
INTERNAL AUDIT WORK TO MARCH 2024

Report by Chief Officer Audit and Risk

AUDIT COMMITTEE

20 May 2024

1 PURPOSE AND SUMMARY

- 1.1 The purpose of this report is to provide members of the Audit Committee with details of the recent work carried out by Internal Audit and the recommended audit actions agreed by Management to improve internal controls and governance arrangements.**
- 1.2 The work Internal Audit has carried out in the period from 1 January to 31 March 2024 associated with the delivery of the approved Internal Audit Annual Plan 2023/24 is detailed in this report. A total of 6 final Internal Audit reports have been issued. There were 11 recommendations made associated with 2 of the reports (0 High-rated; 7 Medium-rated; 4 Low-rated).
- 1.3 An Executive Summary of the final Internal Audit assurance reports issued, including audit objective, findings, good practice, recommendations (where appropriate) and the Chief Officer Audit and Risk's independent and objective opinion on the adequacy of the control environment and governance arrangements within each audit area, is shown in Appendix 1 to this report.
- 1.4 The SBC Internal Audit function conforms to the professional standards as set out in Public Sector Internal Audit Standards (PSIAS) (2017) including the production of this report to communicate the results of the reviews.

2 RECOMMENDATIONS

- 2.1 I recommend that the Audit Committee:**
 - a) Notes the Executive Summaries of the final Internal Audit assurance reports relating to with work Internal Audit has carried out in the period from 1 January to 31 March 2024 (Appendix 1) associated with the delivery of the approved Internal Audit Annual Plan 2023/24;**
 - b) Notes the Internal Audit Consultancy and Other Work carried out in accordance with the approved Internal Audit Charter;**
 - c) Acknowledges the assurance provided on internal controls and governance arrangements in place for the areas covered by this Internal Audit work; and**

3 BACKGROUND

- 3.1 The Internal Audit Annual Plan 2023/24 was approved by the Audit Committee on 13 March 2023. To facilitate operational delivery an Internal Audit Programme of Work has been developed which provides an indication of when work is scheduled during the year, taking account of discussions with Management and availability of Internal Audit resources.
- 3.2 For each assurance audit: prior to commencement, an Audit Assignment detailing the scope, objectives and timing is agreed with the relevant Director and Service Management; at the conclusion of the fieldwork, a Draft Report is issued to the relevant Director and Service Management for response on the factual accuracy and acceptance of the findings and recommendations, as appropriate; and a Final Report is then issued.

4 PROGRESS UPDATE

- 4.1 Internal Audit has carried out the following work in the period from 1 January to 31 March 2024 to complete the delivery of the Annual Plan 2023/24.
- 4.2 The SBC Internal Audit function conforms to the professional standards as set out in Public Sector Internal Audit Standards (PSIAS) (2017) including the production of this report to communicate the results of the reviews.

Completed Internal Audit Assurance Reports

- 4.3 Internal Audit issued final assurance reports on the following subjects:

- Staff Retention and Recruitment
- Licensing (Short Term Lets)
- UK Shared Prosperity Fund
- Residential Care Homes Administration Processes
- Sustainable Environment - Climate Change
- Information Governance

- 4.4 An Executive Summary of the final Internal Audit assurance reports issued, including audit objective, findings, good practice and recommendations (where appropriate), and the Chief Officer Audit and Risk's independent and objective opinion on the adequacy of the control environment and governance arrangements within each audit area, is shown in Appendix 1.

- 4.5 The definitions for Internal Audit assurance categories are as follows:

Level	Definition
Full assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied, to support the achievement of objectives. Minor improvements might be required.
Substantial assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives.
Moderate assurance	Whilst there is a system of governance, risk management and control in place, there are weaknesses in the system that leaves some risks not addressed, and there is evidence of non-compliance with some of the controls.
Limited assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives.
No assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives.

Internal Audit Consultancy and Other Work

- 4.6 Internal Audit staff have been involved in the following for the Council to meet its aims and objectives, and its roles and responsibilities in accordance with the approved Internal Audit Charter:
- a) Provided 'critical friend' internal challenge and assurance through engagement in meetings of change programmes and projects (Fit for 2024 / Digital Transformation Programme Boards, Information Governance Group, Sustainability Board, and Digital Security Board).
 - b) Published an Internal Audit consultancy report on Care Homes & Care at Home Quality Management based on work carried out during the year to ascertain and review the revised procedures and processes that are designed by Management to improve the Care Inspectorate gradings of all Council run Care Homes and Care at Home services and secure improved experiences for service users.
 - c) Carried out an independent review of the Fit for 2024 end of Transformation Programme evaluation that was presented to Council on 29 February 2024 to learn lessons and inform governance arrangements for the Future Transformation programme.
 - d) Engaged in the Capital Projects Programme Management Office (PMO) presentation over three sessions on the new arrangements to govern and control Capital Spend that had been introduced for 6 capital schemes in the Pilot Key Project Set in 2023/24, covering: Purpose of the Capital Projects PMO, Gateway Approval Process, Developing the rolling Capital Investment Plan (CIP), Terms of Reference for the Strategic Estate Management Group (SEMG), Project Prioritisation Scoring (Project Category, Strategic Alignment, Capital Funding, Revenue Impact), revised Project Business Case (PBC) format, and Key Project Dashboard Reporting. Discussed the interaction between Capital Projects PMO and Internal Audit as part of planned assurance work in 2024/25 to test a sample of significant capital investment projects over the lifespan of each project.
 - e) Reviewed information associated with the provision of a range of financial support and advice to local residents linked to the cost of living crisis. Observations from Internal Audit work will be considered as part of a lessons learned report by the Director of Resilient Communities to Council at the conclusion of the final elements of the programme.
 - f) Presented quarterly updates to the Council Management Team on the status of in-progress Internal Audit recommendations to ensure senior management oversight of progress with their implementation to demonstrate continuous improvement.
 - g) The Chief Officer Audit & Risk, Principal Internal Auditor and Senior Internal Auditor along with Directors and senior Councillors engaged in an 'Exercise in a Box – Ransomware from Phishing' facilitated by Cyber Fraud Centre to test the Council's resilience planning arrangements.
 - h) The Chief Officer Audit & Risk is the Chair of the Scottish Local Authorities Chief Internal Auditors Group (SLACIAG), a member of the Chartered Institute of Internal Auditors (CIIA) Local Authority Forum, and a member of the Heads of Internal Audit and Risk UK Forum, which provide the opportunity to share good practice and to keep knowledge of new Internal Audit developments up to date. The virtual CIIA webinars in recent months covered the topics of 'Shaping the Future' and 'Global Internal Audit Standards'. Others in the Internal Audit team are members of relevant specialist practitioners' forums, including Data Analytics, Counter Fraud, and Computer Audit.

- i) The Chief Officer Audit & Risk joined virtual meetings of the External Services Providers Monitoring Group to observe their oversight and scrutiny of the performance of CGI, Live Borders and SB Contracts as part of the Council’s Scheme of Administration.
- j) The Chief Officer Audit & Risk and Principal Internal Auditor took part in an Internal Audit / External Audit liaison meeting on 12 February 2024 with the Council’s External Auditors, Audit Scotland.
- k) The Chief Officer Audit & Risk reviewed and updated the Internal Audit Charter and Internal Audit Strategy and the Principal Internal Auditor updated the Audit Universe. Both engaged with the Corporate Risk Officer and Directors/Service Managers at each Strategic Management Team meeting to consult on proposed risk-based coverage within the Internal Audit Annual Plan 2024/25 (*subsequently approved by the Audit Committee on 11 March 2024*).
- l) The Chief Officer Audit & Risk facilitated the annual Audit Committee self-evaluation during the Development Session on 5 March 2024, using the Good Practice Principles Checklist and Evaluation of Effectiveness Toolkit from the CIPFA Audit Committees Guidance 2022.
- m) Audit and Risk Service Away Days were held on 27 and 28 March 2024 at Council HQ as an opportunity for all to meet in-person to support team building and wellbeing. The Away Days included a mix of presentations and workshop sessions to reflect on Audit and Risk service performance during 2023/24 and set out improvements to Internal Audit and Risk Management programmes of work in 2024/25.

Recommendations

4.7 Recommendations in reports are suggested changes to existing procedures or processes to improve the controls or to introduce controls where none exist. The grading of each recommendation reflects the risk assessment of non-implementation, being the product of the likelihood of the risk materialising and its impact:

High: Significant weakness in existing controls, leaving the Council or Service open to a very high risk of not achieving its strategic objectives or evidencing best value, where the risk is sufficiently high to require immediate action within one month of formally raising the issue. Added to the relevant Risk Register and included in the relevant Director Assurance Statement on Internal Control and Governance.
Medium: Substantial risk of not achieving its strategic objectives or evidencing best value, requiring reasonably urgent action within three months of formally raising the issue.
Low: Moderate risk of not achieving its strategic objectives or evidencing best value, requiring action within six months of formally raising the issue to improve efficiency, effectiveness and economy of operations or which otherwise require to be brought to the attention of Senior Management.
Outwith the report, Internal Audit informs operational managers about other matters as part of continuous improvement.

4.8 The table below summarises the number of Internal Audit recommendations made during 2023/24:

	2023/24 Number of Recs
High	0
Medium	7
Low	4
Sub-total reported this period	11
Previously reported	18
Total	29
Recommendations agreed with action plan	29
Not agreed; risk accepted	0
Total	29

5 IMPLICATIONS

5.1 Financial

There are no costs attached to any of the recommendations in this report.

5.2 Risk and Mitigations

During the development of the Internal Audit Annual Plan 2023/24 and at the start of each audit engagement, to capture potential areas of risk and uncertainty more fully, key stakeholders have been consulted and risk registers have been considered during discussions with the Corporate Risk Officer. The agreed Internal Audit recommendations are linked to relevant risks in the Ideagen (formerly Pentana) performance and risk system. This ensures that these improvements in governance arrangements and internal controls can be considered during routine risk review activity, thus aligning Risk Management practices to Internal Audit assurance.

If audit recommendations are not implemented, there is a greater risk of loss and/or reduced operational efficiency and effectiveness, and Management may not be able to demonstrate effective management of risks through improved internal controls and governance.

5.3 Integrated Impact Assessment

There is no relevance to Equality Duty or the Fairer Scotland Duty for this report. This is a routine good governance report for assurance purposes, required under the Local Authority Accounts (Scotland) Regulations 2014 and the professional standards as set out in Public Sector Internal Audit Standards (PSIAS) (2017).

The Internal Audit work is carried out in accordance with the appropriate legislation and professional standards. The latter includes compliance by those in the Internal Audit function with the Code of Ethics set out in the PSIAS which is appropriate for the profession of Internal Audit founded as it is on trust placed in its objective assurance about risk management, internal control and governance.

The Internal Audit work has been carried out in accordance with the Internal Audit Strategy for 2023/24, which incorporates integrated impact assessment compliance into all assurance audits as a cross-cutting risk to provide assurance that the underlying controls and processes in all Services are operating as intended to demonstrate the Council is fulfilling its Equality Duty and Fairer Scotland Duty.

5.4 Sustainable Development Goals

The recommendations in this report will not directly impact any of the 17 UN Sustainable Development Goals, based on completion of the checklist during the preparation of the Internal Audit Charter, and the Internal Audit Strategy and Plan 2023/24. Good governance is important to enable Scottish Borders Council to achieve its objectives, including those supporting sustainable development.

5.5 Climate Change

This report does not relate to any proposal, plan or project and as a result the checklist on Climate Change is not an applicable consideration.

The Internal Audit work has been carried out in accordance with the Internal Audit Strategy for 2023/24, which incorporates integrating climate change into all assurance audits as a cross-cutting risk to provide assurance that the underlying controls and processes in all Services that support climate change commitments, plans and programmes are operating as intended.

During 2023/24 the Internal Audit function has adopted a continuous audit approach, including observation of the Sustainability Board, to assess the Council's governance arrangements and progress with the Climate Change Route Map Priority Actions to meet the Council's obligations. The executive summary of findings, conclusions and assurance rating associated with this continuous audit work are stated within the Appendix for the audit named 'Sustainable Environment (Climate Change)'.

5.6 Rural Proofing

This report does not relate to new or amended policy or strategy and as a result rural proofing is not an applicable consideration.

5.7 Data Protection Impact Statement

There are no personal data implications arising from the content of this report.

5.8 Changes to Scheme of Administration or Scheme of Delegation

No changes are required to either the Scheme of Administration or the Scheme of Delegation as a result of the content in this report.

6 CONSULTATION

6.1 The Directors relevant to the Internal Audit reports issued have signed off the relevant Executive Summary within Appendix 1.

6.2 The Council Management Team have been consulted on this report on 8 May 2024 to acknowledge its content, assurance and actions therein.

6.3 The Director of Finance, Director of Corporate Governance (and Monitoring Officer), Director of People Performance and Change, and Communications team have been consulted on this report by email as required practice.

Approved by

Jill Stacey, Chief Officer Audit and Risk Signature

Author(s)

Name	Designation and Contact Number
Jill Stacey	Chief Officer Audit and Risk Tel 01835 825036
Scott Pow	Principal Internal Auditor

Background Papers: Appropriate Internal Audit files

Previous Minute Reference: Audit Committee 12 February 2024

Note – You can get this document on tape, in Braille, large print and various computer formats by using the contact details below. Information on other language translations can also be given as well as provision of additional copies.

Contact us at Internal Audit intaudit@scotborders.gov.uk

Report	Summary of key findings and recommendations	Recommendations			Status
		H	M	L	
<p>Audit Plan Category: Corporate Governance</p> <p>Corporate Risk: CMT 023 – Staff Recruitment & Retention ▲</p> <p>Subject: Staff Retention and Recruitment</p> <p>No: 033/008</p> <p>Date issued: 08 April 2024 Draft; 23 April 2024 Final</p> <p>Level of Assurance: Substantial</p>	<p>The purpose of the audit was to review the approach to staff retention and the revised approach to staff recruitment to ensure skills, knowledge and competencies are retained or provided, respectively, for service delivery to meet the Council's objectives.</p> <p>Effective staff recruitment is critical for the success and sustainability of the Council. A skilled and motivated workforce is essential for achieving strategic goals and maintaining operational excellence. Retaining valuable employees ensures continuity, knowledge retention, and a positive organisational culture.</p> <p>The following examples of good practice were found:</p> <ul style="list-style-type: none"> • The Council promotes a positive working environment encouraging staff retention and recruitment across its Services. • The HR Service has recognised where improvements could be made (in the recruitment and appraisals processes) and is actively working to implement them. <p>Appropriate data relating to the workforce is analysed and used by the HR Business Partners with the results being discussed with Management and also being utilised in succession planning.</p> <p>There is a variety of easy to access, family friendly policies published on the Council’s website. A recent development has been the career pathway policy to support the retention of staff.</p> <p>The appraisals and recruitment processes redesign to improve their efficiency and effectiveness is slightly behind timescales due to capacity in Services and focus on other priorities within HR.</p> <p>The corporate risk Staff Recruitment & Retention is reviewed quarterly by the appropriate Director and CMT. A number of mitigation actions are being pursued.</p> <p>Internal Audit are able to provide substantial assurance. There is a generally sound system of governance, risk management and control in place. No recommendations were made due to the Management actions that are underway.</p>	0	0	0	HR Management have checked the factual accuracy of the report and accepted its findings.

Report	Summary of key findings and recommendations	Recommendations			Status
		H	M	L	
<p>Audit Plan Category: Internal Controls</p> <p>Corporate Risk: CMT 014 Legislative Compliance ▲</p> <p>Subject: Licensing (Short Term Lets)</p> <p>No: 091/005</p> <p>Date issued: 13 March 2024 Draft; 22 April 2024 Final</p> <p>Level of Assurance: Full</p>	<p>The purpose of the audit was to ensure there is an adequate control environment for licensing, specifically relating to short-term lets.</p> <p>In 2022 the Scottish Government introduced new Legislation regarding licensing requirements for short-term lets. This was cascaded to Local Authorities for developing and implementing the necessary methodology and processes.</p> <p>The Council received their first applications for the new licenses in December 2022. Processes and procedures were developed to ensure Legislation was being complied with.</p> <p>There are good working processes in place with controls as necessary. Each application received has numerous attachments. Internal Audit have made a minor improvement action for the Licensing Service to liaise with Customer Service Development Team to consider any further enhancements to their working practices which could assist regarding the time taken to process and save the attachments.</p> <p>Internal Audit are able to provide full assurance (a sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied, to support the achievement of objectives. Minor improvements might be required).</p>	0	0	0	<p>Management have checked the factual accuracy of the report and accepted its findings and minor improvement action.</p> <p>Officers across Services have been liaising to streamline working practices and processes, noting that some technical system-based solutions will be required to further improve efficiency.</p>


Report	Summary of key findings and recommendations	Recommendations			Status
		H	M	L	
<p>Audit Plan Category: Legislative and Other Compliance</p> <p>Corporate Risk: none (third party funder assurance)</p> <p>Subject: UK Shared Prosperity Fund</p> <p>No: 154/034</p> <p>Date issued: 05 April 2024 Draft; 22 April 2024 Final</p> <p>Level of Assurance: Full</p>	<p>The purpose of the audit was a high-level assessment of compliance with the requirements of the Funding Agreements and other relevant regulations.</p> <p>The UK Shared Prosperity Fund (UKSPF) is a central pillar of the UK Government's Levelling Up policy agenda; its investment priorities being communities and place, business support, people and skills, and Multiply which is about improving numeracy for employability purposes. Each local authority in Scotland has been given two separate allocations over the financial years 2022/23 – 2024/25 for their administrative areas to be used to meet UKSPF investment priorities and Multiply objectives respectively.</p> <p>Governance, management processes, and administration for the UKSPF are effective.</p> <p>Adequate arrangements are in place to ensure compliance with the relevant Funding Agreement and applicable regulations.</p> <p>Robust controls over the administration of claims for projects within the Fund have been developed and have been followed.</p> <p>Internal Audit are able to provide full assurance. A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied, to support the achievement of objectives. Minor improvements might be required.</p> <p><i>Multiply has not been examined or evaluated in this audit but work will be undertaken on this element as part of planned audit work for 2024/25.</i></p>	0	0	0	Management have checked the factual accuracy of the report and accepted its findings.

Report	Summary of key findings and recommendations	Recommendations			Status
		H	M	L	
<p>Audit Plan Category: Internal Controls</p> <p>Corporate Risk: none - key controls in Residential Care Homes; Management request</p> <p>Subject: Residential Care Homes Administration Processes</p> <p>No: 176/011</p> <p>Date issued: 27 February 2024 Draft; 22 March 2024</p> <p>Level of Assurance: Limited</p>	<p>The purpose of the audit was to ensure the internal financial controls and business administrative processes are in place to ensure the efficient and effective use of resources in residential care homes.</p> <p>Internal Audit are able to provide limited assurance relating to the Administration Processes in Residential Care Homes (significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives).</p> <p>Internal Audit have made the following recommendations:</p> <ul style="list-style-type: none"> • Management should ensure, and monitor, that all Residential Care Home staff follow the policy for recording of income including it being recorded on the transaction sheets appropriately, and where necessary recorded in Business World system as Gifts or Hospitality. (Low) • Management should evaluate and explore alternatives for banking arrangements to minimise the on-site cash being held in all Residential Care Home settings. (Low) • Management should ensure that the policy for "Management of Residents Funds" be fully refreshed, all staff receive adequate training in the application of the policy, and appropriate checks for compliance are in place in all Residential Care Homes. (Low) • Management should ensure all Residential Care Homes have adequate security of their buildings, ensuring the protection of staff, vulnerable residents, assets (including iPads) and sensitive data. (Medium) • Management should ensure all the appropriate staff have access to only the relevant keys for their duties. (Medium) <p>Management should ensure that proper procedure notes and instructions are followed consistently to adhere to Financial Regulations regarding the completion of inventories across all Residential Care Homes. (Low)</p>	0	2	4	<p>Management have checked the factual accuracy of the report, accepted its findings, and agreed to implement the recommendations.</p> <p>At the time of the site visits, some of the recommendations had been identified and the required actions were already underway to demonstrate Management commitment to improvement.</p>

Report	Summary of key findings and recommendations	Recommendations			Status
		H	M	L	
<p>Audit Plan Category: Legislative & Compliance</p> <p>Corporate Risk: CMT032 Climate Change ●</p> <p>Subject: Sustainable Environment (Climate Change)</p> <p>No: 202/014</p> <p>Date issued: 19 February 2024 Draft; 29 March 2024 Final</p> <p>Level of Assurance: Moderate</p>	<p>The purpose of the audit was to assess progress with the Climate Change Route Map Priority Actions to meet the Council's obligations regarding sustainable environmental programmes.</p> <p>The Climate Change (Scotland) Act 2009 set economy-wide (not organisational) emissions reduction targets. It introduced a statutory requirement for public bodies to undertake 'climate change duties' and to operate in the best way to contribute to delivering these targets and to help meet any Scottish programme for adapting to the impacts of a changing climate.</p> <p>The Climate Change Route Map (CCRM) sets out the direction for the Council and its partners and communities to move to a net zero emissions Scottish Borders economy by 2045. The CCRM has been distilled into 5 themes, each with its own action plan. The CCRM is supported by a Priority Action Plan approved by Council on 10 March 2022. Actions and outcomes are overseen by the Sustainability Board of officers which meets on a monthly basis.</p> <p>On 24 November 2022 responsibilities were remitted to the Council's Executive Committee to provide oversight and scrutiny of the Council's strategies, plans, policies and actions regarding tackling climate change and promoting sustainable environmental practices (previously Sustainable Development Committee). To date no reports relating to those remits have been presented to the Executive Committee to allow oversight and scrutiny to take place. However, the Sustainability Members Reference Group has met in September and December 2023 (quarterly meetings proposed for 2024) to enable elected member awareness and engagement.</p> <p>The corporate risk Climate Change, which underpins the Council Plan and the specific 'Clean, Green Future' outcome, is reviewed quarterly by the appropriate Director and CMT. A number of mitigation actions are being pursued to manage and minimise this risk as far as is possible.</p>	0	5	0	<p>The high-level findings and recommended areas of improvement were discussed with the Sustainability Board on 15 January and 8 February 2024, and with relevant Directors on 25 March 2024.</p> <p>Management responses have checked the factual accuracy of the report and accepted of its findings.</p> <p>Implementation of the improvements will require a whole Council approach as well as a collaborative approach with partners at a local and national level.</p>

Report	Summary of key findings and recommendations	Recommendations			Status
		H	M	L	
Subject: Sustainable Environment (Climate Change)	<p>Reports submitted to Council requesting a decision contain an “Implications” section, which covers Sustainable Development Goals and Climate Change. The comprehensiveness of the completion of this section is inconsistent across Council Services.</p> <p>The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 (applicable November 2022) requires local authorities and other major public bodies to report to Scottish Ministers in November each year in respect of the preceding financial year on what they have done to comply with their duties. The latest report was approved by full Council and submitted in the required format to the Scottish Government in advance of the deadline of 30 November 2023. Data could not be provided for all areas of the report, and data in the report is not validated. The Sustainable Scotland Network (SSN) submission also indicated that the peer validation process did not take place. Accordingly, the due dates of the two previous Internal Audit recommendations associated with these improvements to reporting obligations will be extended.</p> <p>Notable outputs to date include:</p> <ul style="list-style-type: none"> • Roll out of LED street lighting; • Delivery of an energy efficient programme across some property estate; • Transition of the fleet to low emission vehicles; • Significant reduction in business travel mileage; • Huge reduction in the household waste sent to landfill and associated increase in recycling rates; • Development of a Local Biodiversity Action Plan and the introduction of nature based solutions. <p>Scottish Government in collaboration with Sustainable Scotland Network (SSN) is updating the statutory guidance for public bodies to meet the duties under the Climate Change (Scotland) Act 2009. A number of engagement sessions have been planned to inform the guidance at the earliest possible opportunity.</p>				

Report	Summary of key findings and recommendations	Recommendations			Status
		H	M	L	
<p>Subject: Sustainable Environment (Climate Change)</p>	<p>No one organisation can tackle climate change on their own – a partnering approach is required. Addressing emissions reduction requires effective communication and collaboration with national agencies, communities, industry, businesses, activists and residents. The emissions directly attributable to the Council are approximately 2% of the area wide emissions. Industry and commerce, agriculture, and travel (mainly on A roads) account in roughly equal proportions for the other 98%. A workshop facilitated by the Edinburgh Climate Change Institute (ECCI) took place in Spring 2023 with Community Planning Partners with a focus on the approach needed for area-wide emissions. Securing financial support for sustainable initiatives and projects is and will remain to be a challenge.</p> <p>Internal Audit considers that the level of assurance is Moderate. Whilst there is a system of governance, risk management and control in place, there is evidence of non-compliance with some of the controls, and improvements required to address the corporate risk. Internal Audit have made the following recommendations:</p> <ul style="list-style-type: none"> • Present at least annually reports on the delivery of actions and outcomes set out in the Priority Action Plan to the Executive Committee to enable oversight and scrutiny of whether rate of action is sufficient to achieve the 2030 & 2045 targets. (Medium) • Develop and gain approval to a strategic plan for the Council's estate to inform investment, provide focus on project delivery, and formulate a credible emissions reduction target. (Medium) • Ensure that Service Managers have a defined objective in their Service Plans in respect of reducing emissions arising from their service. Provide further guidance/learning. (Medium) • Develop financial planning and asset management planning to clearly integrate with planning for emissions reduction. (Medium) • Review the governance arrangements with partners, including CPP and SOSE, to promote emissions reductions within their respective Plans, and ensure the Council receives appropriate assurance thereon from partners. (Medium) 				<p><i>Note: CPP is Community Planning Partnership; SOSE is South of Scotland Enterprise</i></p>

Report	Summary of key findings and recommendations	Recommendations			Status
		H	M	L	
<p>Audit Plan Category: Corporate Governance</p> <p>Corporate Risk: CMT 014 Legislative Compliance </p> <p>Subject: Information Governance</p> <p>No: 236/017</p> <p>Date issued: 22 March 2024 Draft; 29 March 2024 Final</p> <p>Level of Assurance: Substantial</p>	<p>The purpose of the review was to examine the Information Governance Framework including roles and responsibilities, policy development and implementation, and compliance with legislation, and provide assurance to Senior Information Risk Owner (SIRO).</p> <p>Information Governance: The Information Governance Group (IGG) meets quarterly to monitor improvement actions through a Tracker. The Risks in IGG Risk Register are linked to improvement actions and reviewed appropriately. IGG monitors the completion rates of integrated Information Management awareness e-learning course on a quarterly basis; planned review of approach/content.</p> <p>Records Management: The Records Management Policy has now been reviewed with minor changes required and will be published now that IGG has approved it. A review of the Information Asset Register is now underway as well as other actions to bring all elements into full compliance with the Act.</p> <p>Information Security and Information Sharing: The Council’s PSN accreditation was renewed successfully in April 2023; the PSN compliance certificate is to 30 June 2024. Data sharing agreements are recorded on the Information Asset Registers maintained within Services, overseen by Information Management Team. IGG considers Security Incident reports quarterly to determine any lessons learned.</p> <p>Data Protection and Information Access: Information Access reports (FOI/EIR) and Data Breach reports are monitored by IGG quarterly to check performance and determine any actions required; the number of requests continues to rise. The assessment of all Information Management documents found that most required some updating.</p> <p>Internal Audit are able to provide Substantial assurance. There is scope for improvement, specifically to ensure that the mandatory training completion rate is achieved and information management documents are up-to-date and published. Management actions are underway; therefore no recommendations were made.</p>	0	0	0	Senior Information Risk Owner (SIRO) checked the factual accuracy of and accepted these findings, which reflect the results of the continuous auditing work during 2023/24 on this area.