meeting of the Performance, Finance and Audit Committee and the IJB will consider whether, from the business discussed, any new risks have emerged and whether the existing risks have been materially altered. This review will consider risk tolerance levels, controls and mitigating actions.	Complete

Appendix 1 (continued) Detailed narrative in respect of agreed actions

No	Report	Details from original recommendation	Original Management response (extract)	Current position per management update	Status
10	INTERNAL AUDIT REPORT Risk Maturity Assessment	IJB and PFAC papers should contain a section on risk which considers whether issues raised should be included within the risk register and overtly reflect the impact on any existing strategic risks. Performance reports should reference relevant strategic risks and assess whether scores are accurate and whether actions intended to reduce risk to target level are on track.	Agreed - The format and content of IJB and PFAC reports will be reviewed to ensure that the management of risks is transparent and effective. Responsible Officer: Christine Jack Implementation date: March 2020	Complete - The review of the IJB Risk Register has been concluded, an assessment of risks, current and emerging, is undertaken at the end of each Performance, Finance and Audit Committee and IJB meeting and the new reporting template has been implemented which includes a specific section on risk assessment and risk management implications.	Ongoing - testing highlighted a high proportion of reports submitted to IJB/PFAC where the revised template has not been used (see Action plan Ref: 4)
11	INTERNAL AUDIT REPORT Due Diligence	IJB management should: (1) liaise with relevant Council officers to ensure that the transfer of the remaining cost centres, and the resultant resources transferred, are agreed/completed as a matter of urgency; (2) in conjunction with Education and Families, determine, agree and fully document the proposed arrangements for those functions to be 'hosted' by Education and Families and accessed by Adult Health and Social Work Services and vice versa, including giving consideration as to whether there should be a recharge system; (3) in conjunction with relevant Council officers, ensure that both the IJB and NLC approve the proposed 'hosting' arrangements for the budgets in respect of the cross-cutting services; and (4) liaise with the Council to resolve any other outstanding issues with regards to the disaggregation of Children, Families and Justice Services' budgets and the treatment thereof.	Agree Responsible Officer: Ross McGuffie Implementation date: October 2020	Ongoing - The SLA for the future hosting arrangements and associated budgets will come to the IJB in March 2021 and via the Adult Health and Social Care Committee and Education and Families Committee. An update on progress will be reported to a future meeting of the Performance, Finance and Audit Committee.	Ongoing (see Action Plan Ref: 5)
12	INTERNAL AUDIT REPORT Due Diligence	IJB management should, in conjunction with relevant Council officers, ensure that a report is submitted to the IJB setting out the methodology for the disaggregation of cost centres and budgets associated with Children, Families and Justice Social Work Services, detailing the implications of the full disaggregation.	Agree Responsible Officer: Ross McGuffie Implementation date: Oct 2020	Ongoing - The SLA for the future hosting arrangements and associated budgets will come to the IJB in March 2021 and via the Adult Health and Social Care Committee and Education and Families Committee. An update on progress will be reported to a future meeting of the Performance, Finance and Audit Committee.	Ongoing (see Action Plan Ref: 5)

Appendix 1 (continued) Detailed narrative in respect of agreed actions

No	Report	Details from original recommendation	Original Management response (extract)	Current position per management update	Status
13	EXTERNAL AUDIT REPORT Annual Report 2018/19	The NLIJB Financial Regulations should set out the arrangements that exist in practice for the management of financial resources for hosted services.	Agreed - The NLIJB Financial Regulations will be updated to include the hosted services arrangements. Responsible Officer: Marie Moy Implementation date: March 2020	No longer relevant as superseded by action in External Audit Annual report 2019/20 (see item 17 below).	No longer relevant
14	EXTERNAL AUDIT REPORT Annual Report 2018/19	The plan developed should include clear and measurable actions to address the improvements identified. The IJB should be provided with regular updates to monitor progress against the plan.	Agreed - The agreed action plan will be implemented and regular updates will be provided to the IJB to enable progress to be monitored. Responsible Officer: Ross McGuffie Implementation date: March 2020	Completed - Regular updates on progress against the agreed action plan have been presented to the IJB Performance, Finance and Audit Committee and provide (in general terms) explanations for slippage.	Complete
15	EXTERNAL AUDIT REPORT Annual Report 2019/20	The IJB should monitor progress against the improvement actions identified in the governance statement and the internal audit review in relation to the transfer of children, families and justice services.	Agreed – The budget disaggregation exercise will be concluded in 2020/21 and a revised direction issued by the IJB to NLC to reflect the total budget transfer in respect of children, families and justice services and the hosting arrangements for cost-cutting and support services. Responsible Officer: Marie Moy Implementation date: March 2021	Ongoing - The budget disaggregation exercise has been concluded. A revised direction will be issued by the IJB to NLC on 23 March 2021 to reflect the total budget transfer in respect of Children, Families and Justice Services and the hosting arrangements for cross-cutting services.	Ongoing (see Action Plan Ref: 5)
16	EXTERNAL AUDIT REPORT Annual Report 2019/20	The Chief Financial Officer should continue to work with partners to improve the timing of financial reporting and outturn forecasts.	Agreed - In consultation with both partners, further improvements will be implemented to the IJB financial monitoring arrangements to ensure the financial information is reported timeously and forecast projections are accurate. It is noted however that the financial implications of the Covid-19 pandemic have increased the financial uncertainty for the IJB and both partners. Responsible Officer: Marie Moy Implementation date: September 2021	Ongoing - Both partners provided projected outturns as at 31 March 2021 which were presented to the IJB Performance, Finance and Audit Committee on 17 February 2021. There were challenges in 2020/21 because of the Covid-19 pandemic including uncertainty about the impact of the pandemic on services, in particular the step up/ step down of services, and uncertainty about the additional Scottish Government funding available. Notwithstanding these challenges, projected outturns were provided by each partner based on current available information.	Ongoing not yet due

Appendix 1 (continued) Detailed narrative in respect of agreed actions

No	Report	Details from original recommendation	Original Management response (extract)	Current position per management update	Status
17	EXTERNAL AUDIT REPORT Annual Report 2019/20	The IJB should set out the arrangements that exist in practice for the management of financial risk for hosted services on a permanent basis.	The financial arrangements for hosted services will be reviewed and will take into consideration the practical experience to date of the current hosted services principals. Following the review, the hosted services arrangements will be set out in a formal agreement to be approved by the North Lanarkshire IJB and the South Lanarkshire IJB. Responsible Officer: Marie Moy Implementation date: September 2021	Ongoing - External Audit confirmed that the arrangements for 2020/21 were agreed in principle by both North and South Lanarkshire IJB. However, arrangements have not been formally set out for future years. <i>(Note: Supersedes item 13 above)</i>	Ongoing not yet due
18	EXTERNAL AUDIT REPORT Annual Report 2019/20	The 2020/21 budget should be reviewed due to Covid-19 and clear actions identified to address any funding gap.	Agree – In consultation with both partners, the IJB Financial Plan 2020/2021 will be reviewed and action taken to ensure a balanced budget is achieved by 31 March 2021. This will also require confirmation of the additional costs incurred because of the Covid-19 pandemic, the additional Scottish Government funding provided in 2020/2021 and the extent of unfunded costs, if any, because of the pandemic. The IJB will continue to be kept up to date with the emerging guidance from the Scottish Government in respect of the management of the Covid-19 costs incurred. Responsible Officer: Marie Moy Implementation date: March 2021	Ongoing - The Financial Monitoring report on the IJB Performance, Finance and Audit Committee agenda for 17 February 2021 provides an update on the financial position for 2020/21. This includes the outcome of the review of the original 2020/21 IJB Financial Plan and takes into consideration the financial implications of Covid-19.	Complete
19	EXTERNAL AUDIT REPORT Annual Report 2019/20	The IJB's medium to long term financial plan should be reviewed due to the impact of Covid-19 and EU withdrawal.	Agree - The IJB medium to long term financial plan will be reviewed to reflect the impact of the Covid-19 pandemic, EU withdrawal and other emerging health and social care cost pressures. The potential impact on the Scottish Government financial settlements both in-year and in future years will also be assessed. Responsible Officer: Marie Moy Implementation date: March 2021	Ongoing - The IJB medium to long term financial plan on the IJB Performance, Finance and Audit Committee agenda for 17 February 2021 takes into consideration the financial implications of Covid-19 and the emerging issues in respect of EU withdrawal.	Ongoing (see Action Plan Ref: 6)

Appendix 1 (continued) Detailed narrative in respect of agreed actions

No	Report	Details from original recommendation	Original Management response (extract)	Current position per management update	Status
20	AGS Continuous Improvement Actions for 2018/19	Ensure the financial and commissioning strategies of the IJB and each partner continue to be aligned to progress the health and social care integration agenda and respond to the national and local policy initiatives within the context of on-going significant financial challenges. This includes the following actions: <ul style="list-style-type: none"> • Review of Financial Regulations • Finalise the medium- and long-term financial strategy • Further develop transparency and financial management reporting • Specify the resources to be attached to the directions in line with strategic • Commissioning plan intentions. • Consider the options to review the alignment of financial resources to reflect the population and locality needs 	Review financial framework: <ul style="list-style-type: none"> • Review Financial Regulations; • Finalise the medium to long term financial strategy; • Further develop transparency and financial management reporting; • Specify the resources to be attached to the directions in line with strategic commissioning plan intentions; and • Consider the options to review the alignment of financial resources to reflect the population and locality needs. Responsible Officer: Marie Moy Implementation date: March 2020	No longer relevant as superseded by AGS Continuous Improvement Actions for 2019/20 (see item 24 below).	No longer relevant
21	AGS Continuous Improvement Actions for 2019/20	Implementation of the outcome of the Review of the Integration scheme	Agree Responsible Officer: Ross McGuffie Implementation date: March 2021	Ongoing <ul style="list-style-type: none"> • Improvement actions have been agreed across seven work streams. • Update reports are being presented to the IJB as appropriate. 	Complete
22	AGS Continuous Improvement Actions for 2019/20	Further consideration of Ministerial Strategic Group Proposals	Agree Responsible Officer: Ross McGuffie Implementation date: March 2021	Ongoing <ul style="list-style-type: none"> • A range of actions are being progressed to take forward the MSG proposals. • The MSG previously indicated a second self-evaluation would be undertaken in 12 months to assess progress. It is expected the follow-up will be rescheduled. 	Ongoing (see Action Plan Ref: 6)

Appendix 1 (continued) Detailed narrative in respect of agreed actions

No	Report	Details from original recommendation	Original Management response (extract)	Current position per management update	Status
23	AGS Continuous Improvement Actions for 2019/20	<p>Review the IJB governance arrangements, including the following actions:</p> <ul style="list-style-type: none"> • IJB joint Internal Audit arrangements • IJB Code of Corporate Governance • IJB emergency response arrangements; and • the further development of the IJB website. 	<p>Agree Responsible Officer: Marie Moy Implementation date: March 2021</p>	<p>Ongoing</p> <ul style="list-style-type: none"> • NLC Internal Audit completed an audit of the IJB's governance arrangements and concluded that substantial assurance can be placed on the IJB's arrangements for reviewing and assessing its governance framework and that this framework is consistent with relevant legislative requirements and with expected good practice. • Two areas of good practice were noted during the audit. • The review of the North Lanarkshire Integration Scheme, which included consideration of governance arrangements, concluded in June 2019. The governance structure moving forward proposes the key interfaces around clinical and care governance. • The understanding of the governance requirements underpinning health and social care integration is developing including an increased awareness of decision-making responsibilities. • The further development of collaborative leadership and building relationships with key stakeholders continue to be key improvement actions. 	<p>Ongoing (see Action plan Ref: 6)</p>
24	AGS Continuous Improvement Actions for 2019/20	<p>Continue to develop the financial framework, including the following actions:</p> <ul style="list-style-type: none"> • IJB Medium to Long Term Financial Strategy • IJB Financial Plan 2020/2021 • IJB Financial Regulations • IJB financial monitoring reports • IJB reserves strategy • the alignment of resources to partner directions and locality needs and • finance capacity. 	<p>Agree Responsible Officer: Ross McGuffie Implementation date: March 2021</p>	<p>Ongoing</p> <ul style="list-style-type: none"> • The Commissioning Framework 2019 to 2021 was approved by the IJB on 26 March 2019 and a budget was set for 2019/2020, including savings plans. • The budget recovery plan was implemented and addressed cost pressures in-year. • An audit trail has also been developed to aid financial management reporting and transparency. • The North Lanarkshire Integration Scheme has been reviewed. • The medium to long term financial strategy was developed. • The action plan in respect of the MSG self-evaluation is being implemented. • The IJB approved an updated process for managing directions in September 2020, setting out when directions should be issued and noting the importance of being clear on resources associated. This is in line with the updated Scottish Government guidance. 	<p>Ongoing (see Action Plan Ref: 6)</p>

Appendix 1 (continued) Detailed narrative in respect of agreed actions

No	Report	Details from original recommendation	Original Management response (extract)	Current position per management update	Status
25	AGS Continuous Improvement Actions for 2019/20	<p>Finalise the budget transfer from the IJB to NLC, in line with the revised Integration Scheme.</p> <p>This includes the following actions:</p> <ul style="list-style-type: none"> • the conclusion of the budget disaggregation exercise for the transfer of the remaining cost centres and their resultant budgets; • the finalisation of the Service Level Agreements including the arrangements for those services with a 'cross cutting function'; and • the issue of a revised direction to reflect the 2020/21 financial allocations. 	<p>Agree</p> <p>Responsible Officer: Ross McGuffie</p> <p>Implementation date: March 2021</p>	<p>Ongoing</p> <p>Reports which set out the formal hosting arrangements (SLA) are being prepared for the Adult Health and Social Care Committee and Education and Families Committee of NLC and the IJB for approval by 31 March 2021. These reports will also include the detail of the disaggregated budgets which have been agreed.</p>	<p>Ongoing</p> <p>(see Action Plan Ref: 5)</p>

REPORT

Item No: 17

SUBJECT:	Internal Audit Overview of Delegated Functions
TO:	Performance, Finance and Audit Committee
Lead Officer for Report:	Chief Officer
Author(s) of Report	Audit and Risk Manager (North Lanarkshire Council) and Chief Internal Auditor (NHS Lanarkshire)
DATE:	25 May 2021

1. PURPOSE OF REPORT

1.1 This paper is coming to the Performance, Finance and Audit (PFA) Committee:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	For noting	<input checked="" type="checkbox"/>
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1.2 This report provides an overview of Internal Audit activity undertaken on behalf of the partner in respect of functions delegated by the Integration Joint Board (IJB).

2. ROUTE TO THE PERFORMANCE, FINANCE AND AUDIT COMMITTEE

2.1 This paper has been:

Prepared By; Audit and Risk Manager (North Lanarkshire Council) and Chief Internal Auditor (NHS Lanarkshire)	Reviewed By; Chief Financial Officer	Endorsed By; Chief Officer
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3. RECOMMENDATIONS

3.1 The PFA Committee is asked to agree the following recommendations:

- (1) Note the overview of Internal Audit activity in respect of the functions delegated to the NLC partner; and
- (2) Note that an overview of Internal Audit activity in respect of the functions delegated to the NHSL partner will be presented to the PFA on 24 August 2021.

4. VARIATIONS TO DIRECTIONS

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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5. BACKGROUND/SUMMARY OF KEY ISSUES

5.1 The Integrated Resource Advisory Group (IRAG) Finance Guidance states that it is the responsibility of the IJB to establish adequate and proportionate internal audit arrangements. This will include a review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.

5.2 As part of the commitment to improve the governance framework, the Audit and Risk Manager for North Lanarkshire Council (NLC) and the Chief Internal Auditor for NHS Lanarkshire (NHSL) will present an overview of internal audit activity undertaken during the year in respect of the functions delegated to the IJB.

6. CONCLUSIONS

6.1 The overview of the Internal Audit activity in respect of the functions delegated to NLC is attached as an appendix.

6.2 An overview of Internal Audit activity in respect of the functions delegated to the NHSL partner will be presented to the PFA on 24 August 2021.

7. IMPLICATIONS

7.1 NATIONAL OUTCOMES

This relates to all nine national outcomes.

7.2 ASSOCIATED MEASURE(S)

The PFA Committee and both partners are required to ensure effective governance arrangements are in place.

7.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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7.4 RISK ASSESSMENT/RISK MANAGEMENT

The management of risk is an integral part of the development of the Internal Audit Plan. The Internal Audit Plan 2021/2022 has also been informed by the draft Internal Audit Opinion 2020/2021 and an assessment of current and ongoing risks.

7.5 PEOPLE

None.

7.6 STAKEHOLDER ENGAGEMENT

The Chief Officer and the Chief Financial Officer have both been consulted in respect of the preparation of the Internal Audit Plan 2021/2022.

7.7 INEQUALITIES & FAIRER SCOTLAND DUTY

EQIA Completed & Fairer Scotland Impact Assessment Form Completed:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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7.8 CARBON MANAGEMENT IMPLICATIONS

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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8. BACKGROUND PAPERS

None.

9. APPENDICES

Overview of Partner Internal Audit Activity – NLC

Appendix

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CHIEF OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Ken Adamson on mobile telephone no. 07939 280602 or Tony Gaskin mobile telephone no. 07778 135153.

1. Scope of Audit

- 1.1 The purpose of this audit was to review and provide independent assurance on the progress made by NCL in implementing Self-Directed Support (SDS) and how well Social Work Services was addressing key challenges and risks. The audit also considered how NLC has responded to the recommendations contained within the Audit Scotland report 'Self-directed support: 2017 progress report'. In April 2014, the Social Care (Self-Directed Support) (Scotland) Act 2013 came into effect and was designed to enable people to have greater choice and control over their support arrangements. SDS aims to improve people's lives by empowering them to be equal partners in agreeing their care and support needs and how these needs are met. The Act requires local authorities to offer the supported person four options as to how they can access relevant support.
- 1.2 Particular consideration was therefore given to the following:
- How users, carers and families experience self-directed support;
 - Whether NLC adequately supports social work staff to implement SDS;
 - How NLC monitors and plans progress in implementing SDS; and
 - Whether NLC is effectively managing the risks around ensuring public money is used effectively to achieve positive outcomes whilst giving people more control over their budgets.
- 1.3 The Internal Audit review involved an assessment of NLC's procedures against legislation, a review of a sample of service users' files to ensure that the processes being undertaken in respect of assessment, review and monitoring were robust and in line with expectations and assessing the extent to which expenditure on SDS is monitored and reported to key stakeholders.
- 1.4 Due to the limitations imposed by the current pandemic testing, the sample of service users' files reviewed was restricted to two Localities (Cumbernauld and Motherwell). The audit also considered how NLC has responded and is now positioned in relation to the recommendations contained within the Audit Scotland report 'Self-directed support: 2017 progress report'.

2. Internal Audit Opinion

- 2.1 Based on the results of the Internal Audit work, the Audit and Risk Manager (NLC) has categorised the audit as offering 'reasonable assurance' meaning that Internal Audit are generally satisfied that the control environment in respect of the processes in place for SDS generally appear adequate and are mainly operating as intended. In particular, Internal Audit are satisfied that NLC adequately supports social work staff to implement SDS and that an appropriate framework is in place for the assessment, review and monitoring of service users and their individual self-directed support provision.

3. Good Practice Identified

- 3.1 Internal Audit noted the following areas of good practice during the audit:
- Detailed information in relation to SDS is available on the NLC's website;
 - NLC has prepared documented procedural guidance for staff which sets out the legislative requirements of SDS and expected practice regarding the administration, monitoring and review of this;
 - Individual support plans are prepared based on the assessed needs of the supported person, defining agreed outcomes and how these will be met;
 - NLC has mechanisms in place for regularly monitoring expenditure on SDS with reports being submitted regularly to key stakeholders;
 - NLC's Strategic Commissioning Plan and associated Ambition Statement and Programme of Work makes reference to SDS and recognises both the progress made to date in offering people choice and control as to how they can best meet their individual outcomes and the

need for this to be extended to include older people and those with more complex health needs.

Overview of Partner Internal Audit Activity – NLC

Appendix (Cont.)

4. Recommendations

- 4.1 The 2017 Audit Scotland report, which reviewed progress nationally highlighted a number of issues requiring to be addressed by authorities across the country to ensure the legislation was being fully enacted. Service management identified that, for NLC, this mainly related to ensuring older people were given greater choice. NLC are therefore currently working towards offering home support for older people within the SDS options.
- 4.2 Whilst Internal Audit were pleased to note that the Service have addressed or are progressing the majority of necessary actions, it was acknowledged that there are still some actions requiring to be taken to ensure the recommendations are fully addressed. The management actions agreed are highlighted as follows:

Ref.	Agreed Action	Timeline
1	The Service needs to improve the robustness of some aspects of their quality assurance arrangements for monitoring service providers. (Recommendation Priority – Red)	November 2021
2	Improvements are needed to the documentation completed and retained to evidence the assessment, monitoring and review of SDS service users. (Recommendation Priority – Amber)	March 2021
3	The Service needs to complete its current review of the GSA process used to determine individual budgets to ensure that it remains ‘fit for purpose’. (Recommendation Priority – Amber)	March 2021
4	Action requires to be taken to progress the recommendations made by Audit Scotland in the ‘Self-directed support: 2017 progress report’. (Recommendation Priority – Green)	April 2021
5	A number of other minor issues and/or areas for improvement in respect of SDS were also identified. (Recommendation Priority – Green)	August 2021

5. Conclusions

- 5.1 Action is being taken by the NLC partner to implement the agreed recommendations and Internal Audit will follow up on progress made.
- 5.2 This engagement was conducted in accordance with the ‘Public Sector Internal Audit Standards’.

REPORT

Item No:

SUBJECT:	Internal Audit Plan 2020/2021 Progress Report
TO:	Performance, Finance and Audit Committee
Lead Officer for Report:	Chief Officer
Author(s) of Report	Chief Financial Officer
DATE:	25 May 2021

1. PURPOSE OF REPORT

1.1 This paper is coming to the Performance, Finance and Audit (PFA) Committee:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	For noting	<input checked="" type="checkbox"/>
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1.2 This report provides an update on the progress of the Internal Audit Plan for 2020/2021.

2. ROUTE TO THE PERFORMANCE, FINANCE AND AUDIT COMMITTEE:

2.1 This paper has been:

Prepared By; Chief Financial Officer	Reviewed By; Chief Officer	Endorsed By; Chief Officer
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3. RECOMMENDATIONS

3.1 The PFA Committee is asked to agree the following recommendations:

(1) That the content of the report is noted.

4. VARIATIONS TO DIRECTIONS

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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5. BACKGROUND/SUMMARY OF KEY ISSUES

5.1 As stated in the IRAG guidance, it is the responsibility of the IJB to establish an adequate and proportionate internal audit of the arrangements for risk management, governance and control of the delegated resources.

5.2 The internal audit arrangements for the IJB are provided jointly by the internal audit teams of North Lanarkshire Council (NLC) and NHS Lanarkshire (NHSL). The IJB approved the 2020/2021 Internal Audit Plan on the 4 November 2020. A total of 60 days, as detailed at the appendix, were committed to undertake the IJB Internal Audit plan which focuses on the conclusion of work to support a 'value for money' exercise on 'Equipment and Adaptations' and reviews the adequacy and effectiveness of arrangements around the IJB's response to the Covid-19 pandemic.

5.3 The audit of operational activities is undertaken under the auspices of the parent bodies. The IJB is asked to note that the outcome of these operational audits will be reported to the parent body Audit Committees and will also be discussed with the IJB Chief Officer and IJB Chief Financial Officer. The assurances gained will be provided to the IJB as part of the overall assurances received from the parent body Audit Committees.

5. BACKGROUND/SUMMARY OF KEY ISSUES (CONT.)

- 5.4 As part of the audit planning process, External Audit will also take into consideration the extent to which reliance can be placed on the work of internal audit.
- 5.5 The Chief Internal Auditors of NLC and NHSL are required to present to the IJB an annual opinion on the adequacy and effectiveness of the IJB’s corporate governance, risk management and internal control arrangements. It is good practice to present the Internal Audit Annual Audit Report to the IJB in advance of the approval of the Unaudited IJB Annual Accounts.
- 5.6 On 9 December 2020, the IJB approved amendments to the original Terms of Reference for the IJB to reflect the changes recommended by the Review of Integration in respect of the Support, Care and Clinical Governance reporting arrangements. The IJB also approved the extension of the stakeholder membership of the IJB PFA Committee to reflect the key role of the North Lanarkshire Council and NHS Lanarkshire staff side representatives and the Third Sector. In order to ensure their contribution is fully recognised and embedded within IJB strategic planning and performance, the stakeholder membership of the PFA Committee has therefore been increased from three to five to allow all stakeholders to participate in committee meetings. The recommendations arising from the Internal Audit review of risk management arrangements have also been reflected within the responsibilities of both the IJB and the IJB PFA Committee.
- 5.7 The Internal Audit Annual Audit Report 2020/2021 will be based on the internal audit work contained within the 2020/2021 Internal Audit Plan, the progress in respect of which is summarised in the appendix.

6. CONCLUSIONS

- 6.1 Progress is being made in respect of the completion of the assignments outlined in the Internal Audit Plan for 2020/2021.

7. IMPLICATIONS

7.1 NATIONAL OUTCOMES

This report relates to all national outcomes as effective governance arrangements will ensure the IJB can fulfil its statutory duties. Good governance enables the IJB to pursue its vision effectively as well as underpinning that vision with mechanisms for control and management of risk. Internal Audit is an integral part of the IJB’s governance arrangements.

7.2 ASSOCIATED MEASURE(S)

The outcome of the Internal Audit Plan Activity for 2020/2021 will inform the Annual Governance Statement for 2020/2021 and contribute to the assessment of the internal control framework.

7.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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7.4 RISK ASSESSMENT/RISK MANAGEMENT

The risks associated with the completion of the Internal Audit Plan assignments for 2020/2021 have been considered when the update on the current position has been provided.

7.5 PEOPLE

None.

7.6 STAKEHOLDER ENGAGEMENT

There has been full consultation between the NLC Audit and Risk Manager, the NHSL Chief Internal Auditor and the Senior Leadership Team in respect of the development of the Internal Audit Plan and the progress of the agreed assignments.

7. IMPLICATIONS (CONT.)

7.7 INEQUALITIES & FAIRER SCOTLAND DUTY

EQIA Completed & Fairer Scotland Impact Assessment Form Completed:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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7.8 CARBON MANAGEMENT IMPLICATIONS

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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8. BACKGROUND PAPERS

None.

9. APPENDICES

Internal Audit Plan Activity Report

Appendix

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CHIEF OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Marie Moy on telephone number 01698 453709.

**North Lanarkshire IJB 2020/2021
Internal Audit Plan Activity Report**

Appendix

Audit Assignment	Indicative Scope	Days	Current Status	Target Committee
<p>Audit Planning (NL01-21) Joint Lead Partners: Ken Adamson, NLC Audit and Risk Manager Tony Gaskin, NHSL Chief Internal Auditor</p>	<p>Agreeing audit universe and preparation of strategic plan.</p>	<p>3</p>	<p>Complete The IJB approved the 2020/2021 Internal Audit Plan on the 4 November 2020.</p>	<p>IJB 4 November 2020</p>
<p>Audit Management (NL02-21) Joint Lead Partners: Ken Adamson, NLC Audit and Risk Manager Tony Gaskin, NHSL Chief Internal Auditor</p>	<p>Liaison with senior management and attendance at Audit Committee.</p>	<p>5</p>	<p>Ongoing</p>	<p>N/A</p>
<p>Annual Internal Audit Report (NL03-21) Joint Lead Partners: Ken Adamson, NLC Audit and Risk Manager Tony Gaskin, NHSL Chief Internal Auditor</p>	<p>Chief Internal Auditors' annual assurance statement to the IJB and review of governance self-assessment.</p>	<p>7</p>	<p>Complete Included on the agenda for the PFA Committee on 25 May 2021.</p>	<p>IJB 22 June 2021</p>
<p>Follow-up of Agreed Actions (NL05-21) Joint Lead Partners: Ken Adamson, NLC Audit and Risk Manager Tony Gaskin, NHSL Chief Internal Auditor</p>	<p>Review of progress made by management in implementing those actions committed to in response to previously agreed Internal Audit recommendations. The NLC audit of the progress of improvement actions identified by the integration review and self-assessment processes reported in 2019/20 will be followed-up as part of the Council's annual audit plan and findings reported to IJB as part of this exercise.</p>	<p>5</p>	<p>Complete Included on the agenda for the PFA Committee on 25 May 2021.</p>	<p>PFA 25 May 2021</p>

North Lanarkshire IJB 2020/2021 (Cont.)
Internal Audit Plan Activity Report (Cont.)

Appendix (Cont.)

Audit Assignment	Indicative Scope	Days	Current Status	Target Committee
<p>Response to Covid-19 Pandemic (NL06-21) Lead Partner: Tony Gaskin, NHSL Chief Internal Auditor</p>	<p>Significant event from which lessons should be learned to inform future decisions and management arrangements around resilience issues. This will be a review of the adequacy and effectiveness of the IJB's resilience arrangements and its response to the COVID-19 pandemic which will incorporate how lessons learned have influenced preparedness for a second wave, the winter plan and performance monitoring arrangements.</p>	20	<p>Ongoing Mobilisation, remobilisation and sustainability principles have been agreed. Internal audit fieldwork has commenced in January 2021 and will complement the internal audit activity being progressed for both partners.</p>	<p>IJB 22 June 2021</p>
<p>Value For Money Audit (NL07-21) Lead Partner: Ken Adamson, NLC Audit and Risk Manager</p>	<p>In consultation with both partners, a value for money audit assignment will be undertaken in respect of the provision of equipment and adaptations from the North Lanarkshire Joint Store. This will inform future strategic commissioning intentions and also provide evidence to support the achievement of best value across this service.</p>	20	<p>Ongoing The Project Group has been established and met regularly during 2020/2021. Internal Audit attended Project Group meetings and provided detailed comment on a range of documentation which will inform future processes. Subject to the approval of the IJB Internal Audit Plan 2021/2022, further work is planned to progress the value for money audit assignment in respect of the provision of equipment and adaptations from the North Lanarkshire Joint Store.</p>	<p>December 2021</p>
<p>TOTAL</p>	<p>60</p>			