Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday, 7 July 2020** at **11:30**

Present:
David Drever, Chair
Davie Campbell, Vice Chair
Caroline Evans, Non-Executive Director
Jason Taylor, Non-Executive Director

In Attendance:
Michael Dickson, Interim Chief Executive
David Eardley, Chief Internal Auditor, Scott Moncrieff
Claire Gardiner, Senior Audit Manager
Keren Somerville, Head of Finance
Matthew Swann, Internal Auditor, Scott Moncrieff
Gemma Pendlebury, Senior Corporate Services Officer (Committee Support)

401 Welcome

The Chair welcomed all members of the Audit and Risk Committee to the meeting and introduced M Dickson, Interim Chief Executive.

402 Apologies

Apologies were received from C Bichan, M Doyle, F MacKellar and G Woolman.

403 Declarations of Interest

No interests were declared.

404 Minutes of previous meeting held on Thursday, 25 June 2020

These minutes would be received at the next meeting in September.

405 Matters Arising

There were no matters arising additional to the agenda.

406 Action Log

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

Internal Audit

407 Internal and External Audit Recommendations – ARC2021-39

The Interim Director of Finance presented the report of Internal and External Audit Recommendations to members of the Committee, highlighting that there were three actions which had been brought forward following the previous report. Due to the impact of COVID-19 all actions remained outstanding, with six new recommendations having been added. An extension was requested to the end of September 2020 for all three actions which had been carried forward.

The Interim Chief Executive urged the Audit and Risk Committee to keep all information governance actions open, in light of recent information governance concerns. He noted that further assurance was required from an information governance perspective. M Swann, Associate Director at Scott Moncrieff, confirmed that actions would not be closed until Internal Audit had seen a full response to the original recommendations.

D Campbell drew the Committee's attention to item 168 in relation to mandatory information governance training, querying whether the Committee could take assurance that completion of that training was at an acceptable level in light of recent information governance breaches. The Head of Corporate Services responded that staff were being encouraged to use any available time due to COVID-19 to undertake statutory and mandatory training, however there remained to be a low level of uptake, despite regularly requesting updates from line managers and senior managers. She also informed the Committee that the Information Governance Officer was working on an Information Governance Training Framework to establish higher levels of training required by staff throughout the organisation.

The Chair queried what the next step was should managers fail to enforce the mandatory training and the Head of Corporate Services noted that the issue had already been escalated to the Executive Lead and to the Staff Governance Committee. C Evans, Chair of the Staff Governance Committee, supported the Head of Corporate Services, agreeing that the issue had been put to the Staff Governance Committee on numerous occasions and on to the Board. She called for further support for the Head of Corporate Services to ensure that information governance training was cascaded out and completed by all staff and enforced by managers.

Decision / Conclusion

The Audit and Risk Committee received the Internal and External Audit Recommendations report and noted the extension to the deadline for actions to be completed. Members took assurance that actions would not be closed until the original recommendation had been responded to in full.

Information Governance

408   **Information Governance Group: Chairs Report and Workplan – ARC2021-40**

The Interim Chief Executive addressed the Committee in light of recent information
governance breaches.

Members of the Committee were informed that the two incidents were not linked and were genuine errors. They were also assured that work was being undertaken looking into the circumstances around the breaches to gain key learning from as well as making NHS Orkney's processes and procedures with regards to the handling of information more robust.

D Campbell queried when there had been an internal audit relating to information governance and data handling and M Swann confirmed that the most recent relevant piece of work had been completed in the 2019/20 audit plan and that the audit had raised a collection of recommendations for action by NHS Orkney.

The Head of Corporate Services presented the Information Governance Group Chair's Report and Information Governance Workplan to the Committee, updating members that the key points discussed at the last meeting on 11 June 2020 were as follows:

- IT Security Policy update – requires an Equality Impact Assessment before being presented to the Staff Governance Committee for approval
- Freedom of Information Annual Report – good progress had been made with regards to meeting deadlines for Subject Access Requests
- Equality Impact Assessors – there was a requirement for more staff to undertake the EqIA training to be able to complete equality impact assessments as there were currently delays due to availability of assessors. A training timetable was being produced following discussions with N Firth and this would be reported back to the Audit and Risk Committee at the September meeting

Decision / Conclusion

The Audit and Risk Committee received the report and workplan from the Information Governance Group and noted the investigative work which was required to ensure NHS Orkney's information governance was more robust.

409   **Information Governance Group Annual Report 2019/20 – ARC2021-41**

The Head of Corporate Services provided the Information Governance Group Annual Report to the Committee to provide assurance that the Group had fulfilled its remit as far as possible as detailed in the Information Governance Group Terms of Reference.

She highlighted the following key points:

- There had been a gap in Information Governance accountability within NHS Orkney due to the previous SIRO having left the organisation
- The Freedom of Information policy had been updated
- There were a number of different information sharing agreements which had been mandated by the Scottish Government, for example the new GMS Contract and Primary Care Improvement Plan. This required all Health Boards in Scotland to undertake the provision of data protection advice for independent GP practices
- NHS Orkney also provide data protection advice for voluntary sector organisations
- The Information Governance Internal Audit report was completed earlier during the 2019/20 schedule of works. Prior to that, the Information Governance Group had undertaken a GAP Analysis. The findings from both highlighted the same areas for action
- Records Management Plan – this was a large piece of work being undertaken by the Corporate Records Manager. This project would tie in with national work regarding the destruction of electronic records and timeframes for electronic record retention
- NHS Education for Scotland Audit – This piece of work had been paused nationally due to COVID-19, however was scheduled to take place on the 8 and 9 September 2020

Members noted that there had been a good deal of work which had been undertaken to transform the Information Governance Group as well as being undertaken by the Group itself. The fact that low attendance at the meeting, with some meetings being cancelled due to lack of quoracy, was agreed by the Committee as unacceptable and members agreed to escalate that for the attention of the Board. The engagement and commitment from senior managers was imperative for the Groups success and while the Committee noted that this poor attendance was possibly due to issues with capacity, attendance was key to address the real information governance issues and to enable actions to be agreed in a timely manner.

The Audit and Risk Committee also felt that line managers were required to take more accountability for the compliance of their staff with information governance processes and procedures and to ensure the completion of statutory and mandatory information governance training.

M Dickson left the meeting at 12:00

Decision / Conclusion

The Audit and Risk Committee received the Information Governance Annual Report and agreed to escalate priority issues regarding meeting attendance and the completion of statutory and mandatory information governance training to the Board.

Fraud

410   **Counter Fraud Services Report on suspected Fraud committed against NHS Orkney – ARC2021-42**

The Interim Director of Finance presented the report regarding a suspected case of fraud committed against NHS Orkney to the Committee for their information and noting. He advised that Counter Fraud Services had agreed to take on the case regarding a consultant who had been employed and working in Hungary whilst being signed off sick at and then subsequently resigned from NHS Orkney. He confirmed that the case was ongoing and that updates would be provided as they were made available by Counter Fraud Services.

Risk

411   **Risk and Assurance Report – ARC2021-43**

It was noted that this item would be deferred to the next meeting.

Though the item was unable to be discussed, J Taylor noted that there were items included on the accompanying risk register which dated back to 2018. He raised the query as to why there were risks being carried forward over such a length of time and members agreed that this item should be included on the action log for future discussion.

412   **Risks escalated from Governance Committees**

No risks had been escalated from Governance Committees

Governance

413 **Agreed items to be brought to the attention of Board or other Governance Committees**

The committee wanted to raise:

- Information Governance Data Breaches
- Information Governance Group – lack of engagement and commitment from Senior Managers in relation to attending meetings and compliance with statutory and mandatory information governance training

Items for Information and Noting only

Audit Scotland Reports

414 **Technical Bulletin: 2020/2**

Technical Guidance Notes

415 **Independant Auditor's report for Health Boards 2019/20**

The report was received for information and noting.

416 **Risk of misstatement in Health Boards in 2019/20**

The report was received for information and noting.

417 **COVID-19: How public audit in Scotland is responding**

The report was received for information and noting.

418 **Counter Fraud Services**

CFS Flash Report

The report was received for information and noting.

CFS Year End Report

The report was received for information and noting.

Rolling COVID-19 Intelligence Alert

The report was received for information and noting.

419 **Schedule of Meetings 2020/21**

Members noted the schedule of meetings for 2020/21.

420 **Record of Attendance**

The Committee noted the record of attendance.

421 **Committee Evaluation**

Members noted that the meeting had been positive and were keen to see actions discuss acted upon and reported back for assurance purposes.

Meeting closed at 12:28