

**Approved Minutes of the Audit and Risk Committee Meeting held on  
Monday 1 November 2021 at 10am,  
Microsoft Teams**

**1. WELCOME AND APOLOGIES**

**Committee Members**

Ms Carol Gillie	Non-Executive Director (Chair)
Mr Martin Togneri	Non-Executive Director
Mr David Howe	Non-Executive Director
Ms Marieke Dwarshuis	Non-Executive Director

**In Attendance**

Dr Martin Cheyne	Board Chair
Mr Jim Miller	Chief Executive
Ms Ann-Marie Gallacher	Chief Information Officer
Mr John Gebbie	Director of Finance
Ms Joanne Brown	Grant Thornton
Dr Laura Ryan	Medical Director
Mr Damien Snedden	Deputy Director of Finance
Mr Kevin McMahon	Head of Risk Management & Resilience
Ms Paula Speirs	Director of Strategy, Planning & Performance
Ms Yvonne Kerr	Executive Assistant (Minutes)
Mr Graham Revie	Staff Side Representative
Mr Kenny Woods	Employee Director/Non-Executive Director
Ms Maria Docherty	Director of Nursing & Care
Mr Jamie Fraser	Grant Thornton

**Apologies**

Mr Mike McCormick	Non-Executive Director
Mr Nick Bennett	Azets

Ms Gillie welcomed members and attendees to the meeting. All members attended on Microsoft Teams. For the benefit of new Non-Executive Directors Ms Brown and Mr Fraser introduced themselves.

**2. DECLARATION OF INTERESTS**

- 2.1 Mr Togneri's standing declaration as a Non-Executive Board members at the Scottish Ambulance Service (SAS) was noted.

### **3. MINUTES OF PREVIOUS MEETING**

- 3.1 Subject to minor amendments the minutes of the meeting held on 5 August 2021 were approved as an accurate record of discussions.

**Action: Ms Kerr**

### **4 INTERNAL AUDIT**

#### **4.1 Update Internal Audit Plan 2021/22**

- 4.1.1 Ms Brown presented the Update on the Audit Plan to the Committee.
- 4.1.2 Ms Brown confirmed the change to the audit plan as agreed at the June Committee. Contingency days in the plan will be utilised to perform a review of Service Performance/Delivery and this will be presented at the February 2022 Committee meeting.
- 4.1.3 Since the August Audit and Risk Committee, two audits have been completed and are presented at this meeting. Scoping is currently underway for IT Contract Management, Urgent Care and Service Performance/Delivery which should be available for the next meeting in February. It was suggested that call recordings could be included in this audit to assess the appropriateness of the calls. It was confirmed they could be included as observations however as these are clinical calls, clinical input will be required. Ms Brown agreed to review the wording of the scope to reflect the discussion taking into account the tight timescale. Action Ms Brown
- 4.1.4 Mr Togneri asked for clarity on the Compliance with Key Performance Indicators not currently met. Ms Brown confirmed continuity of the team has been impacted due to staffing changes, however a core team will be in place for the remainder of the year. Assurance was given that this will be met going forward.
- 4.1.5 The Committee noted the report for assurance.

#### **4.2 Staff Wellbeing Audit**

- 4.2.1 Mr Fraser presented the Audit to the Committee.
- 4.2.2 NHS 24 has increased the level of support available to staff during the pandemic through its helpline as well as information and help available on the intranet, with a section dedicated to all aspects of health and wellbeing related to Covid-19. The focus of the audit was to review the support both during and into the recovery phases beyond Covid-19. This report has been rated as “partial assurance with some improvement required” with one medium and one low and two advisory recommendations. It was noted there is scope for NHS 24 to provide additional support for staff.
- 4.2.3 Dr Cheyne asked if there were any examples available of wellbeing that we are not currently doing. Mr Fraser agreed to share some examples with the Committee after the meeting.

**Action: Mr Fraser/Grant Thornton**

4.2.4 Mr Togneri asked for assurance that the advisory actions within the audit can be monitored. Mr Fraser confirmed it is not usual process to do follow up on advisory actions but this can be included if required.

**Action: Mr Fraser/Grant Thornton**

4.2.5 The Committee agreed the report should be presented to the Staff Governance Committee for noting.

**Action: Ms Kerr**

4.2.6 The Committee noted the report for assurance.

### **4.3 Recruitment Audit**

4.3.1 Ms Brown presented the Audit Report to the Committee noting key highlights.

4.3.2 Ms Brown confirmed that NHS 24 are committed to operating selection processes which embed the 2020 Workforce Vision and Values. It is recognised that the delivery and development of effective patient care is dependent on having the right people in the right place at the right time and confirmed the operation of an effective recruitment and selection policy as an essential management tool. An end to end review of the design and operation of the controls around recruitment included permanent staff as well as temporary staff, including agency staff.

4.3.3 The report has been rated as “partial assurance with improvement required” with one medium and three low rated recommendations.

4.3.4 The due date for action 2.2 was queried and it was confirmed that the review is currently underway will be complete and in place by 31 March 2022.

4.3.5 The Committee agreed the report should be presented to the Staff Governance Committee for noting.

**Action: Ms Kerr**

### **4.4 Report on Follow Up of Recommendations**

4.4.1 Ms Brown presented the report to the Committee.

4.4.2 Ms Brown advised following the 2019/20 plan and the recommendations raised in this period, 12 of the actions remained open. Two of these have since been closed and 10 actions are ongoing with revised due dates.

4.4.3 Of the actions recommended for 2021/22, it was noted that three actions are not yet due, five actions are now complete and three actions are ongoing with revised due dates.

4.4.4 Ms Gillie expressed concern that there were outstanding actions from 2019/20 and that some of the actions with revised due dates are significant areas for NHS 24. Mr Miller suggested if an action is over 12 months these would be followed up with the relevant Executive Director and it would be helpful to have staging points. Ms Brown confirmed if the action is partially complete the risk rating could be revisited. This will be reviewed for the next meeting.

**Action: Ms Brown/Grant Thornton**

4.4.5 The Committee noted the report for assurance.

## **5. RISK MANAGEMENT**

### **5.1 Corporate Risk Register**

5.1.1 Mr McMahon presented the Risk Register to the Committee noting key highlights.

5.1.2 Since the last meeting of the Committee (5 August 2021), all Directorates have undertaken an in-depth review of risks within their remit to ensure current risks reflected the embedding of the response to COVID-19 into ongoing business processes and the ongoing challenges to NHS 24's delivery of its Remobilisation Plan.

5.1.3 Since previously reported, key changes are as follows:

- The overall risk profile for NHS 24 has increased,
- 23 corporate risks scoring 10 and above are presented.
- 4 new risks have been identified.
- 3 risks have increased to above 10 and now presented.

5.1.4 It was noted all risks are being closely monitored by risk owners due to the uncertainty of planning assumptions at present.

5.1.5 Mr McMahon provided an update on Risk RPDN/041158 on the planned /unplanned activity for COP 26. It was confirmed during this time there would be no major impact on services however, as 60% of staff are located close to the area of the conference, this may have an impact on travel. There is a response framework in place and NHS 24 attend daily multi agency briefings.

5.1.6 Mr Howe raised the issue of a major incident plan which Mr McMahon confirmed this was in place although a review to the procedure would be helpful and it would be built into workplans.

5.1.7 Ms Dwarshuis suggested that deep dives could be included within the meeting on specific risks. It was agreed due to service pressures this would be discussed at the Integrated Governance Committee. Following discussion, Dr Ryan would consider the impact on the Audit and Risk Workplan

**Action: Ms Gillie**

5.1.8 Mr Togneri suggested for reviewing the register a more appropriate format for risks where all information is visible on the one page. It was agreed this would be reviewed for the next meeting.

**Action: Dr Ryan/Mr McMahon**

5.1.9 The Committee noted the register for assurance.

## **6. CORPORATE GOVERNANCE**

### **6.1 Estates: Caledonian House, Dundee**

6.1.1 Mr Gebbie provided an update for the Committee

6.1.2 Due to the timescales in regard to the fit out of the new Dundee Site, decisions were required to be made out with the Committee cycle. A paper was taken to a Reserved meeting of the Board in August with a follow up meeting with some Audit and Risk Committee members to agree a way forward. A paper was prepared and approved virtually by Committee members. This was on the condition that the paper was homologated at this meeting. Since the August meeting there has been an increase in the fit out costs which were discussed at the October Board meeting. Mr Gebbie provided the detail on the increased costs noting confirmation has been received by Scottish Government noting this is in line with the cost of other national projects and additional funding has been approved.

6.1.3 The Committee approved the way forward to proceed with the fit out of Dundee.

### **6.2 Corporate Governance Activity Report**

6.2.1 Mr Snedden presented the report to the Committee, noting key highlights.

6.2.2 It was noted since the last Audit Committee there have been six new waiver of tenders awarded. Six new contracts were awarded and there were no Service Level Agreements processed since the last meeting.

6.2.3 Since the last meeting one Counter Fraud Intelligence Alert has been received and shared with the relevant departments.

6.2.4 In relation to the National Fraud Initiative in Scotland 2020/21, NHS 24 have now completed 96% to date, a rise from the previous meeting of 73%. No Fraud has been identified since the last meeting.

6.2.5 Tax Digital for Government Bodies and NHS Organisations registration has been deferred until April 2023. This is a national plan to simplify the VAT recovery regime. A paper will be circulated to Executive Management Team and Audit and Risk Committee with a fuller update when this is available.

6.2.6 Ms Gillie queried whether any learning regarding legal claims was fed back into the system. Dr Ryan confirmed the learning is discussed at the Clinical Governance Committee as these claims are normally aligned with adverse events.

6.2.7 Committee members raised concern over the number of waivers coming to the Committee. It was acknowledged that Estates timelines and the pandemic had added pressure to the system but waivers are a last resort to procurement. Mr Gebbie confirmed that new processes were being put in place to minimise the number of waivers.

6.2.8 The Committee noted the report for assurance.

### **6.3 Financial Assurance Summary Report**

6.3.1 Mr Gebbie presented the Financial Summary Report to the Committee noting the paper provides an update to Committee members on the latest position in regard to financial risks in regard to the following:

#### **6.3.2 In Year position on anticipated allocations:**

To date £16.1m has been received with a balance of £13.3m still outstanding. Of the monies outstanding, £10.2m relates to Mental Health and confirmation from Scottish Government has been received. £1m relating to Advanced Clinical Support has since been received to the baseline on a recurring basis. £2.3m is the balance of Covid funding which has been confirmed as available, if required throughout the year. The balance is made up of smaller allocations offset by the pass back of funds for the national board savings target.

6.3.3 Mr Gebbie noted that our planning assumptions are in sync with Scottish Government colleagues, regular dialogue was ongoing and the risk of allocations not being received is negligible. This was confirmed at a recent meeting with our Sponsor Team.

6.3.4 The Committee noted the report for assurance.

### **6.4 Audit Scotland Report: COVID 19 Vaccination Programme**

6.4.1 Ms Docherty presented the Audit Report to the Committee.

6.4.2 The Committee is asked to note the progress for NHS 24 noting we are not required to provide vaccinations for the public, only staff.

6.4.3 A report will be presented at Clinical Governance Committee and the Board stating the progress % to date. A paper has been presented to the Executive Management Team for the model adopted, however sustainability in the model needs to continue. Booster COVID vaccinations will begin to be offered to staff from November in line with guidelines set by JVCI.

6.4.4 The Committee noted the report for assurance.

### **6.5 Corporate Governance Framework**

6.5.1 Ms Speirs presented the updated Framework to the Committee.

6.5.2 Ms Speirs advised it is the intention to align updating the framework with the expected changes arising from the national Once for Scotland Governance Framework. As this has been postponed the decision was taken to undertake the update, in line with requirements to review on a regular basis until the Once for Scotland approach is issued. Key changes to the framework include the addition of the current version of the Staff Code of Conduct and also to note, Standing Financial Instructions have been reviewed.

6.5.3 The Committee raised some minor comments on the framework and further points should be shared with Ms Speirs by email by the 8 November.

**Action: All**

6.5.4 An updated version of the Framework will be presented to the Audit and Risk Committee in February following the Blueprint for Good Governance update if available.

**Action: Ms Speirs**

6.5.5 The Committee noted the update for assurance.

## **6.6 2020/21 Annual Review Preparation (v)**

6.6.1 Ms Speirs provided a verbal update on the preparations for the Annual Review.

6.6.2 In light of current service pressures the Annual Review will be held virtually as it was last year. The Chair and Chief Executive will attend with the Cabinet Secretary and other Scottish Government officials. This has been scheduled for 28 February 2022.

6.6.3 The Committee noted the update for assurance.

## **6.7 Information Governance and Security Report**

6.7.1 Ms Gallacher presented the report to the Committee noting key highlights.

6.7.2 The paper provides an overview of the key areas of activity for Q2 2021/22 for the Information Governance and Security team in ensuring compliance with all legislative requirements. Included in the report, are a number of key points including:

- Significant increases in both Data Subject Access and Freedom of Information requests.
- SharePoint migration workshops with all Directorates.
- Updates from the Network and Information Systems Regulations 2018 review audit.

6.7.3 Ms Gallacher confirmed two policies and two process updates have now been approved and have been implemented.

6.7.4 Since the last meeting there has been one reportable incident which was reported to the ICO. This is still ongoing and we are awaiting a response.

6.7.5 In response to Ms Dwarshuis question on mandatory training, Ms Gallacher confirmed colleagues are working with workforce on the compliance of mandatory modules.

6.7.6 Mr Howe asked for more background on the increase in the level of FOIs which it was confirmed is being seen across all of NHS Scotland

6.7.7 In response to questions on NIS-R compliance score, it was agreed that more detailed narrative will be provided in the report at the next Audit and Risk Committee.

**Action: Ms Gallacher**

6.7.6 The Committee noted the report for assurance.

## **6.8 Integrated Governance Key points**

6.8.1 The Committee is assured that key points discussed at this meeting are already being discussed at other Committees.

## **6.9 Audit and Risk Committee Workplan**

6.9.1 The Committee approved the work plan for 2021/22 subject to minor changes and following discussion at the Integrated Governance Committee. It was also agreed to consider Risk Management training for members of the Committee.

**Action: Mr Gebbie/Ms Gillie/Dr Ryan**

## **7. COMMITTEE EFFECTIVENESS**

7.1 Ms Speirs provided an update to the Committee.

7.1.2 A revised self-evaluation questionnaire has been completed by Committee members to allow review of their own performance and effectiveness and to identify any further action required.

7.1.3 This was presented to the Committee for visibility of results. Results will be analysed and an action plan development for the next Committee in February 2022.

**Action: Ms Speirs/Mr Gebbie**

7.1.4 The Committee noted the report for assurance.

## **8. MATTERS ARISING FROM PREVIOUS MEETINGS**

### **8.1 Review of Action Log**

8.1.1 After discussion the Committee agreed that all actions recommended for closure can be removed from the action list.

## **9 AGREED COMMITTEE HIGHLIGHTS TO THE BOARD**

9.1 The Committee highlights to the Board report will be produced after the meeting and sent to the Chair for approval prior to the Board Meeting due to be held on 16 December 2021.

**Action: Ms Kerr**

## **10. ANY OTHER BUSINESS**

10.1 There was no other business noted.

## **11. DATE & LOCATION OF NEXT MEETING**

The date of the next meeting of the Committee is Thursday 10 February 2021 at 10am, Microsoft Teams

**12. PRIVATE MEETING OF THE AUDIT AND RISK COMMITTEE**

- 12.1 A private meeting with the Director of Finance was held with members of the Committee following the meeting.