

## **Orkney NHS Board**

Minute of meeting of the **Audit Committee of Orkney NHS Board** held in the **Saltire Room, Balfour Hospital, Kirkwall** on **Tuesday 3 September 2019** at **11:30 am**

**Present:** Meghan McEwen, Chair  
Davie Campbell, Vice Chair  
Fiona MacKellar, Employee Director  
James Stockan, Non Executive Director

**In Attendance:** Julie Colquhoun, Head of Corporate Services  
Mark Doyle, Interim Director of Finance  
Colin Morrison, Audit Scotland (via VC)  
Christy Roy, PA to Director of Finance (observing)  
Matt Swann, Internal Audit Senior Manager, Scott Moncrieff  
Emma West, Corporate Services Manager (minute taker)

### **399 Apologies**

Apologies had been received from C Bichan, D Lonsdale, D McArthur, G O'Brien, L Wilson and G Woolman.

### **400 Declarations of Interest**

No interests were declared

### **401 Minutes of previous meeting held on 26 June 2019**

The minute of the Audit Committee meeting held on 26 June 2019 was accepted as an accurate record of the meeting and was approved.

### **402 Matters Arising**

No matters arising were raised.

### **403 Action Log**

The Action Log was reviewed and corrective action agreed on outstanding issues (see Action Log for details).

### **404 External Audit**

No items for discussion this meeting

### **405 Internal Audit**

### **406 Internal Audit Progress Report – AC1920-31**

M Swann, Scott Moncrieff presented the report which advised of progress against the 2019/20 Internal Audit Plan. Members were advised that the Business Continuity Planning Audit was complete and on the agenda, fieldwork had been completed for the Information Governance Audit and this would be

presented to the December meeting of the Committee.

The Risk Management Review had been deferred to early 2020 and discussions were ongoing with the Head of Transformational Change and Improvement to confirm the scope of the review and timings. The main challenge had been that the Risk Management Strategy had been approved by the Board in December 2018 and changes to the reporting structure still required implementing.

The Digital Strategy Audit had also been deferred to early 2020 to allow opportunity for management to progress this work.

The Chair questioned whether moving these timescales would have a detrimental impact on the audit plan for the year and was advised that this would not cause any issues.

J Stockan questioned if the move to the new Hospital and Healthcare Facility had impacted the timelines and was advised that this had been a significant increase in workload for key management staff and it was acknowledge that this had affected the capacity to progress other work streams.

#### **Decision / Conclusion**

The Audit Committee noted the Internal Audit progress report and accepted the amendments to the timetable acknowledging the reasoning behind the deferring of two audits.

#### **407 Internal Audit Reports**

#### **408 Business Continuity Planning – AC1920-32**

M Swann, Scott Moncrieff presented the report advising that the review had identified several key areas for improvement, to provide context it was noted that across the client base recommendations had been common and the report was not out with expectations, NHS Orkney had no major significant issues to address.

The reduction in management capacity due with move to new Hospital and Healthcare Facility was acknowledged along with the importance of having plans in place in a new working environment.

D Campbell questioned the timeframes for completing the outstanding plans and was advised that this would be reported back to the committee through the outstanding recommendations report.

The Chair questioned if Integration Joint Board services would be completing their own plans and was advised that NHS Orkney teams and services were responsible for their own Business Continuity Plans.

#### **Decision / Conclusion**

The Audit Committee noted the report and the recommendations made which would be monitored through the Committee going forward.

409 **Internal and External Audit Recommendations follow up report– AC1920-33**

The Interim Director of Finance presented the report on internal and external audit recommendations. He advised that there were four recommendations currently on the report.

Of these one was open, one not yet due and two complete.

**Decision / Conclusion**

The Committee noted the report and the closed actions.

410 **Information Governance**

411 **Information Governance Chair's report**

The Head of Corporate Services presented the chairs report advising that the Group had discussed key items relating to:

1. Reconstruction of destroyed Community Mental Health (CMH) records
2. Safe Information Handling eLearning Compliance Report
3. Legal and Regulatory Compliance
4. Audit and Quality Improvements
5. Risk Management

The reconstruction of the destroyed CMH records was complex as it required staffing capacity and financial resource to progress, this was achievable but challenging. J Stockan questioned if there were any patient issues with the destruction of records and was advised that this hadn't been the case.

There had been a positive improvement in uptake of modules across the Statutory and Mandatory framework in preparation for the move to the new Hospital and Healthcare Facility with 76% of the substantive workforce compliant, work would continued to support staff who still required to complete training.

The Head of Corporate Services advised that Statutory and Mandatory training was a legal requirement and as such was being escalated through line management. Members questioned if specific staff groups were lower on uptake and it was confirmed that this was the case in some areas. The Employee Director noted the need to understand the reasons why staff were not complying.

The Group had discussed the changes to the GMS contract in relation to Data Protection Officer support and it was noted that this could have an impact on current arrangements with Orkney Islands Council.

The Chair questioned whether there was vulnerability in the Data Protection support being provided to both organisations by one person, it was acknowledged that this was a challenge in many areas for small Boards but on this occasion was mitigated by also having G Mitchell in post on a Memorandum of Understanding. A collective bid had been submitted from the island Boards to

the Scottish Government to advise that additional funding would be required for this level of specialist knowledge.

Members were advised that there were no current issues with the Information Commissioners Office.

The Information Governance Group had received the Caldicott Guardian Annual Report noting the continued increase in requests which would continue to be monitored from a capacity basis.

The Group had also received the Freedom of Information Annual Report, members had raised concern that a notice of intervention had been received in April 2019, due to unusually high delays in responding, but had not been reported to the group until August. The Chair questioned whether this had been a capacity issue and was advised that a complex ongoing Subject Access Request had affected team capacity.

The Chair noted that communication should be open and staff should be able to ask for support when required. The Head of Corporate Services advised that line management would hold conversations around this to take learning going forward. Processes had also been reviewed and improved to streamline and build capacity going forward.

The Head of Corporate Services questioned if the report provided the information required by the Audit Committee. Members agreed that it did, M Swann suggested that horizon scanning and future issues of concern could also be included.

### **Decision / Conclusion**

The Committee noted report.

## **412 Selbro Records Store – AC1920-35**

The Head of Corporate Services presented the report noting the current status of the Selbro Records Store and the recommendations required to move towards compliance with the Records Management policy. Members were advised that a Corporate Records Manager was now in post and making good progress with the noted recommendations.

The following were highlighted:

- Clarity was required around the ownership of the Occupational Health records held in locked filing cabinets within the Cage, this continued to be explored with NHS Grampian.
- The Procedure for the Retention, Storage and Disposal of Records was under review and would be brought through the Information Governance Group once finalised.
- Improving the current shelving was a requirement, shelving from the old site would be utilised with porters and estates staff completing this work once capacity was available.
- A records management champions would be assigned for each team, it

was also noted that there should be minimal storage requirements going forward and if destruction and retention was managed well storage requirements should reduce.

The Employee Director noted that the transit of records should follow guidelines for the safe storage of information.

#### **Decision / Conclusion**

The Committee noted the report and welcomed a brief update and the action plan to the next meeting. Thanks were given to the Data protection Officer for his work on this.

#### 413 **Fraud**

#### 414 **Counter Fraud Services (CFS) Annual Report – 2018/19 – AC1920-36**

The Interim Director of Finance presented the CFS Annual Report for 2018/19 for information and noting. Members were advised that the report described the work and achievements of CFS during 2018/19.

#### **Decision / Conclusion**

The Committee noted the Counter Fraud Services Annual Report.

#### 415 **Service Audit Assurance Reports**

#### 416 **IT Service – AC1920-37**

The Interim Director of Finance presented the report for information and noting.

#### **Decision / Conclusion**

The Committee noted the IT Service Audit Report.

#### 417 **Practitioner Service – AC1920-38**

The Interim Director of Finance presented the report for information and noting

#### **Decision / Conclusion**

The Committee noted the IT Service Audit Report.

#### 418 **Risks**

#### 419 **Risks Escalated from Governance Committees**

No risks had been escalated from the governance committees.

#### 420 **Governance**

**421 Property Transaction Monitoring – AC1920-39**

The Committee had been provided with the report advising that NHS Orkney had not acquired or disposed of any property in 2018/19.

**Decision / Conclusion**

The Committee noted report.

**422 Annual Litigation Report – AC1920-40**

The Committee had received the Annual Litigation Report updating members on current litigation claim.

There was one outstanding claim with a court case set for December 2019, the Central Legal Office were acting on behalf of NHS Orkney in this case.

Members were advised that NHS Orkney were liable for the first £25,000 of any claim that was settled, with the Scottish Government accepting responsibility for any amount above this.

**Decision / Conclusion**

The Committee noted the report.

**423 Any Other Competent Business**

No other competent business was raised.

**424 Items for Information and Noting only**

**425 DL(2019)04 Partnership Agreement between NHS Scotland Counter Fraud Services and NHS Boards and National Health Boards**

Members had received the circular for information.

**426 Audit Scotland Reports**

The following Audit Scotland reports had been provided for information and noting:

- Fraud and Irregularity Update 2018/19
- Technical Bulletin 2019/02

**427 Schedule of Meetings 2019/20**

Members noted the schedule of meetings for 2019/20

**428 Record of Attendance**

Members noted the record of attendance.

#### 429 **Committee Evaluation**

Members agreed it had been positive meeting but that the high number of apologies had affected the quality of discussion and assurance provided.

It was noted that it had been a light agenda due to the timelines of the Internal Audit reports and some of these being deferred. This had allowed full discussion to take place and there was a need to ensure that this was maintained regardless of the content of the agenda.