



Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 14 June 2024

**A meeting of the Inverclyde Integration Joint Board Audit Committee will be held on Monday 24 June 2024 at 1pm within the Municipal Buildings, Greenock.**

**Members may attend the meeting in person or via remote online access. Webex joining details have been sent to Members and Officers. Members are requested to notify Committee Services by 12 noon on Friday 21 June 2024 how they intend to access the meeting.**

**In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation.**

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**LYNSEY BROWN**  
**Head of Legal, Democratic, Digital & Customer Services**

<b>BUSINESS</b>	<b>Page</b>
1. <b>Apologies, Substitutions and Declarations of Interest</b>	
<b>ITEMS FOR ACTION:</b>	
2. <b>Minute of Meeting of IJJB Audit Committee of 25 March 2024</b>	<b>p</b>
3. <b>IJJB Audit Committee Rolling Annual Workplan</b>	<b>p</b>
4. <b>Internal Audit Progress Report from 2 March to 1 June 2024</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
5. <b>Status of External Audit Action Plans at 24 June 2024</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
6. <b>External Audit – Annual Audit Plan 2023/24</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>

7. **	<b>Internal Audit Assurance Statement</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
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The reports for this meeting are on the Council's website.

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Enquiries to – <b>Diane Sweeney</b> – Tel 01475 712147
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**INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 25 MARCH 2024**


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**Inverclyde Integration Joint Board Audit Committee**

**Monday 25 March 2024 at 1.00pm**

**Present:****Voting Members:**

Councillor Lynne Quinn (Chair)  
David Gould  
Councillor Sandra Reynolds  
Alan Cowan

Inverclyde Council  
Greater Glasgow & Clyde NHS Board  
Inverclyde Council  
Greater Glasgow & Clyde NHS Board

**Non-Voting Members:**

Diana McCrone

Staff Representative, Greater Glasgow & Clyde  
NHS Board

**Also present:**

Kate Rocks

Chief Officer, Inverclyde Health & Social Care  
Partnership

Jonathan Hinds

Head of Children & Families and Criminal  
Justice Services and Chief Social Work Officer,  
Inverclyde Health & Social Care Partnership

Craig Given

Chief Finance Officer, Inverclyde Health &  
Social Care Partnership

Andi Priestman

Chief Internal Auditor, Inverclyde Council

Vicky Pollock

Interim Head of Legal & Democratic Services

Alan Best

Interim Head of Health & Community Care,  
Inverclyde Health & Social Care Partnership

Audrey Howard

Interim Head of Justice & Children's Services,  
Inverclyde Health & Social Care Partnership

Marie Keirs

Senior Finance Manager, Inverclyde Council

Diane Sweeney

Senior Committee Officer, Inverclyde Council

Colin MacDonald

Senior Committee Officer, Inverclyde Council

Alison Ramsey

Corporate Communications, Inverclyde Council

**Chair:** Councillor Quinn presided.

The meeting was held at the Municipal Buildings, Greenock, with Mr Gould and Councillor Reynolds attending remotely.

**1 Apologies, Substitutions and Declarations of Interest**

1

An apology for absence was intimated on behalf of:

Charlene Elliott

Third Sector Representative, CVS Inverclyde

No declarations of interest were intimated.

**2 Minute of Meeting of IJJB Audit Committee of 25 September 2023**

2

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 25 September 2023.

The Minute was presented by the Chair and examined for fact, omission, accuracy and clarity.

**Decided:** that the Minute be agreed.

## INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 25 MARCH 2024

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- 3 IJJB Audit Committee Rolling Annual Workplan 3**
- There was submitted a list of rolling actions arising from previous meetings of the IJJB Audit Committee.  
**Decided:** that the Rolling Annual Workplan be noted.
- 4 Internal Audit Progress Report 4 September 2023 to 1 March 2024 4**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the progress made by Internal Audit during the period 4 September 2023 to 1 March 2024. The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.  
 The Committee requested an update on the Action Plan for the Integration Scheme, and Mr Given advised that discussions were still ongoing with other IJBs and that it was unlikely that the required actions would be completed by the 1 April 2024 expected date.  
**Decided:** that the progress made by Internal Audit for the period 4 September 2023 to 1 March 2024 be noted.
- 5 Status of External Audit Action Plans at 31 January 2024 5**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the status of current actions from External Audit Action Plans at 31 January 2024. The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.  
 The Committee asked when the planned Development Session on Performance Indicators would take place and Ms Rocks advised that it would be in May 2024.  
**Decided:** that the progress to date in relation to the implementation of external audit actions be noted.
- 6 IJB Best Value Statement 2023/24 6**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending for approval the Draft Best Value Statement in relation to how the IJJB has delivered Best Value during the previous financial year. The report was presented by Mr Given.  
**Decided:** that the Draft Best Value Statement 2023/24 be approved.
- 7 Inverclyde Integration Joint Board – Directions Update February 2024 7**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by the IJJB to Inverclyde Council and NHS Greater Glasgow & Clyde in the period September 2023 to February 2024. The report was presented by Ms Pollock, this being the seventh such report.  
**Decided:** that the contents of the report be noted.
- 8 IJB Risk Register 8**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the status of the IJJB Strategic Risk Register, and (2) appending the most recent Risk Register reviewed by officers in February 2024. The report was presented by Mr Given.  
**Decided:** that the content of the report be noted.

**9 External Audit – Audit Fee 2023/24****9**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership advising that the KPMG External Audit Fee for 2023/24 is £33,360. The report was presented by Mr Given.

**Decided:** that the Audit Fee be approved.

**IIJB Audit Committee Rolling Annual Workplan – 24 June 2024**

**(Meeting in March, June and September each year)**

Date	Reports	Lead Officer
24 June 2024	<p>Internal Audit Progress Report to 1 June 2024</p> <p>External Audit Annual Audit Plan 2023/24</p> <p>Status of External Audit Action Plans to 24 June 2024</p> <p>Internal Audit Annual Report and Assurance Statement 2023-24</p>	<p>Chief Internal Auditor</p> <p>External Audit</p> <p>Chief Internal Auditor</p> <p>Chief Internal Auditor</p>
TBC September 2024	<p>Internal Audit Progress Report to #</p> <p>Status of External Audit Action Plans to #</p> <p>Directions Update</p> <p>Review of Risk Register</p> <p>Internal Audit Annual Strategy and Plan 2024/25</p> <p>That it be remitted to officers to submit a report on recruitment matters to IIJB Audit Committee specifically around the Alcohol and Drug budgets (Remit from IIJB 13 May 2004) (Min. Ref. 23(9))</p>	<p>Chief Internal Auditor</p> <p>Chief Internal Auditor</p> <p>Legal Services Manager (Min ref – IIJB 21/09/2020 86(3))</p> <p>Chief Officer (Min ref – IIJBAC 21/06/2021 22(4))</p> <p>Chief Internal Auditor</p> <p>Chief Officer</p>
TBC March 2025	<p>Internal Audit Progress Report to # February 2024</p> <p>Status of External Audit Action Plans to # January 2024</p> <p>Best Value Annual Statement Report</p> <p>Directions Update (Min.Ref. IIJB 21.09.2020 - 86(3))</p> <p>Review of Risk Register</p>	<p>Chief Internal Auditor</p> <p>Chief Internal Auditor</p> <p>Chief Finance Officer</p> <p>Legal Services Manager (Procurement, Conveyancing &amp; Information Governance)</p> <p>Chief Officer (Min ref – IIJBAC 21/06/2021 22(4))</p>



**AGENDA ITEM NO: 4**

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board Audit Committee</b>	<b>Date:</b>	<b>24 June 2024</b>
<b>Report By:</b>	<b>Chief Officer Inverclyde Health and Social Care Partnership</b>	<b>Report No:</b>	<b>IJBA/047/2024</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	
<b>Subject:</b>	<b>Internal Audit Progress Report from 2 March to 1 June 2024</b>		

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**1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to enable the Inverclyde IJB Audit Committee members to monitor the performance of Internal Audit and gain an overview of the IJB's overall control environment.
- 1.3 The report also presents an update on the Internal Audit work undertaken at Inverclyde Council and NHS Greater Glasgow and Clyde (NHSGGC) from 2 March to 1 June 2024 that may have an impact upon the Inverclyde IJB's control environment.

**2.0 RECOMMENDATIONS**

- 2.1 It is recommended that Inverclyde IJB Audit Committee members agree to note the progress made by Internal Audit from 2 March to 1 June 2024.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### 3.0 BACKGROUND AND CONTEXT

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

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

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

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

- 3.5 Since the last Internal Audit progress report to the June meeting of the Inverclyde IJB Audit Committee, there was one audit report finalised in relation to HSCP imprests.

#### **HSCP Imprests Review (March 2024)**

- 3.6 Inverclyde Health & Social Care Partnership (HSCP) staff are based in various locations. In providing services to residents a few officers require immediate access to cash to facilitate transactions which cannot efficiently be processed through payment requests or purchase orders. These transactions include making urgent cash payments to service users under Social Work legislation. In addition, some minor but urgent expenditure is also funded from cash imprests.
- 3.7 The review focused on the high-level processes and procedures in relation to HSCP imprests and concentrated on identified areas of perceived higher risk such as not holding more cash than necessary and not processing unauthorised imprest transactions. Designated HSCP officers hold a total of 15 cash imprests, which amount to £38,510. For example, a £1,000 imprest should reconcile back to the total of cash on hand, funds within the imprest bank account and receipts for expenditure. The overall control environment opinion for this audit review was Satisfactory.



3.8 The review identified 4 GREEN issues which, if implemented by management, would enhance the control environment. An action plan is in place for completion by September 2024

**3.9 NHSGGC - Internal Audit Progress Report Summary**

In relation to Internal Audit work undertaken at NHSGGC, an update on work undertaken since the last update in September 2023 has been requested but this is outstanding.

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

**4.0 PROPOSALS**

4.1 The Inverclyde IJB Audit Committee is asked to note the progress made by Internal Audit for the period 2 March 2024 to 1 June 2024.

**5.0 IMPLICATIONS**

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

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

**5.2 Finance**

One off Costs

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

Annually Recurring Costs/ (Savings)

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

**5.3 Legal/Risk**

Where delays arise in delivering the Internal Audit Plan, there is a risk that this may result in an inability to provide a reasonable level of assurance over the Inverclyde IJB's system of internal

control to those charged with governance. The main basis for providing assurance is coverage of the planned risk-based audits. Every endeavour is therefore made to ensure that no material slippage occurs in risk-based audits by concentrating resources on these audits.

**5.4 Human Resources**

There are no human resources implications arising from this report.

**5.5 Strategic Plan Priorities**

This report relates to strong corporate governance.

**5.6 Equalities**

(a) Equalities

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

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

(b) Equality Outcomes

How does this report address our Equality Outcomes?

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

(c) Fairer Scotland Duty

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

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

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

**(d) Children and Young People**

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

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

**5.7 Clinical or Care Governance**

This report relates to strong corporate governance.

**5.8 National Wellbeing Outcomes**

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

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

**5.9 Environmental/Sustainability**

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

Has a Strategic Environmental Assessment been carried out?

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

### 5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

## 6.0 DIRECTIONS

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

## 7.0 CONSULTATION

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

## 8.0 BACKGROUND PAPERS

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

**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS  
FROM 2 MARCH TO 1 JUNE 2024**

**Summary: Section 1 Summary of Management Actions due for completion by 01/06/2024**

There was one action due for completion by 1 June 2024 which has missed the deadline set by management. This is now completed.

**Section 2 Summary of Current Management Actions Plans at 01/06/2024**

At 1 June 2024 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

**Section 3 Current Management Actions at 01/06/2024**

At 1 June 2024 there were 4 current audit action points.

**Section 4 Analysis of Missed Deadlines**

At 1 June 2024 there were 3 audit action points where the agreed deadline had been missed.

**Section 5 Summary of Audit Action Points By Audit Year**

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

**SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 01.06.2024**

**SECTION 1**

<b>No. of Actions Due</b>	<b>No. of Actions Completed</b>	<b>Deadline missed Revised date set*</b>	<b>Deadline missed Revised date to be set*</b>	<b>No action proposed</b>
1		1		

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

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

**SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 01.06.2024**

**SECTION 2**

<b>Current Actions</b>	
Due for completion April 2024	2
Due for completion July 2024	1
Due for completion September 2024	1
<b>Total current actions:</b>	<b>4</b>

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

**CURRENT MANAGEMENT ACTIONS AS AT 01.06.2024**

**SECTION 3**

<b>Recommendation/Agreed Action</b>	<b>Owner</b>	<b>Expected Date</b>
<b>IJB Integration Scheme Update – Readiness Review (December 2019)</b>		
<p><b>Recommendation:</b>  <b>Specifying governance arrangements within the Integration Scheme (Amber)</b>                      The Scottish Government have confirmed IJBs will be required to review their current integration schemes rather than complete a new scheme. The 6 HSCP across Greater Glasgow and Clyde will contribute to a short life working group to review collectively ensuring cross cutting issues are addressed.</p> <p>The Inverclyde HSCP has identified the appropriate officer to contribute to this work. The HSCP are also working closely with Legal Services within the Council and NHS to review our current Integration Scheme.</p> <p><b>Agreed Action: Recommendation accepted.</b></p>	<b>IJB Chief Officer</b>	<b>30.09.2024</b>
<b>IJB Performance Management and Reporting Arrangements (July 2021)</b>		
<p><b>Recommendation:</b>  <b>Reporting on progress with implementing the IJB’s Strategic Plan (Amber)</b>                      Management will produce an “easy read” document which covers the progress being made with implementing the IJB’s Strategic Plan and would accompany the Annual Performance report.</p> <p><b>Agreed Action: Recommendation accepted.</b></p>	<b>IJB Chief Financial Officer</b>	<b>30.09.2024</b>

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



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

**CURRENT MANAGEMENT ACTIONS AS AT 01.06.2024**

**SECTION 3**

<b>Recommendation/Agreed Action</b>	<b>Owner</b>	<b>Expected Date</b>
<b>IJB Workforce Planning Arrangements (February 2023)</b>		
<b>Recommendation:</b> <b>Managing Timescales within the Workforce Plan action plan (Amber)</b> The IJB Chief Financial Officer will also explore the use of the Pentana system to record milestones for actions and priorities for each action. <b>Agreed Action: Recommendation accepted.</b>	<b>IJB Chief Financial Officer</b>	<b>31.07.2024</b>
<b>IJB Best Value Assurance Review (September 2023)</b>		
<b>Recommendation:</b> <b>Managing Best Value Arrangements (Green)</b> Management will: <ul style="list-style-type: none"> <li>• formally advise all SPG and SMT participants of their distinct roles in securing best value for the IJB; and</li> <li>• update best value questionnaire and responses to reflect the seven themes specified in the statutory Guidance.</li> </ul> <b>Agreed Action: Recommendation accepted.</b>  This is now complete	<b>IJB Chief Financial Officer</b>	<b>30.04.2024</b>

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

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

**SECTION 4**

Report	Action	Original Date	Revised Date	Management Comments
<b>IJB Integration Scheme Update – Readiness Review (December 2019)</b>	<p><b>Specifying governance arrangements within the Integration Scheme (Amber)</b> The Scottish Government have confirmed IJBs will be required to review their current integration schemes rather than complete a new scheme. The 6 HSCP across Greater Glasgow and Clyde will contribute to a short life working group to review collectively ensuring cross cutting issues are addressed.</p> <p>The Inverclyde HSCP has identified the appropriate officer to contribute to this work. The HSCP are also working closely with Legal Services within the Council and NHS to review our current Integration Scheme.</p>	<p><b>31.07.22</b> <b>31.05.23</b></p>	<b>30.09.24</b>	Management have advised this has had a further delay but expect this to come to be approved in September 2024.
<b>IJB Performance Management and Reporting Arrangements (July 2021)</b>	<p><b>Reporting on progress with implementing the IJB’s Strategic Plan (Amber)</b> Management will produce an “easy read” document which covers the progress being made with implementing the IJB’s Strategic Plan and would accompany the Annual Performance report.</p>	<p><b>30.06.22</b> <b>30.11.22</b> <b>30.09.23</b> <b>31.01.24</b></p>	<b>30.09.24</b>	Management have advised that this will be updated as part of the new strategic plan with the “plan on a page” proposal.
<b>IJB Workforce Planning Arrangements (February 2023)</b>	<p><b>Managing Timescales within the Workforce Plan action plan (Amber)</b> The IJB Chief Financial Officer will also explore the use of the Pentana system to record milestones for actions and priorities for each action.</p>	<b>31.12.23</b>	<b>31.07.24</b>	Due to other priorities, work on this action has not started. This will now be progressed with a timescale for completion of July 2024.

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

**SUMMARY OF ACTION PLAN POINTS BY AUDIT YEAR**

**SECTION 5**

The following table sets out the total number of agreed actions raised by audit year together with their completion status at 1 June 2024.

<b>Audit Year</b>	<b>Total Agreed Actions</b>	<b>Total Actions Completed</b>	<b>Total Current Actions Not Yet Due*</b>		
			<b>Red</b>	<b>Amber</b>	<b>Green</b>
2016/2017	3	3	0	0	0
2017/2018	8	8	0	0	0
2018/2019	6	6	0	0	0
2019/2020	6	5	0	1	0
2020/2021	2	2	0	0	0
2021/2022	6	5	0	1	0
2022/2023	6	5	0	1	0
2023/2024	1	0	0	0	1
<b>Total</b>	<b>38</b>	<b>34</b>	<b>0</b>	<b>3</b>	<b>1</b>

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



**AGENDA ITEM NO: 5**

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<b>Report To:</b>	<b>Inverclyde Integration Joint Board Audit Committee</b>	<b>Date:</b>	<b>24 June 2024</b>
<b>Report By:</b>	<b>Chief Officer Inverclyde Health and Social Care Partnership</b>	<b>Report No:</b>	<b>LS/048/24</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	
<b>Subject:</b>	<b>Status of External Audit Action Plans at 24 June 2024</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 The purpose of this report is to advise Inverclyde IJB Audit Committee members of the status of current actions from External Audit Action Plans at 24 June 2024.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that Inverclyde IJB members note the progress to date in relation to the implementation of external audit actions.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### 3.0 BACKGROUND AND CONTEXT

- 3.1 The Chief Internal Auditor co-ordinates follow up reporting on current actions arising from External Audit Action Plans on a monthly basis with regular reporting to the Audit Committee.
- 3.2 There were 5 actions due for completion by 24 June 2024.
- 3.3 There are 5 external audit actions being progressed and completed by officers. The current status report is attached at Appendix 1.

### 4.0 PROPOSALS

- 4.1 The Inverclyde IJB Audit Committee is asked to note the progress to date in relation to the implementation of external audit actions.

### 5.0 IMPLICATIONS

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

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

### 5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

### 5.3 Legal/Risk

There is a risk that failure to implement agreed audit actions in a timely manner could result in an inability to provide a reasonable level of assurance over the Inverclyde IJB's system of internal control to those charged with governance.

### 5.4 Human Resources

There are no human resources implications arising from this report.

### 5.5 Strategic Plan Priorities

This report relates to strong corporate governance.

### 5.6 Equalities

#### (a) Equalities

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

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

#### (b) Equality Outcomes

How does this report address our Equality Outcomes?

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

#### (c) Fairer Scotland Duty

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

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

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

**(d) Children and Young People**

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

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

**5.7 Clinical or Care Governance**

This report relates to strong corporate governance.

**5.8 National Wellbeing Outcomes**

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

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

## 5.9 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

## 5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

## 6.0 DIRECTIONS

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

## 7.0 CONSULTATION

7.1 Relevant Officers were asked to provide updates to the report as appropriate.

## 8.0 BACKGROUND PAPERS

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



**INVERCLYDE INTEGRATION JOINT BOARD  
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON  
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS  
AT 24 JUNE 2024**

**Summary:**

**Section 1 Summary of Current Management Actions Plans at 24/06/2024**

At 24 June 2024 there is 1 audit report delayed due to management not finalising the action plan within agreed timescales.

**Section 2 Current Management Actions at 30/06/2024**

At 30 June 2024 there were 5 current audit action points. The remaining 1 is expected to be complete by September 2024.



**INVERCLYDE COUNCIL INTERNAL AUDIT  
REPORT TO AUDIT COMMITTEE ON  
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

**SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 24.06.2024**

**SECTION 1**

**CURRENT ACTIONS**

<b>Month</b>	<b>No of actions</b>
Due for completion June 2024	5
<b>Total Actions</b>	<b>5</b>

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

**CURRENT MANAGEMENT ACTIONS AS AT 24.06.2024**

**SECTION 2**

<b>Action</b>	<b>Owner</b>	<b>Expected Date</b>
<b>2021/22 Annual Audit Report (November 2022)</b>		
<p><b>b/f Integration Scheme Review</b></p> <p><b>Recommendation:</b> The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as practicable.</p> <p><b>Management Response:</b> Expected to be completed by September 2024</p>	<b>Chief Officer</b>	<b>30.09.2024</b>
<b>2022/23 Annual Audit Report (November 2023)</b>		
<p><b>Financial Regulations, Standing Orders and Scheme of Delegation (Grade 3)</b></p> <p><b>Recommendation:</b> We recommend timely review and update of all policy and procedures documents.</p> <p><b>Management Response:</b> The updated Financial Regulations has been uploaded to the website as soon as possible. We have reviewed the standing orders and scheme of delegation informally and there have been no changes to these from our partner organisations, hence we haven't put forward updated versions. We have discussed with our partner organisations and there was only one major policy change this year and that was with the remit of the Chief Social Work Officer obligations. An update on the required changes will be included as part of the Chief Officers report.</p>	<b>Chief Finance Officer</b>	<b>30.06.2024</b>

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

**CURRENT MANAGEMENT ACTIONS AS AT 24.06.2024**

**SECTION 2**

<b>Action</b>	<b>Owner</b>	<b>Expected Date</b>
<p><b>Longer term financial planning (Grade 2)</b> <b>Recommendation</b> We recommend that the IJB work with partners to develop longer term forecasts / plans, and saving plans to bridge the identified long-term funding gap.</p> <p><b>Management Response:</b> We are working with our partners in the Council and Health board to develop savings proposals as suggested. This year the IJB set a 2-year 24/26 budget with the view of addressing our longer term budget gap. As part of this budget the report also highlighted an updated 5 year budget plan and the requirement for more savings to be developed years 3-5. Further initiatives will be looked into to deal with the medium to long term view once we know the outcome of the National Care service consultation and recommendation.</p>	<p><b>Chief Finance Officer</b></p>	<p><b>30.06.2024</b></p>
<p><b>Risk Management Strategy (Grade 3)</b> <b>Recommendation:</b> We recommend timely review and update of the IJB's Risk Management Strategy.</p> <p><b>Management Response:</b> The IJB has recently agreed to work in partnership with Inverclyde Council on updating the Risk Strategy process. The IJB and the Council will jointly fund a new post to take this forward. This post has only recently commenced. We still remain comfortable with the existing risk strategy and we provide regular updates to the IJB on all our main risks.</p>	<p><b>Chief Finance Officer</b></p>	<p><b>30.06.2024</b></p>
<p><b>Performance Against National Indicators (Grade 2)</b> <b>Recommendation:</b> We recommend that a root cause analysis be carried out to investigate, and action plans developed and monitored, in respect of those areas with deteriorating performance.</p> <p><b>Management Response:</b> We factored this into our new 3 year strategic Commissioning plan which was approved by IJB in May 2024. We also factored this into our development session with the IJB in January 2024 which helped develop our new strategic commissioning plan.</p>	<p><b>Chief Finance Officer</b></p>	<p><b>30.06.2024</b></p>



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<b>Report To:</b>	<b>Inverclyde Integration Joint Board - Audit Committee</b>	<b>Date:</b>	<b>24 June 2023</b>
<b>Report By:</b>	<b>Kate Rocks, Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>IJBAC/07/2024/CG</b>
<b>Contact Officer:</b>	<b>Craig Given</b>	<b>Contact No:</b>	<b>01475 715381</b>
<b>Subject:</b>	<b>External Audit – Annual Audit Plan 2023/24</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to present the External Audit Plan for 2023/24, produced by KPMG.
- 1.3 Appendix 1 contains the Annual Audit Plan 2023/24 for the IJB prepared by the IJB's External Auditors, KPMG.
- 1.4 Representatives from KPMG will be in attendance at the meeting in order to present the Plan and answer any questions.

## **2.0 RECOMMENDATIONS**

- 2.1 It is recommended that the IJB Audit Committee note the Annual Audit Plan 2023/24.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### 3.0 BACKGROUND AND CONTEXT

- 3.1 The IJB's External Auditors, Audit Scotland, have submitted their plan for the audit of the 2023/24 annual accounts. This plan is attached at Appendix 1.
- 3.2 A representative from KPMG will be in attendance at the meeting in order to present the Plan and answer any questions.

### 4.0 PROPOSALS

- 4.1 It is proposed that the IJB Audit Committee note the Annual Audit Plan 2023/24

### 5.0 IMPLICATIONS

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

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

### 5.2 Finance

There are no financial implications arising from this report.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

### 5.3 Legal/Risk

There are no specific legal implications arising from this report.



## 5.4 Human Resources

There are no specific human resources implications arising from this report.

## 5.5 Strategic Plan Priorities

## 5.6 Equalities

### (a) Equalities

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

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

### (b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## 5.7 Clinical or Care Governance

There are /are no governance issues within this report.

## 5.8 National Wellbeing Outcomes

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

There are no National Wellbeing Outcomes implications within this report.

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

### 5.9 Children and Young People

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

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

### 5.10 Environmental/Sustainability

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

Has a Strategic Environmental Assessment been carried out?

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

### 5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

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

## 6.0 DIRECTIONS

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

## 7.0 CONSULTATION

7.1 The draft plan was circulated by Audit Scotland to the Chief Financial Officer for comment and feedback and shared with the Chief Officer.

## 8.0 BACKGROUND PAPERS

8.1 None



# Indicative External Audit Plan

for the year ended  
31 March 2024

Inverclyde Integration Joint Board

DRAFT 28 March 2024

## Key contacts

Your key contacts in connection with this report are:

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Contents	Page
Introduction	3
Indicative Materiality	4
Significant audit risks and our approach	5
Audit cycle and timetable	9
Wider scope and best value approach	10
Appendices	17

### About this report

This report has been prepared in accordance with the responsibilities set out within the Audit Scotland's Code of Audit Practice ("the Code").

This report is intended for the benefit of Inverclyde Integration Joint Board ("the Board") and is made available to Audit Scotland and the Controller of Audit (together "the Beneficiaries"). This report has not been designed to be of benefit to anyone except the Beneficiaries. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Beneficiaries, even though we may have been aware that others might read this report and it will not be quoted or referred to, in whole or in part, without our prior written consent. We have prepared this report for the benefit of the Beneficiaries alone.

Nothing in this report constitutes an opinion on a valuation or legal advice.

We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in the scoping and purpose section of this report.

This report is not suitable to be relied on by any party wishing to acquire rights against KPMG LLP (other than the Beneficiaries) for any purpose or in any context. Any party other than the Beneficiaries that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Beneficiary's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, KPMG LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Beneficiaries.

# Introduction

## To the Audit Committee of Inverclyde Integration Joint Board

We are pleased to have the opportunity to meet with you on 13 May 2024 to discuss our anticipated approach to the audit of the financial statements of Inverclyde Integration Joint Board, as at and for the year ending 31 March 2024.

We provide this report to you in advance of the meeting to allow you sufficient time to consider the key matters and formulate your questions.

### The engagement team

Michael Wilkie is the engagement leader on the audit. Michael will lead the engagement and is responsible for the audit opinion. Taimoor Alam will be the manager responsible for the audit and will be responsible for overseeing the delivery of our audit. Other key members of the engagement team include Richard Yang (In-charge).

Yours sincerely,  
Michael Wilkie  
28 March 2024

## How we deliver audit quality

Audit quality is at the core of everything we do at KPMG and we believe that it is not just about reaching the right opinion, but how we reach that opinion that is also important.

We define 'audit quality' as being the outcome when audits are:

- **Executed consistently**, in line with the requirements and intent of **applicable professional standards** within a strong **system of quality controls**; and
- All of our related activities are undertaken in an environment of the utmost level of **objectivity, independence, ethics and integrity**.

## Restrictions on distribution

This report is intended solely for the information of those charged with governance of Inverclyde Integration Joint Board and the report is provided on the basis that it should not be distributed to other parties; that it will not be quoted or referred to, in whole or in part, without our prior written consent; and that we accept no responsibility to any third party in relation to it.

# Indicative Materiality (Board)

**Total Board expenditure\***  
**£222m (PY: £222m)**

**\*Based on 2022-23 financial statements.**



**Indicative Board materiality**  
**£5m (PY: £5m)**  
**2.25% of total expenditure**



Misstatements reported to the Audit Committee

Procedure designed to detect individual errors at this level

Materiality for the financial statements as a whole

## Our materiality levels

**The materiality levels outlined above is indicative and will be confirmed when we receive the draft financial statements for 2023-24.** We determine materiality for the consolidated financial statements at a level which could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements. We expect to use a benchmark of total expenditure for cost of services. (before asset impairments and defined benefit pension charges) which we consider to be appropriate as it reflects the scale of the Authority’s services and we consider this most clearly reflects the interests of users of the Authority’s accounts. To respond to aggregation risk from individually immaterial misstatements, we design our procedures to detect misstatements at a lower level of performance materiality. We also adjust this level further downwards for items that may be of specific interest to users for qualitative reasons, such as directors’ salary information in the remuneration report.

## Reporting to the audit committee

Under ISA 260, we are obliged to report uncorrected omissions or misstatements other than those which are ‘clearly trivial’ to those charged with governance. ISA 260 defines ‘clearly trivial’ as matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria.

In the context of the Board, we propose that an individual difference could normally be considered to be clearly trivial if it is less than £0.25 million.

If management has corrected material misstatements identified during the course of the audit, we will consider whether those corrections should be communicated to the Audit Committee to assist it in fulfilling its governance responsibilities.

# Significant audit risks and our audit approach

This section of our report sets out the expected audit risks we anticipate to focus on and to take up significant audit time. This risk assessment is subject to change and we will provide an updated set of risks, should these change significantly.

Our risk assessment draws upon our knowledge of the industry and the wider economic environment in which Inverclyde Integration Joint Board operates.

We also use our regular meetings with senior management to update our understanding and take input from component audit teams and internal audit reports.

We will update our risk assessment once we have completed our detailed planning procedures and provide a further update in our Audit Plan and Strategy.

## Relevant factors affecting our risk assessment

### Significant risks

- |   |   |
|---|---|
| 1 | Fraud risk from income recognition and expenditure<br>(presumed risk per ISA 240 – <b>rebutted</b> )  |
| 2 | Fraud risk from management override of controls<br>(presumed risk per ISA 240 – <b>not rebutted</b> ) |

### Other risks

- |   |  |
|---|--|
| 3 | Completeness and accuracy of expenditure |
|---|--|



# Significant audit risks and our audit approach

## 1. Risk from income recognition and expenditure

### Significant audit risk

Under ISA 240 there is a presumed risk that income may be misstated due to improper recognition of income. This requirement is modified by Practice Note 10, issued by the FRC, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.

#### ***Income***

We consider that the Board's significant income streams, which include funding requisitions from Inverclyde Council and NHS Greater Glasgow and Clyde. These are agreed in advance of the financial year, with any changes arising from changes in need, requiring approval from each body. There is no estimation or judgement in recognising this stream of income and we do not regard the risk of fraud to be significant.

**We therefore plan to rebut this risk and do not incorporate specific work into our audit plan in this area beyond our standard fraud procedures.**

**We will continue to assess this as we complete our planning and risk assessment and report any changes should this assessment change.**

#### ***Expenditure***

The Board works with Inverclyde Council and NHS Greater Glasgow and Clyde in order to deliver services delegated by the Board. The Board makes these decisions based on its budget agreed in advance of the financial year. There is no estimation or judgement in recognising expenditure to these bodies, and we do not regard the risk of fraud to be significant.

**We therefore plan to rebut this risk and do not incorporate specific work into our audit plan in this area beyond our standard fraud procedures.**

**We will continue to assess this as we complete our planning and risk assessment and report any changes should this assessment change.**

# Significant audit risks and our audit approach

## 2. Management override of controls

### Significant audit risk

#### The risk

Professional standards require us to communicate the fraud risk from management override of controls as significant.

Management is in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

We have not identified any specific additional risks of management override relating to this audit.

### Planned response

- Our audit methodology incorporates the risk of management override as a default significant risk. In line with our methodology, we will evaluate the design and implementation of the controls in place for the approval of manual journals posted to the general ledger to ensure that they are appropriate.
- We will evaluate the design and implementation of general IT controls.
- We will analyse all journals through the year using data and analytics and focus our testing on those with a higher risk, such as journals impacting revenue or expenditure recognition around year-end, or journals linked to our other recognised significant risks.
- We will assess the appropriateness of changes compared to the prior year to the methods and underlying assumptions used to prepare accounting estimates.
- We will review the appropriateness of the accounting for significant transactions that are outside the Board's normal course of business, or are otherwise unusual.
- We will assess the controls in place for the identification of related party relationships and test the completeness of the related parties identified. We will verify that these have been appropriately disclosed within the financial statements.

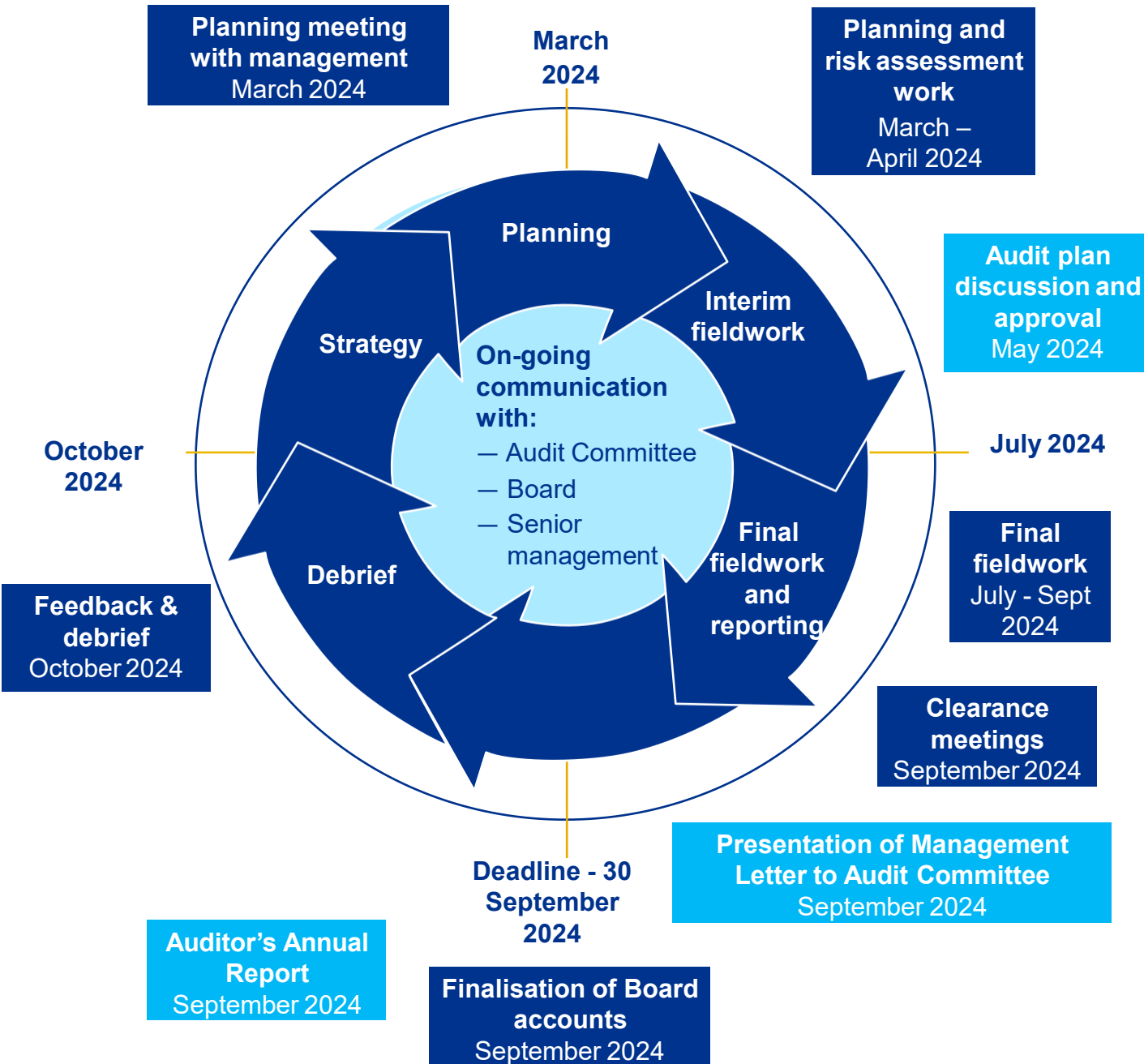
# Other audit risks and our audit approach

## 3. Completeness and accuracy of Expenditure

Other risks	Planned response
<p><b>The risk</b></p> <p><b>Completeness and accuracy of expenditure</b></p> <p>There is a risk that the actual expenditure and resulting funding is not correctly captured.</p>	<ul style="list-style-type: none"> <li>- Our substantive audit will obtain support for the gross expenditure included in Inverclyde Council and NHS Greater Glasgow and Clyde’s accounting records.</li> <li>- We will obtain written confirmations of expenditure from each of these bodies.</li> </ul>

# Audit cycle and expected timetable

## Our 2023/24 schedule



- Key Events
- AC communications



# **Wider scope and best value approach**

**Inverclyde Integration Joint Board**

# Wider Scope and Best Value

## Wider Scope Approach

The Code of Audit Practice sets out four areas that constitute the wider scope of public audit in Scotland: financial sustainability; financial management; vision, leadership and governance; and use of resources to improve outcomes.

We set out below an overview of our approach to wider scope requirements of our annual audit.

### Local Risk assessment

We are required to consider the arrangements in place for the wider-scope areas when undertaking annual risk assessment with a view to preparing the Annual Audit Plan.

As part of our risk assessment, we have considered the arrangements in place for the wider-scope areas and have summarised the results of our assessment and our planned response on the following pages.

### National Risk assessment

Guidance may supplement auditors’ own local risk assessments where there are particular areas of national or sectoral risk that the Auditor General and Accounts Commission wish auditors to consider. However, there are no such risks specified for 2023/24.

# Wider Scope and Best Value

## Wider Scope Approach (continued)

### Financial Management

**Financial management** is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

#### **Risk Assessment**

As part of our previous year audit we noted that:

A budget setting and monitoring system is in place.

An established Internal Audit system is in place.

We further noted that financial regulations need to be reviewed and refreshed on a timely basis.

As part of our planning work we noted that a report was presented to the Board in their meeting dated 25 March 2024 to consider the Revenue Budget for 2024/26.

Based on above we have not identified any significant risks in relation to financial management.

#### **Planned Audit Response**

We will continue to review the financial management arrangements in place.

We will follow-up on the progress made in relation to our prior year recommendations.

# Wider scope and best value

## Wider Scope Approach (continued)

### Financial Sustainability

**Financial Sustainability** looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services or the way in which they should be delivered.

#### Risk Assessment

As part of our previous year audit we noted that the Board has a number of arrangements in place, in relation to financial sustainability, including a medium term financial plan and reserves strategy.

We further noted that the plan recognises the need for and indicates that a programme of future year savings is under development by officers and these will be brought to a future meeting of the IJB for consideration in order to bridge the anticipated gap of circa £8.9 million by 2027/28.

Based on above we understand that a possible significant risk in relation to financial sustainability exists.

#### Audit Approach

- We will continue to consider the Board's longer term financial plans, as well as underlying specific plans.
- We will inquire with officers regarding reporting to Board surrounding the assumptions and judgements made in forecasting future funding and expenditure pressures.
- We will follow-up on our prior year recommendation including the consideration of the development of saving plans to bridge the funding gap identified in the medium term financial plan.



# Wider scope and best value

## Wider Scope Approach (continued)

### Vision, Leadership and Governance

**Vision, Leadership and Governance** is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

#### Risk Assessment

As part of our previous year audit we noted that:

- Board has a number of governance arrangements in place.
- A new Strategic Plan for the five years from 2024 was being developed.
- Risk management arrangements were in place.
- Arrangements are in place in relation to security, challenge and transparency

Based on above we have not identified any significant risk in relation to the Board's arrangements around vision, leadership and governance dimension of the wider scope audit.

#### Audit Approach

We will continue to review the arrangements in place in relation to vision, leadership and governance.

We will follow-up on the progress made in relation to our prior year recommendations.

# Wider Scope and Best Value

## Wider Scope Approach (continued)

### Use of Resources to Improve Outcomes

**Use of Resources to Improve Outcomes** is concerned with demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes

#### **Risk Assessment**

As part of our prior year audit we noted that performance management arrangements were in place including a new performance management system and an outcomes framework which maps the headline actions as per the Strategic Plan to the national outcomes and provide guidance on measuring progress against these.

We further noted that the annual performance reports are publicly available.

Based on above we have not identified any significant risk in relation to the Board's arrangements around use of resources to improve outcomes.

#### **Audit Approach**

We will continue to review the relevant arrangements in place.

We will follow-up on the progress made in relation to prior year recommendation.

# Wider Scope and Best Value

## Best Value Approach

Local government bodies have a duty under the Local Government in Scotland Act 2003 to make arrangements which secure Best Value. Best Value is continuous improvement in the performance of the body's functions.

Auditors are required to consider and to be satisfied that bodies have made proper arrangements to secure Best Value. Work is required to be undertaken in a way that it is proportionate to the size and type of the body. Auditors should consider how the body demonstrates that it is meeting its Best Value responsibilities, and report on the body's own arrangements for doing this in the Annual Audit Report.

In the case of IJBs, work undertaken on the wider-scope areas will contribute to this consideration. We have included our approach, in relation to each of the wider scope dimensions, on pages 11 to 15.



# Appendices

# Mandatory communications

Type	Statement
Management's responsibilities (and, where appropriate, those charged with governance)	<p>Prepare financial statements in accordance with the applicable financial reporting framework that are free from material misstatement, whether due to fraud or error.</p> <p>Provide the auditor with access to all information relevant to the preparation of the financial statements, additional information requested and unrestricted access to persons within the entity.</p>
Auditor's responsibilities	Our engagement letter with Audit Scotland communicates our responsibilities to form and express an opinion on the financial statements that have been prepared by management with the oversight of those charged with governance. The audit of the financial statements does not relieve management or those charged with governance of their responsibilities.
Auditor's responsibilities - Fraud	This report communicates how we plan to identify, assess and obtain sufficient appropriate evidence regarding the risks of material misstatement of the financial statements due to fraud and to implement appropriate responses to fraud or suspected fraud identified during the audit.
Auditor's responsibilities – Other information	Our engagement letter with Audit Scotland communicates our responsibilities with respect to other information in documents containing audited financial statements. We will report to you on material inconsistencies and misstatements in other information.
Auditor's responsibilities – wider scope and best value	Our wider-scope and best value methodology slide on pages 11 -16 set out our responsibilities for reporting on wider scope and best value. We have set out on these pages the methodology we will adopt in discharging our responsibilities in these areas.
Independence	Our independence confirmation on page 19 discloses matters relating to our independence and objectivity including any relationships that may bear on the firm's independence and the integrity and objectivity of the audit engagement partner and audit staff.

# Confirmation of independence

## Assessment of our objectivity and independence as auditor of the Inverclyde Integration Joint Board (“the Board”)

Professional ethical standards require us to provide to you at the conclusion of the audit a written disclosure of relationships (including the provision of non-audit services) that bear on KPMG LLP’s objectivity and independence, the threats to KPMG LLP’s independence that these create, any safeguards that have been put in place and why they address such threats, together with any other information necessary to enable KPMG LLP’s objectivity and independence to be assessed. This letter is intended to comply with this requirement and facilitate a subsequent discussion with you on audit independence and addresses:

- General procedures to safeguard independence and objectivity;
- Independence and objectivity considerations relating to the provision of non-audit services; and
- Independence and objectivity considerations relating to other matters.

General procedures to safeguard independence and objectivity

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP partners and staff annually confirm their compliance with our ethics and independence policies and procedures including in particular that they have no prohibited shareholdings.

Our ethics and independence policies and procedures are fully consistent with the requirements of the APB Ethical Standards. As a result we have underlying safeguards in place to maintain independence through:

- Instilling professional values
- Communications
- Internal accountability
- Risk management
- Independent reviews

We are satisfied that our general procedures support our independence and objectivity.

## Independence and objectivity considerations relating to the provision of non-audit services

We have considered the fees charged by us to the Board and its affiliates for professional services provided by us during the reporting period. No non-audit services are expected to be provided during 2023/24.

## Independence and objectivity considerations relating to other matters

There are no other matters that, in our professional judgment, bear on our independence which need to be disclosed to the Audit Committee.

## Confirmation of audit independence

We confirm that as of the date of this letter, in our professional judgment, KPMG LLP is independent within the meaning of regulatory and professional requirements and the objectivity of the partner and audit staff is not impaired.




This report is intended solely for the information of the Audit Committee and should not be used for any other purposes.

We would be very happy to discuss the matters identified above (or any other matters relating to our objectivity and independence) should you wish to do so.

Yours faithfully,  
*KPMG LLP*

# Audit team and rotation

Your audit team has been drawn from our specialist public sector audit department and is led by key members of staff who will be supported by auditors and specialists as necessary to complete our work. We also ensure that we consider rotation of your audit director and firm.

	<p>Michael Wilkie is the director responsible for our audit. He will lead our audit work, attend the Audit Committee and be responsible for the opinions that we issue.</p>
	<p>Taimoor Alam is the manager responsible for our audit. He will co-ordinate our audit work, attend the Audit Committee and ensure we are co-ordinated across our accounts and wider scope work.</p>
	<p>Richard Yang is the in-charge responsible for our audit. He will be responsible for our on-site fieldwork. He will complete work on more complex sections of the audit.</p>

To comply with professional standard we need to ensure that you appropriately rotate your external audit director. There are no other members of your team which we will need to consider this requirement for:



This will be Michael’s second year as your engagement lead. He can therefore complete a further 8 years before rotation.

# Fees

Audit Scotland has completed a review of funding and fee setting arrangements for 2023-24. An expected fee is calculated by Audit Scotland to each entity within its remit. This expected fee is made up of four elements:

- Auditor remuneration (\*\* average of Tender values)
- Audit Scotland Pooled costs
- Audit Scotland Audit Support Costs
- Audit Scotland sectoral cap adjustment

The expected fee for each body assumes that it has sound governance arrangements in place and operating effectively throughout the year, prepares comprehensive and accurate draft accounts and meets the agreed timetable for the audit.

Entity	2023/24	2022/23
Auditor Remuneration **	£35,400	£33,400
Pooled Costs	£1,290	£0
PABV Contribution	£7,560	£6,350
Audit Support Costs	£0	£1,270
Sectoral Cap Adjustment	-£10,890	-£9,550
<b>TOTAL AUDIT FEES (Incl VAT)</b>	<b>£33,360</b>	<b>£31,470</b>

**Source: Audit Scotland**

## Billing arrangements

Fees will be billed by Audit Scotland in accordance with a billing schedule as outlined in correspondence with management.

## Basis of fee information

In line with our standard terms and conditions the fee is based on the following assumptions:

- The Board's audit evidence files are completed to an appropriate standard (we will liaise with management separately on this);
- Draft statutory accounts are presented to us for audit subject to audit and tax adjustments;
- Supporting schedules to figures in the accounts are supplied; A trial balance together with reconciled control accounts are presented to us;
- All deadlines agreed with us are met;
- We find no weaknesses in controls that cause us to significantly extend procedures beyond those planned;
- Management will be available to us as necessary throughout the audit process; and
- There will be no changes in deadlines or reporting requirements.

We will provide a list of schedules to be prepared by management stating the due dates together with pro-forms as necessary. Our ability to deliver the services outlined to the agreed timetable and fee will depend on these schedules being available on the due dates in the agreed form and content.

If there are any variations to the above plan, we will discuss them with you and agree any additional fees before costs are incurred wherever possible.



# Responsibility in relation to fraud

We are required to consider fraud and the impact that this has on our audit approach. We will update our risk assessment throughout the audit process and adapt our approach accordingly.

## Management responsibilities

Adopt sound accounting policies.  
With oversight from those charged with governance, establish and maintain internal control, including controls to prevent, deter and detect fraud.  
Establish proper tone/culture/ethics.  
Require periodic confirmation by employees of their responsibilities.  
Take appropriate action in response to actual, suspected or alleged fraud.  
Disclose to Audit Committee and auditors:

- Any significant deficiencies in internal controls; and
- Any fraud involving those with a significant role in internal controls

## KPMG's response to identified fraud risk factors

Accounting policy assessment.  
Evaluate design of mitigating controls.  
Test effectiveness of controls.  
Address management override of controls.  
Perform substantive audit procedures.  
Evaluate all audit evidence.  
Communicate to Audit Committee and management.

## KPMG's identification of fraud risk factors

Review of accounting policies.  
Results of analytical procedures.  
Procedures to identify fraud risk factors.  
Discussion amongst engagement personnel.  
Enquiries of management, Audit Committee, and others.  
Evaluate broad programmes and controls that prevent, deter, and detect fraud.

## KPMG's identified fraud risk factors

— Whilst we consider the risk of fraud at the financial statement level to be low for the Board, we will monitor the following areas throughout the year and adapt our audit approach accordingly:

- Income recognition;
- Cash;
- Procurement;
- Management control override; and
- Assessment of the impact of identified fraud.

# Audit Scotland code of audit practice – responsibility of auditors and management

## Responsibilities of management

### Financial Statements

Audited bodies must prepare an annual report and accounts containing financial statements and other related reports. They have responsibility for:

- preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation;
- maintaining accounting records and working papers that have been prepared to an acceptable professional standard and that support their financial statements and related reports disclosures;
- ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with the appropriate Board;
- maintaining proper accounting records; and
- preparing and publishing, along with their financial statements, an annual governance statement, management commentary (or equivalent) and a remuneration report that are consistent with the disclosures made in the financial statements. Management commentary should be fair, balanced and understandable and also clearly address the longer- term financial sustainability of the body.

Further, it is the responsibility of management of an audited body, with the oversight of those charged with governance, to communicate relevant information to users about the entity and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely.

Audited bodies are responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the achievement of their objectives and safeguard and secure value for money from the public funds at their disposal. They are also responsible for establishing effective and appropriate internal audit and risk-management functions.

Audited bodies are responsible for providing the auditor with access to all information relevant to the preparation of the financial statements, additional information requested and unrestricted access to persons within the entity.

# Audit Scotland code of audit practice – responsibility of auditors and management

## Responsibilities of management

### Prevention and detection of fraud and irregularities

Audited bodies are responsible for establishing arrangements for the prevention and detection of fraud, error and irregularities, bribery and corruption and also to ensure that their affairs are managed in accordance with proper standards of conduct by putting proper arrangements in place.

### Corporate governance arrangements

Each body, through its chief executive or accountable officer, is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Audited bodies should involve those charged with governance (including Audit Committees or equivalent) in monitoring these arrangements.

### Financial position

Audited bodies are responsible for putting in place proper arrangements to ensure that their financial position is soundly based having regard to:

- such financial monitoring and reporting arrangements as may be specified;
- compliance with any statutory financial requirements and achievement of financial targets;
- balances and reserves, including strategies about levels and their future use;
- how they plan to deal with uncertainty in the medium and longer term; and
- the impact of planned future policies and foreseeable developments on their financial position.

### Best Value, use of resources and performance

The Scottish Public Finance Manual sets out that accountable officers appointed by the Principal Accountable Officer for the Scottish Administration have a specific responsibility to ensure that arrangements have been made to secure best value.

# Audit Scotland code of audit practice – responsibility of auditors and management

## Responsibilities of auditors

### Appointed auditor responsibilities

Auditor responsibilities are derived from statute, this Code, ISAs, professional requirements and best practice and cover their responsibilities when auditing financial statements and when discharging their wider scope responsibilities. These are to:

- undertake statutory duties, and comply with professional engagement and ethical standards;
- provide an opinion on audited bodies' financial statements and, where appropriate, the regularity of transactions;
- review and report on, as appropriate, other information such as annual governance statements, management commentaries, remuneration reports, grant claims and whole of government returns;
- notify the Auditor General when circumstances indicate that a statutory report may be required;
- participate in arrangements to cooperate and coordinate with other scrutiny bodies (local government sector only);
- demonstrate compliance with the wider public audit scope by reviewing and providing judgements and conclusions on the audited bodies:
  - effectiveness of performance management arrangements in driving economy, efficiency and effectiveness in the use of public money and assets;
  - suitability and effectiveness of corporate governance arrangements; and
  - financial position and arrangements for securing financial sustainability.

Weaknesses or risks identified by auditors are only those which have come to their attention during their normal audit work in accordance with the Code, and may not be all that exist. Communication by auditors of matters arising from the audit of the financial statements or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

This report communicates how we plan to identify, assess and obtain sufficient appropriate evidence regarding the risks of material misstatement of the financial statements due to fraud and to implement appropriate responses to fraud or suspected fraud identified during the audit.

# Audit Scotland code of audit practice – responsibility of auditors and management

Responsibilities of auditors
<p><b>General principles</b></p> <p>This Code is designed such that adherence to it will result in an audit that exhibits these principles.</p>
<p><b>Independent</b></p> <p>When undertaking audit work all auditors should be, and should be seen to be, independent. This means auditors should be objective, impartial and comply fully with the FRC ethical standards and any relevant professional or statutory guidance. Auditors will report in public and make recommendations on what they find without being influenced by fear or favour.</p> <p>Our independence confirmation letter (<b>Appendix two</b>) discloses matters relating to our independence and objectivity including any relationships that may bear on the firm's independence and the integrity and objectivity of the audit engagement partner and audit staff.</p> <p>We confirm that, in our professional judgement, KPMG LLP is independent within the meaning of regulatory and professional requirements and that the objectivity of the Director and audit staff is not impaired.</p>
<p><b>Proportionate and risk based</b></p> <p>Audit work should be proportionate and risk based. Auditors need to exercise professional scepticism and demonstrate that they understand the environment in which public policy and services operate. Work undertaken should be tailored to the circumstances of the audit and the audit risks identified. Audit findings and judgements made must be supported by appropriate levels of evidence and explanations. Auditors will draw on public bodies' self-assessment and self-evaluation evidence when assessing and identifying audit risk.</p>
<p><b>Quality focused</b></p> <p>Auditors should ensure that audits are conducted in a manner that will demonstrate that the relevant ethical and professional standards are complied with and that there are appropriate quality-control arrangements in place as required by statute and professional standards.</p>

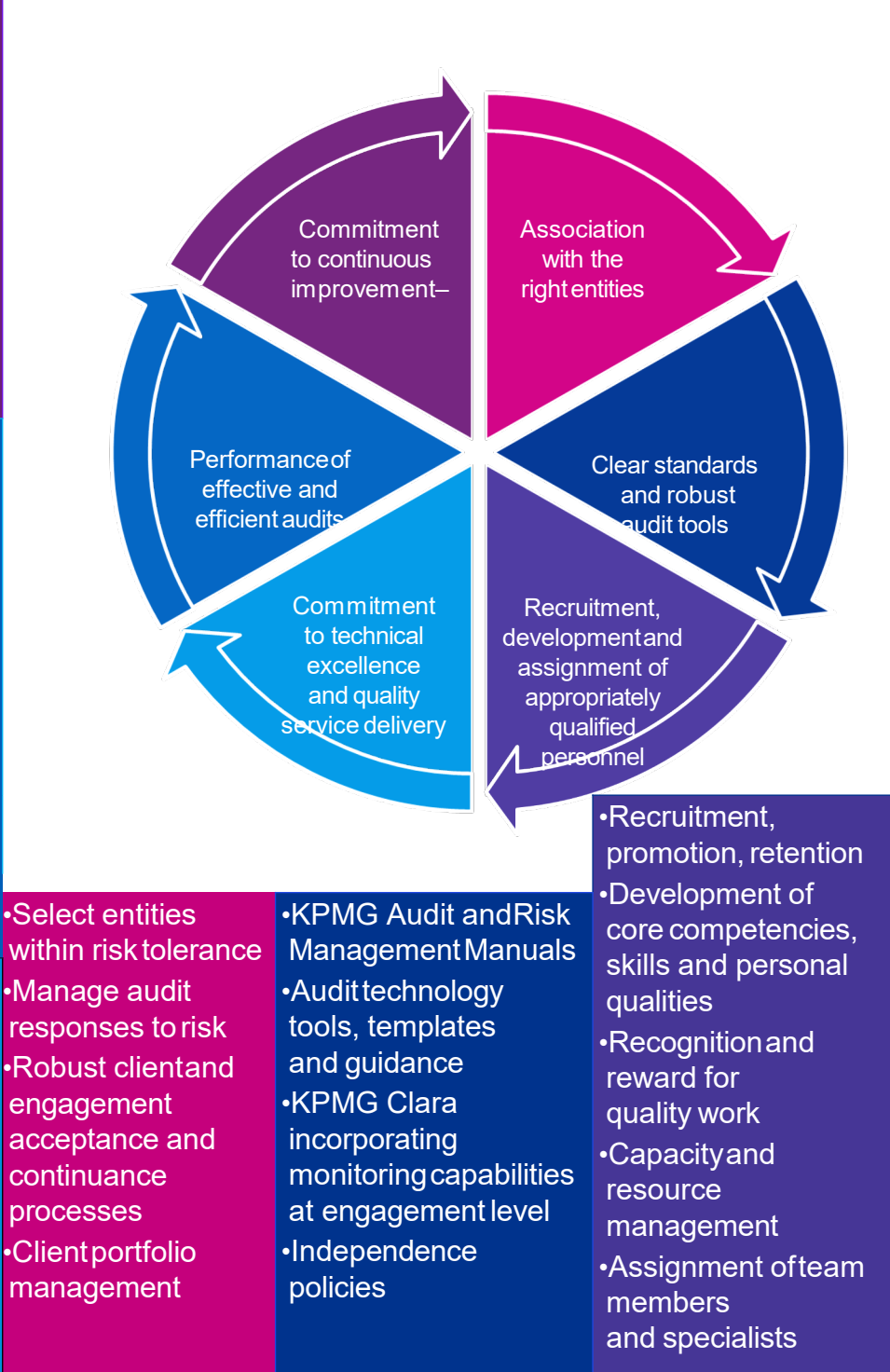
# Audit Scotland code of audit practice – responsibility of auditors and management

<b>Responsibilities of auditors</b>
<p><b>Coordinated and integrated</b></p> <p>It is important that auditors coordinate their work with internal audit, Audit Scotland, other external auditors and relevant scrutiny bodies to recognise the increasing integration of service delivery and partnership working within the public sector. This would help secure value for money by removing unnecessary duplication and also provide a clear programme of scrutiny activity for audited bodies.</p>
<p><b>Public focussed</b></p> <p>The work undertaken by external audit is carried out for the public, including their elected representatives, and in its interest. The use of public money means that public audit must be planned and undertaken from a wider perspective than in the private sector and include aspects of public stewardship and best value. It will also recognise that public bodies may operate and deliver services through partnerships, arm’s-length external organisations (ALEOs) or other forms of joint working with other public, private or third sector bodies.</p>
<p><b>Transparent</b></p> <p>Auditors, when planning and reporting their work, should be clear about what, why and how they audit. To support transparency the main audit outputs should be of relevance to the public and focus on the significant issues arising from the audit.</p>
<p><b>Adds value</b></p> <p>It is important that auditors recognise the implications of their audit work, including their wider scope responsibilities, and that they clearly demonstrate that they add value or have an impact in the work that they do. This means that public audit should provide clear judgements and conclusions on how well the audited body has discharged its responsibilities and how well they have demonstrated the effectiveness of their arrangements. Auditors should make appropriate and proportionate recommendations for improvement where significant risks are identified.</p>

# KPMG's Audit Quality

Audit quality is at the core of everything we do at KPMG and we believe that it is not just about reaching the right opinion, but how we reach that opinion. To ensure that every partner and employee concentrates on the fundamental skills and behaviours required to deliver an appropriate and independent opinion, we have developed our global Audit Quality Framework.

- Comprehensive effective monitoring processes
- Significant investment in technology to achieve consistency and enhance audits
- Obtain feedback from key stakeholders
- Evaluate and appropriately respond to feedback and findings
- Professional judgement and scepticism
- Direction, supervision and review
- Ongoing mentoring and on the job coaching, including the second line of defence model
- Critical assessment of audit evidence
- Appropriately supported and documented conclusions
- Insightful, open and honest two way communications
- Technical training and support
- Accreditation and licensing
- Access to specialist networks
- Consultation processes
- Business understanding and industry knowledge
- Capacity to deliver valued insights



Source: KPMG



# ISA (UK) 315 Revised: Overview

## Summary

In the prior period, ISA (UK) 315 Revised “Identifying and assessing the risks of material misstatement” was introduced and incorporated significant changes from the previous version of the ISA.

These were introduced to achieve a more rigorous risk identification and assessment process and thereby promote more specificity in the response to the identified risks. The revised ISA was effective for periods commencing on or after 15 December 2021.

The revised standard expanded on concepts in the existing standards but also introduced new risk assessment process requirements – the changes had a significant impact on our audit methodology and therefore audit approach.

## What impact did the revision have on audited entities?

With the changes in the environment, including financial reporting frameworks becoming more complex, technology being used to a greater extent and entities (and their governance structures) becoming more complicated, standard setters recognised that audits need to have a more robust and comprehensive risk identification and assessment mechanism.

The changes result in additional audit awareness and therefore clear and impactful communication to those charged with governance in relation to

- (i) promoting consistency in effective risk identification and assessment,
- (ii) modernising the standard by increasing the focus on IT,
- (iii) enhancing the standard’s scalability through a principle based approach, and
- (iv) focusing auditor attention on exercising professional scepticism throughout risk assessment procedures.

## Implementing year 1 findings into the subsequent audit plan

Entering the second year of the standard, the auditors will have demonstrated, and communicated their enhanced insight into their understanding of your wider control environment, notably within the area of IT.

In year 2 the audit team will apply their enhanced learning and insight into providing a targeted audit approach reflective of the specific scenarios of each entity’s audit.

A key area of focus for the auditor will be understanding how the entity responded to the observations communicated to those charged with governance in the prior period. Where an entity has responded to those observations a re-evaluation of the control environment will establish if the responses by entity management have been proportionate and successful in their implementation.

Where no response to the observations has been applied by entity, or the auditor deems the remediation has not been effective, the audit team will understand the context and respond with proportionate application of professional scepticism in planning and performance of the subsequent audit procedures.

**Source: KPMG**



## ISA (UK) 315 Revised: Overview (continued)

### What will this mean for our on-going audits?

To meet the on-going requirements of the standard, auditors will each year continue to focus on risk assessment process, including the detailed consideration of the IT environment.

Subsequent year auditor observations on whether entity actions to address any control observations are proportionate and have been successfully implemented will represent an on-going audit deliverable.

Each year the impact of the on-going standard on your audit will be dependent on a combination of prior period observations, changes in the entity control environment and developments during the period. This on-going focus is likely to result in the continuation of enhanced risk assessment procedures and appropriate involvement of technical specialists (particularly IT Audit professionals) in our audits which will, in turn, influence auditor remuneration.

# ISA (UK) 240 Revised: changes embedded in our practices

## Summary and background

ISA (UK) 240 (revised May 2021, effective for periods commencing on or after 15 December 2021) The auditor’s responsibilities relating to fraud in an audit of financial statements included revisions introduced to clarify the auditor’s obligations with respect to fraud and enhance the quality of audit work performed in this area. These changes are embedded into our practices and we will continue to maintain an increased focus on applying professional scepticism in our audit approach and to plan and perform the audit in a manner that is not biased towards obtaining evidence that may be corroborative, or towards excluding evidence that may be contradictory.

We will communicate, unless prohibited by law or regulation, with those charged with governance any matters related to fraud that are, in our judgment, relevant to their responsibilities. In doing so, we will consider the matters, if any, to communicate regarding management’s process for identifying and responding to the risks of fraud in the entity and our assessment of the risks of material misstatement due to fraud.

Area	Our approach following the revision
<p>Risk assessment procedures and related activities</p>	<p>1 Increased focus on applying professional scepticism – the key areas affected are:</p> <ul style="list-style-type: none"> <li>the need for auditors not to bias their approach towards obtaining evidence that is corroborative in nature or excluding contradictory evidence,</li> <li>remaining alert for indications of inauthenticity in documents and records, and</li> <li>investigating inconsistent or implausible responses to inquiries performed.</li> </ul> <p>2 Requirements to perform inquiries with individuals at the entity are expanded to include, amongst others, those who deal with allegations of fraud.</p> <p>3 We will determine whether to involve technical specialists (including forensics) to aid in identifying and responding to risks of material misstatement due to fraud.</p>
<p>Internal discussions and challenge</p>	<p>We will have internal discussions among the audit team to identify and assess the risk of fraud in the audit, including determining the need for additional meetings to consider the findings from earlier stages of the audit and their impact on our assessment of the risk of fraud.</p>



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