Fife Health & Social Care Partnership
Supporting the people of Fife together

CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE FRIDAY 14 MARCH 2025 AT 10.00 AM (TEAMS MEETING)

Present: Dave Dempsey (Chair), Fife Council (DD)
John Kemp, NHS (Vice Chair) Non-Executive Board Member (JK)
David Alexander, Fife Council (DA)
Sinead Braiden, NHS Non-Executive Board Member (SB)

Attending: Audrey Valente, Chief Finance Officer (Fife H&SCP) (AV)
Vanessa Salmond, Head of Corporate Services (VS)
Jocelyn Lyall, Chief Internal Auditor (NHS Fife) (JL)
Avril Sweeney, Risk Compliance Manager (H&SCP) (AS)
Amy Hughes, External Auditor (AH)
Chris Brown, External Auditor (CB)
Isabella Middlemass, Management Support Officer (Note Taker)

Apologies: None

		ACTION
1.	**WELCOME AND APOLOGIES** Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
2.	**MINUTES OF PREVIOUS MEETING** The minutes of the previous meeting were approved.	
3.	**ACTION LOG** Action note discussed and approved.	
4.	**INTERNAL AUDIT PROGRESS REPORT** Jocelyn Lyall presented the Internal Audit Progress report to provide assurance and set out progress within the Annual Internal Audit Plan for 24/25 at Appendix 1. The relevant partner organisation audits are summarised at Appendix 2. The Internal Control Evaluation is progressing and is at the fieldwork stage. Update on the Internal Audit F05/25 Performance Reporting, delivery of this audit was subject to resource availability within the Fife Council and NHS Fife Internal Audit teams. Following discussion between the Service Manager, Audit and Risk Management, Fife Council and Chief Internal Auditor, NHS Fife on 28 February 2025, it has been agreed this audit will be delivered jointly during April 2025. The report also provided an update on the NHS Fife team External	

	Quality Assessment and on the new Global Internal Audit Standards which will be applicable for the public sector from 1st April this year. The External Quality Assessment is an independent review of the service that is required every 5 years and was undertaken by assessors from the Chartered Institute of Internal Auditors. The EQA overall conclusion was that NHS Fife Internal Audit Services generally conforms with the external public service audit standards, however, the EQA does make a number of recommendations for improvement. Jocelyn Lyall stated that she will be developing an Internal Audit Improvement Plan to make sure they address the External Qualities Assessment recommendations and comply with the new global standards and NHS Fife Audit and Risk Committee agreed that they will monitor progress with the Improvement Plan throughout 25/26. Discussion took place around the new audit standards and what changes this will bring. Jocelyn stated that there will not be much difference to what is presented at the moment but if there is these will be covered in future papers issued and will keep this Committee informed of progress. **Recommendation:** For awareness and discussion. Members of the IJB Audit & Assurance Committee were asked to consider and note the attached progress report at Appendix 1 and note the summary of relevant reports at Appendix 2. Members considered and noted these reports.	
5.	**INTERNAL AUDIT – FOLLOW UP REPORT ON AUDIT RECOMMENDATIONS** Jocelyn Lyall presented this paper to the Committee to give an update on the progress with an action to address the internal audit recommendations. Report F05/23 Fife IJB Workforce Plan has been removed from the follow up system as all the actions associated with that report are now complete. Audits completed more than 1 year ago - 3 actions have been extended or pending authorisation. 1 superseded action was the development of the draft Clinical and Care Governance Strategic Framework. A draft of that report is available to members. Final approval of the framework was taking a little longer than anticipated and after discussions with management it was removed from the follow up report but will continue to monitor the progress in the ICE Annual Report work until they see that framework approved. Audits completed less than a year ago - 1 action completed and is pending validation. 2 extended and pending authorisation. Contract/Market Capacity Audit - actions are progressing. There is one more outstanding item from the Contract /Market and Capacity which is a really a complex action and it is all linked into the performance framework so they are liaising with management to gauge progress. There are 4 actions that are not yet due but are included for information. These are all from the Internal Control Evaluation Annual Report 23/24. All of those are progressing well and are due for completion quite soon. Discussion around the IJB procedures and audits more than a year ago was discussed and raised some concerns with some members of	

	this Committee regarding how long some of these actions have been outstanding. It was agreed by this Committee that they invite partners to provide an update on those outstanding actions. **Recommendation:** Members of the IJB Audit & Assurance Committee are asked to note this report for assurance. Members noted this report for assurance.	**JL/AV**
6.	**AGENDA ITEM 6 – FIFE IJB EXTERNAL ANNUAL AUDIT PLAN 2024/25** Chris Brown briefly introduced the plan indicating that there haven't been any changes in the external auditing standards or any changes in the code of audit practice since last year, the plan in terms of its format is the same as it was for last year. The main change in the plan was that the financial position environment has got tighter this year than it was last year which raises additional risks which are reflected in the plan. Amy Hughes presented the main areas of the plan to the board for discussion. She identified that there were 2 significant risks from the risk assessment and planning in relation to the wider scope of public audit – 1 in relation to financial sustainability in line with prior years and 1 in line with financial management. The planning assessment incorporates materiality set consistently with the previous year at 2% costs of the IJB delegated services which will be reviewed and revisited as part of the 24/25 unaudited account in July. Discussion took place around the report and there were no issues raised. **Recommendations**: Members of the IJB Audit & Assurance Committee were asked to examine and consider the implications of the Annual Audit Plan and approve the fee for the audit. Approved.	
7.	**IJB STRATEGIC RISK REGISTER** Avril Sweeney presented this report for assurance and discussion. The Risk Register was last presented to this Committee in November 2024 and the risks most recently reviewed in January of this year. 2 risks have increased their current score from 12 to 16 moving them into the high-risk category since the last review, these were the Transformation Change Risk where the likelihood has increased to reflect the current resource challenges that we are facing and also the Contractual Market/Capacity Risk where the likelihood score was increased to reflect concerns around the increased employers National Insurance Contributions and also uncertainties around international recruitment . All other risk scores remain the same however, 5 risks have moved their target date out to March 2026. Appendix 1 gives the risks in the condensed format in order of the residual risk score. Full version of the Risk Register is at Appendix 2 for information. Discussion took place around Risk 24 where there may be an additional risk that governance arrangements may be impacted by the Scottish Government decisions. This was added for awareness **Recommendations:** This report was presented for assurance that risks continue to be managed by the relevant risk owners and that	

	lessons learned from the deep dive review process are helping to support the management of risks. Members were also asked to discuss the IJB Risk Register and whether any further information is required. Members of the IJB Audit and Assurance Committee were also asked to consider whether current target risk scores are achievable. Members were assured.	
8	**DEEP DIVE REVIEW UPDATE** Avril Sweeney presented this report for discussion and for assurance. The Deep Dive Risk Review Programme has been in place since 2023 and it seeks to support the Governance Committees in understanding the risks and being able to apply additional scrutiny and challenge to them. Discussion took place around this exercise and all found this was a useful and reassuring exercise and the system is working well. The members agreed it would be good to bring a summary of the impact of each of the deep dive reviews and a prioritisation of looking forward in 6 months' time back to this Committee. **Recommendations**: Members of the IJB Audit & Assurance Committee are asked to discuss the update report on deep dive risk reviews and consider whether any further information is required and to take assurance from the work ongoing to improve the deep dive risk review process. Members discussed and agreed to bring back to this Committee for an update in 6 months.	**AS**
9	**AUDIT & ASSURANCE WORKPLAN** The purpose of the workplan is for discussion and noting. Vanessa Salmond had developed a new workplan with the approach being implemented consistently across all committees reporting to the IJB. This will be completed within the next few weeks.	**VS**
10.	**ITEMS FOR REFLECTION & HIGHLIGHTING TO IJB** None.	
11.	**AOCB** None	
12.	**DATE OF NEXT MEETING** Friday 16 May 2025 – 10.00 am – 12.00 noon.	