Orkney NHS Board

Minute of meeting of the **Audit and Risk Committee** of **Orkney NHS Board** held **virtually** via **Microsoft Teams** on **Tuesday, 7 December 2021** at **11:30**

Present:	David Drever, Chair
	Jason Taylor, Vice Chair
	Issy Grieve, Non-Executive Board Member
	Fiona MacKellar, Employee Director
In Attendance:	Christina Bichan, Head of Assurance and Transformation
	Mark Doyle, Director of Finance
	Colin Morrison, External Auditor, Audit Scotland
	Keren Sommerville, Head of Finance
	Matthew Swann, Internal Audit associate Director, Azets
	Emma West, Corporate Services Manager

A107 **Welcome**

The Chair welcomed all members of the Audit and Risk Committee to the meeting.

A108 **Apologies**

Apologies were received from Michael Dickson and Louise Wilson.

A109 **Declaration of Interest – agenda items**

No interests were declared.

A110 **Minutes of previous meeting held on 07 September 2021**

The minute of the Audit and Risk Committee meeting held on 7 September 2021 were received by the Committee and approved as a true and accurate record of the meeting.

A111 **Matters Arising**

No matters arising were raised.

A112 **Action Log**

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

A113 **External Audit**

There were no items for discussion at this meeting.

Internal Audit

A114 **Progress Report – ARC2122-55**

Members received the report which provided a summary of Internal Audit activity since the last meeting.

Decision / Conclusion

The Audit and Risk Committee noted the progress report

A115   **Delayed Discharge – ARC2122-56**

M Swann presented the report which provided assurance that NHS Orkney's procedures reflected good practice in a number of areas. There had been two areas for improvement noted which, if addressed, would strengthen NHS Orkney's control framework. These were around the formal reissuing of existing Delayed Discharge related policies and procedures and adjustments to the Delayed Discharge database to include the prescribed fields.

It was noted that the integrated relationships between the health and social care sectors allowed for communication of social care needs at an operational and strategic level, but that final decision on capacity in the social care sector remained outside the Boards control and was a key factor impacting the performance data.

J Taylor welcomed the positive report, acknowledging that there were controls which were out with the confines of NHS Orkney.

The Chair noted the importance of close working with the Integration Joint Board and queried whether it was possible to categorise the delayed discharges by distinct age groups; it was agreed that this information could be provided.

Decision / Conclusion

The Audit and Risk Committee noted the report and agreed that an update on the outcomes should be provided to the Board.

A116   **Remobilisation Strategy – ARC2122-57**

M Swann presented the report, which confirmed that NHS Orkney had a good Remobilisation planning process, aligned with the national guidance provided by the Scottish Government. This was supported by timeous submission of each iteration of the Remobilisation Plan and reporting on achievement of the remobilisation deliverables to both the Scottish Government and the Board.

It was noted that there had been challenges in ensuring that the tone and summary were balanced, reflecting that the ask from Scottish Government had been iterative. There had been appropriate agility to meet all the key requirements and ensure that key stakeholders were engaged.

One minor recommendation had been made to more clearly and overtly demonstrate the cross-reference between the Remobilisation Plan actions recorded on the Whole System Recovery Group action log and priorities set out in Remobilisation Plans to avoid ambiguity.

Decision / Conclusion

The Audit and Risk Committee noted the report and took assurance that the recommendation was now complete.

Internal and External Audit Recommendations

A117   **Internal and External Audit recommendations follow-up report – ARC2122-60**

Internal Audit Recommendations

Members were advised that twenty audit recommendations had been brought forward following the last report. Extensions were sought for six of these recommendations and approval was sought for six recommendations for completion. Fourteen recommendations remained in progress with estimated completion dates throughout 2021/2022.

External Audit Recommendations

The recommendation received by the committee in June 2021 had been included to show current progress.

J Taylor questioned the timescale for the completion of the recommendation around Service Level Agreements and was advised that this was being reviewed on an ongoing basis and formed part of the financial recovery plan.

I Grieve noted that these were ambitious plan being carried out by a small team of staff which should be acknowledged. She questioned the confidence levels around the extensions being requested and whether these were adequate. The Director of Finance advised that many of the extension related to final approval of the Clinical Strategy, scheduled for February 2022, and were achievable.

The Employee Director noted that she understood, as a committee member, why extensions were requested but it was important for the organisation that this rationale was also communicated to staff to enable engagement to continue in a timeous fashion.

M Swann responded that full information had been provided around the small number of outstanding recommendations, to understand the complexity of some of the work required.

Decision / Conclusion

The Audit and Risk Committee noted the status and update of the actions and approved any amendments to timescales or closed items.

A118   **Agreed items to be taken to Board regarding Audit recommendations**

It was agreed that the full audit recommendations report, as presented, would be provided to the next meeting of the Board.

Information Governance

A119   **Information Governance Group Chair's Report and approved minutes – ARC2122-61**

The Director of Finance presented the Information Governance Group Chair's Report and approved minutes, providing an overview of the business and assurance received at recent Information Governance Committee meetings.

Members were advised of the recent recruitment to posts within the Information Governance Team, following an audit and recommendations to this effect. Training also being completed across the organisation around data security and information governance, to ensure that this remained a high priority.

The Chair welcomed the positive improvements made and the work of team in addressing issues raised.

J Taylor questioned if there were any identifiable reasons for the increase in Subject Access Requests (SARs) or additional resources to respond to these. The Director of Finance noted that this would continue to be monitored by the team and reported through the Information Governance Committee.

Decision / Conclusion

The Audit and Risk Committee noted the report and approved minutes.

A120 **Fraud**

There were no items for discussion at this meeting.

Risks

A121 **Risk and Assurance Report – ARC2122-62**

The Head of Assurance and Improvement presented the report which provided an update on and overview of risk management across NHS Orkney.

A three tier risk management system had been developed which allowed for escalation and de-escalation of risk as appropriate, to take account of changes in the operating environment and organisational landscape with the Risk Management Forum playing an active role in the process.

Engagement in the identification, assessment, review and management of risks was very positive across all departments and the Clinical Governance and Risk Facilitator continued to work closely with risk handlers to provide support and guidance. In response to the findings of the HSE Inspection and as part of implementing the associated improvement plan, there had been a particular focus on the assessment of risks associated with violence and aggression and manual handling across the organisation. This work had been taken forward at pace and with completion rates rising, analysis of gaps in controls and risk exposure was being undertaken to ensure mitigation was prioritised based on highest areas of risk.

The Chair questioned the format of support provided around developing risk registers and was advised that this was currently one to one support but was being reviewed as part of overall management training bundles to embed inherent basic skills across the organisation.

The Employee Director agreed that the support in developing team risk registers has been fantastic.

I Grieve questioned the reassignment of risks, if the risk holder was currently long term absent, and was advised that this had taken place as part of the redistribution of management responsibilities.

Decision / Conclusion

The Audit and Risk Committee noted the update and took assurance on progress being made.

A122 **Risks Escalated from other Governance Committees**

There were no items for discussion at this meeting.

Governance

A123 **Agree items to be brought to attention of Board or other Governance Committees**

The Committee agreed that the following items would be brought to the attention of the Board

- Delayed discharges
- Audit Recommendations
- Information Governance progress report
- The significant improvements being seen across the organisation in relation to risk management

Decision / Conclusion

The Audit and Risk Committee noted the update and took assurance on progress being made.

A124 **Any Other Competent Business**

No other competent business was noted.

*Items for Information and Noting only

*Audit Scotland Reports

A125 **Audit Scotland Technical Bulletin 2021/03**

Members noted the extract from the technical bulletin.

*Counter Fraud Services Reports

A126 The following reports were noted by the Committee:

- Rolling COVID-19 Intelligence Alert
- Medical Practice Invoice Fraud – General Alert 03-2021/22
- Whale Phishing Emails – 06-2021/22

A127   ***Reporting Timetable for 2021/22**

Members noted the schedule of meetings for 2021/22.

A128   ***Record of Attendance**

The Committee noted the record of attendance.

Meeting closed at 12:30