

Below is the list of Internal Audit reports by partners' Internal Audit providers (SBC Internal Audit for Scottish Borders Council; Grant Thornton for NHS Borders) that have been presented in the first half of 2022/23 to their respective Audit Committees, which are relevant to SBIJB for assurance purposes, with a summary of assurances contained therein.

| Partner Committee | Audit Title | Audit Objective | Internal Audit Summary Findings and Conclusions |
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| Scottish Borders Council Audit and Scrutiny Committee 27 June 2022 (Source: Agenda, Reports and Minutes published on website modern.gov) | Capital Investment (2021/22) | To review the governance arrangements in place for capital planning and investment including strategic asset management plans to ensure these are aligned to Council priorities and business requirements. | <p>Substantial assurance. The latest Capital Investment Strategy applies to financial year 2022/23 and subsequent financial years, and pulls together the investment implications of other more detailed policies, including the refreshed Council Plan. Capital investment is aligned to Council priorities and business requirements. Regular and appropriate capital project and programme reporting is provided to senior officers and elected members to enable them to make decisions on the Council's capital investment activity.</p> <p>Three Medium recommendations designed to assist with improvements on asset management planning, board oversight, risk, and sustainability factor in capital bid process.</p> |
| | IT Asset Management (2021/22) | To assess systems, processes and controls that are in place to ensure complete and accurate records of all IT assets that underpin the IT Asset Management Strategy to deliver the Council's strategic objectives and priorities. | <p>Limited assurance. There are 2 separate asset registers containing IT equipment which are used for different purposes. Asset tags are used for quick and simple identification of IT assets. There is no overarching IT Asset Management Strategy in place. Found no evidence of significant error, inaccuracy or non-compliance but without an overarching strategy and an accurate asset register, it was not possible to fully assess this nor confirm whether this is in line with the Council's Digital Strategy.</p> <p>One Medium and Two Low recommendations designed to establish overarching strategy and ensure an accurate asset register that is regularly checked for completeness.</p> |

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| <p>Scottish Borders Council Audit and Scrutiny Committee</p> <p>27 June 2022</p> <p>(Source: Agenda, Reports and Minutes published on website modern.gov)</p> | <p>Financial Governance: Business World System Key Controls</p> <p>(2021/22)</p> | <p>At a high level the purpose of the review was to test key areas of risk related primarily to developments introduced in 2021/22.</p> <p>The Council replaced older legacy systems in April 2017 with an integrated Enterprise Resource Planning solution, Business World (BW), for HR, Finance and Procurement processes designed to reduce duplication in processing and data handling.</p> | <p>Procure to Pay – Substantial Assurance (with the exception of Petty Cash – Limited Assurance); Sales to Cash – Comprehensive assurance; HR – Substantial assurance (with the exception of Mandatory Training – Limited assurance); Record to Report – Comprehensive assurance.</p> <p>One Medium and One Low recommendations designed to improve operational processes for Petty Cash administration and completion of mandatory training by staff.</p> |
| <p>Cont'd</p> | <p>Sustainable Environment</p> <p>(2021/22 b/f from 2020/21)</p> | <p>To assess progress with the development of new governance arrangements and action plans to meet obligations regarding sustainable environmental programmes, including corporate and social responsibility.</p> | <p>Substantial assurance, with largely satisfactory risk, control, and governance systems in place.</p> <p>Two Medium recommendations designed to ensure completeness and accuracy of returns to Government that are subject to appropriate checking.</p> |
| | <p>Information Governance</p> <p>(2021/22)</p> | <p>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>Substantial assurance on themes of Information Governance Actions, Records Management, Information Security and Information Sharing, and Data Protection and Information Access. There is scope for improvement, specifically to ensure that the mandatory training completion rate is achieved and to refresh awareness of Information Management issues. No recommendations as Management actions are underway.</p> |
| | <p>Internal Audit Annual Assurance Report 2021/22</p> | <p>Summarises all of Internal Audit's work undertaken during 2021/22 and provides the audit opinion as required by the PSIAS.</p> | <p>The opinion of the Chief Officer Audit and Risk was that the internal control, governance and risk management within the Council were operating satisfactorily. The main issue for 2021-22 was non-completion by staff of the mandatory eLearning training (particularly child protection), and lack of oversight by Management to check compliance and include in staff annual appraisals. The Council continued to make progress in embedding Risk Management and awareness, ensuring that the risks to achieving corporate objectives were systematically identified, analysed, evaluated, controlled, monitored and reported regularly. Improvements were required on the Council's Business Continuity Framework.</p> |

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| Scottish Borders Council Audit Committee 12 September 2022 (Source: Agenda, Reports and Minutes published on website modern.gov) | Contract Management - Strategic Contracts CGI and Live Borders (2022/23) | To review the Council's Strategic Contract Management and Monitoring arrangements associated with the service provision agreement with the Integrated Sports and Culture Trust, Live Borders, and the IT contract with CGI, including roles and responsibilities, to ensure that there are adequate governance and effective internal controls in place. <i>(part relating to CGI relevant to H&SC IJB)</i> | Substantial assurance. Roles and responsibilities are clearly defined in the CGI IT contract. The IT contract is managed by suitably experienced contract owners and managers. There are also clear processes for resolving disputes. Good governance arrangements are in place within the CGI IT contract. The change process is well defined and commercial changes are made on a regular basis. There are several regular meetings at different levels between CGI and Scottish Borders Council. Performance monitoring arrangements are well defined in the CGI IT contract. A monthly balanced scorecard which includes targets and RAG status is widely circulated. Key Performance Indicator (KPI) exceptions are highlighted together with any service credits due. No recommendations relating to CGI Contract Management. |
| | Attendance Management (2022/23) | To ensure there are adequate controls in place to manage short- and long-term absences to minimise the impact on service delivery. | Substantial assurance (policies and procedures, system triggers, reporting, and links to employees wellbeing); Limited assurance (training and compliance on completion). One Medium and one Low recommendations to update the 'Managing Attendance' eLearning course and ensure Line Managers completion of training. |
| | Performance Management (Local Government Benchmarking Framework) (2022/23) | To provide independent validation of performance indicators which are reported on an annual basis to the Improvement Service as part of the Local Government Benchmarking Framework (LGBF). | Substantial assurance on the data included within the 2021/22 LGBF Return, though there were limitations in the validation of two of the Culture & Leisure indicators due to insufficient supporting documentation being made available. Internal Audit validation testing found anomalies for 3 of the performance indicators. These have been resolved and amended figures included in the LGBF return prior to submission to the Improvement Service. One Low recommendation to improve processes for both producing verifying and the annual LGBF return within Live Borders to ensure accurate and timely data. |

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| <p>NHS Borders Audit Committee</p> <p>15 June 2022</p> <p>(Source: Minutes of meeting received on request)</p> | <p>Audit Follow Up Report</p> | <p>Follow up on progress by Management with the implementation of Internal Audit recommendations.</p> | <p>Of the 18 recommendations being followed up, six were not yet due, three had been closed, six were ongoing and no response had been received for three (two of these were medium rated and one was low).</p> <p>The Audit Committee noted verbal updates on outstanding recommendations by relevant Managers on: Estates & Facilities; Covid19 Governance Arrangements/Remobilisation; and GDPR and Information Governance Arrangements.</p> |
| | <p>Internal Audit Report – IT Recovery and Resilience (2021/22)</p> | <p>To review the arrangements in place for disaster recovery and resilience.</p> | <p>Overall rating of partial assurance with improvement required and the findings resulted in three high and one medium rated recommendations. High risk recommendations noted insufficient disaster recovery and business continuity procedures in place, insufficient disaster recovery and business continuity testing, and insufficient business impact assessments. Medium rated recommendation noted backup and restore policies for systems not being clearly documented</p> |
| | <p>Internal Audit Report – Workforce Recruitment and Retention (2021/22)</p> | <p>To evaluate the adequacy of internal controls in place around staff recruitment and retention.</p> | <p>Overall rating of partial assurance with improvement required and the findings resulted in one medium, one low and one advisory rated recommendations. Medium recommendation noted evidence confirming right to work status is not always held by the organisation. Low recommendation highlighted a low level of completion of annual appraisals and policy and guidance documents being out of the date.</p> |
| | <p>Internal Audit Report – Health & Safety Reporting (2021/22)</p> | | <p>Overall rating of partial assurance with improvement required and the findings resulted in one high and three medium rated recommendations. High recommendation related to RIDDOR events not being reported within the defined timescales. Medium recommendations highlighted that staff identified as adverse event approvers in Datix had not completed the approver training, adverse events were not being reviewed and approved on Datix within the 14 day timescale, and lessons learned are not shared across the organisation.</p> |

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| <p>NHS Borders Audit Committee</p> <p>15 June 2022</p> <p>(Source: Minutes of meeting received on request)</p> <p>(cont'd)</p> | <p>Internal Audit Annual Report 2021/22</p> | <p>Provide a summary of the work undertaken throughout the year and include the annual audit opinion.</p> | <p>The full audit plan had been delivered. The executive summary noted that throughout the audits a total of 20 recommendations had been raised, all of which have been accepted by Management; six of these were rated high, eight medium, four low and two advisory. The Head of Internal Audit's opinion for 2021/22 on risk management, internal control and governance was partial assurance with improvement required. Although this was the same opinion as previous year, there had been a slight improvement and was a satisfactory position for the Board to be in.</p> |
| <p>NHS Borders Audit Committee</p> <p>23 June 2022</p> <p>(Source: Minutes of meeting received on request)</p> | <p>No Internal Audit reports considered at this meeting.</p> | | |
| <p>NHS Borders Audit Committee</p> <p>28 August 2022</p> <p>(Source: Minutes of meeting received on request)</p> | <p>No Internal Audit reports considered at this meeting.</p> | | |

The SBIJB Chief Internal Auditor has taken account of these assurances from partners' Internal Audit providers to provide Internal Audit assurance to the SBIJB.