

**Stephen Brown (Chief Officer)**

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Agenda Item: 8

## **Performance and Audit Committee.**

**Date of Meeting: 11 December 2024.**

**Subject: Internal Audit Actions Progress Report.**

### **1. Purpose**

1.1. To present an update on progress with Internal Audit actions for members' scrutiny.

### **2. Recommendations**

The Performance and Audit Committee is invited to scrutinise:

2.1. Progress made, to date, in completing the Internal Audit actions, as detailed in Appendix 1 to this report, in order to obtain assurance that issues found during internal audits are being actioned and followed up.

### **3. Background**

3.1. In order to comply with the Public Sector Internal Audit Standards, the Chief Internal Auditor must establish a follow-up process to monitor and ensure that management actions have been effectively implemented or that senior management has accepted the risk of not taking action.

3.2. Progress with internal audit actions is monitored through the Council's performance management system, Ideagen Risk Management.

3.3. Once an action has been marked as complete on the system, Internal Audit will review the evidence to support the effective implementation of that action and once satisfied the action will be deactivated on the system.

3.4. There are no outstanding actions from any internal audits prior to 2023/24.

## 4. Contribution to quality

Please indicate which of the Orkney Community Plan 2023 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	No.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	No.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	No.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	No.
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	No.

## 5. Resource and financial implications

5.1. There are no resource or financial implications associated directly with this report.

## 6. Risk and equality implications

6.1. There are no risk or equality implications associated directly with this report.

## 7. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 8. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## **9. Authors and contact information**

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## **10. Supporting documents**

10.1. Appendix 1: Internal Audit Actions Progress Report



## Internal Audit

# Internal Audit Action Progress Report

Issue date: 11 November 2024

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## Executive Summary

The Public Sector Internal Audit Standards require the Chief Internal Auditor to monitor and ensure that management actions have been effectively implemented or that senior management have accepted the risk of not taking action.

The Council's performance and risk management system, Ideagen Risk Management, is used to monitor the implementation of agreed internal audit actions.

When internal audit reports have been finalised, the actions are uploaded to Ideagen and the officers responsible for implementing the actions are then required to provide updates on progress.

This report provides an update on progress with implementing the actions and highlights any actions which are overdue for an update or have not been implemented by the agreed date.

To assist with the monitoring of actions, a traffic light system on Ideagen classifies the performance of each action as follows:

- Blue: the agreed action has been progressed to completion.
- Green: the agreed action is likely to meet or exceed its target.
- Amber: the agreed action is experiencing minor underperformance, with a low risk of failure to meet its target.
- Red: the agreed action is experiencing significant underperformance, with a medium to high risk of failure to meet its target.

The system also highlights actions which are overdue for update. The table below details the number of internal audit actions on Ideagen for each of the categories.

Red	Amber	Green	Blue	Total no of Actions	Update Overdue
0	0	7	4	11	0

## Introduction

Progress with internal audit actions is monitored through the Council's performance management system, Ideagen Risk Management. The system sends out automated email reminders to officers responsible for updating each action at the end of each reporting period. Where no update has been made for an action for a particular reporting period, this is noted on the system.

Once an action has been marked as complete on the system, Internal Audit will review the evidence to support the effective implementation of that action and once satisfied the action will be deactivated on the system.

The table on the next page shows a further breakdown to provide an indication of which audits the actions are associated with and when the audits were performed, it also provides more detail on the individual actions, owners and target dates as well as the current position with implementation of the actions.

There are no outstanding actions from any internal audits prior to 2023/24.

## Actions Breakdown

### External Communications and Engagement Audit 2023/24

Recommendations	Priority	Management Comment	Responsible Officer	Target Date	Current Position
1. Staff should be reminded of the necessity of getting all press releases both quality checked/edited and authorised before the article is released. We recommend the development of some form of tracking spreadsheet would allow monitoring of outstanding editor sign offs and approvals.	Medium.	The Council's Communications team has been taking part in a Pathfinder project which has seen a shared files area created on OneDrive. The functionality of this will allow for such tracking to take place. A guidance note will be issued to staff to advise them how to use this and of the protocols around sign off of communications materials.	Communications Team Manager (OIC).	31 December 2024.	Complete.
2 The OIC Communications Team should aim to increase their posting of news releases to Twitter (X) and Instagram where appropriate.	Low.	A review of the social platforms that are available for use will be reviewed as to their likely effectiveness and further protocols developed as a result.	Communications Team Manager (OIC).	31 December 2024.	Ongoing.

## Internal Communications Audit 2023/24

Recommendations	Priority	Management Comment	Responsible Officer	Target Date	Current Position
1. OIC should review/update the Communications and Engagement Strategy. This strategy should include appropriate reference to the IJB communications strategy and how it will support IJB internal communications.	Grade 3.	A 2024 – 2029 Communications and Engagement Strategy will be coming to elected members at the Policy and Resources Committee on 27 November 2024 and will include appropriate reference to the IJB and their communications strategy.	Communications Team Manager (OIC).	31 December 2024.	Ongoing.
2. Following action of the Communications Strategy, documentation to support communications strategy should be considered.	Grade 3.	Internal communications forms part of the Communications and Engagement Strategy coming to Policy and Resources Committee on 27 November 2024 and will include reference to the potential future development of protocols and templates with those protocols and templates to be developed in the first half of 2025.	Communications Team Manager (OIC).	31 March 2025.	Ongoing.
3. All internal communications documentation should be reviewed/updated to reflect of current practices, with staff notified accordingly.	Grade 2.	All Internal communications protocols have been updated.	NHS Orkney Communications Team.	N/A.	Complete.
4. The process for approval of all communications should be documented, including internal	Grade 3.	Internal communications forms part of the Communications and Engagement Strategy coming to Policy and Resources Committee on 27 November 2024 and will include reference to	Communications Team Manager (OIC).	31 March 2025.	Ongoing.



Recommendations	Priority	Management Comment	Responsible Officer	Target Date	Current Position
communications to staff. This should outline all communication types, the frequency of the communication, and the individual/group responsible for review and approval. Evidence of this process should be stored to ensure a clear trail of approval can be traced for every communication.		the potential future development of documented approval processes with those documented approval processes to be developed in the first half of 2025.			
5 The board's process for approval of communications should be recorded and followed in practice.	Grade 2.	All internal protocols have been updated and arrangements are in place for sign off of weekly bulletins by an Executive Director in the absence of the CEO, if required.	NHS Orkney Communications Team.	N/A.	Complete.
6 The process for ensuring all weekly updates to staff includes information from a range of sources as applicable each week should be clearly documented by both OIC and NHS Orkney.	Grade 2.	<p><b>NHS Orkney</b></p> <p>NHS Orkney's Internal protocol advises that communications for internal release in bulletins must be signed off by a Head of Service or equivalent. NHS Orkney already have a process in place whereby the Corporate Communications email address is detailed weekly as a reminder for any content to be sent through for inclusion.</p>	NHS Orkney Communications Team.	N/A.	Complete.
		<p><b>Orkney Islands Council</b></p> <p>Internal communications forms part of the Communications and Engagement Strategy coming to Policy and Resources Committee on 27 November 2024 and will include reference to</p>	Communications Team Manager (OIC).	31 March 2025.	Ongoing.

Recommendations	Priority	Management Comment	Responsible Officer	Target Date	Current Position
		the potential future development of protocols and templates with those protocols and templates to be developed in the first half of 2025.			
<p>7 OIC and NHS Orkney should determine the best way to seek feedback from staff regarding internal communications.</p> <p>Action plans should track feedback received and actions taken, with key improvements shared back with employees.</p>	Grade 2.	<p><b>NHS Orkney</b></p> <p>There are many mechanisms in place within NHS Orkney to obtain feedback on specific topics. Mainly these would be through Microsoft forms survey or via Staff Briefings with the CEO. There have been many examples of how feedback has been obtained from staff, but this would all depend on the specific topic at the time. Some examples include the recent iMatter survey, (following which action plans are mandatory), iMatter follow up feedback form, Team Orkney Awards feedback, NHSO Bright Ideas scheme (via MS forms survey) and Corporate Strategy engagement sessions. We will also be launching our new staff experience programme which will allow staff avenues for feeding back.</p>	NHS Orkney Communications Team.	31 December 2024.	Ongoing.
<p><b>Orkney Islands Council</b></p> <p>Internal communications forms part of the Communications and Engagement Strategy coming to Policy and Resources Committee on 27 November 2024 and will include reference to the potential future development of feedback mechanisms with those mechanisms to be developed in the first half of 2025.</p>		Communications Team Manager (OIC).	31 March 2025.	Ongoing.	