PUBLIC BOARD MEETING	26 March 2025 Item 19

THIS PAPER IS FOR NOTING

AUDIT AND RISK COMMITTEE MINUTES OF 10 OCTOBER 2024 AND AGENDA OF MEETING HELD ON 23 JANUARY 2025

Lead Director Author	Carol Sinclair, Chair of Audit and Risk Committee Julie Kerr, Governance Officer
Action required	The Board is asked to **note** the minutes and agenda
Key points	In compliance with the Service's Standing Orders, the approved Committee minutes are submitted to the Board for information and consideration of any recommendations that have been made by the Committee. The minutes of the Audit and Risk Committee held on 10 October 2024 were approved by the Committee on 23 January 2025. The agenda from the meeting held on 23 January 2025 is also attached for the Boards information.
Timing	Minutes are presented following approval by the Committee. The Board are also provided with the agenda of the most recent Committee meeting for information.
Corporate Risk Identification	This paper aligns to all Corporate Risks.
Link to Corporate Ambitions	The Audit and Risk Committee has responsibility on behalf of the Board to provide independent and objective review of the effectiveness of internal control systems. The Committee provides support to the Board in their responsibilities for issues of risk, control and governance and provide assurance to the Board that the governance arrangements are safe, effective and person centred.
Link to NHS Scotland's Quality Ambitions	This paper is aligned to and supports all three of NHS Scotland's quality ambitions to enable our workforce to provide safe, effective and person centred care
Benefits to Patients	_

Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	_

MINUTES OF AUDIT AND RISK COMMITTEE MEETING
1:30 PM ON THURSDAY 10 OCTOBER 2024
VIRTUAL, MICROSOFT TEAMS

Present:	Carol Sinclair, Non-Executive Director (Chair) Stuart Currie, Non-Executive Director Mike McCormick, Non-Executive Director Madeline Smith, Non-Executive Director
In Attendance:	Katy Barclay, Head of Business Intelligence Melanie Barnes, Assistant Director of Finance John Baker, General Manager, ICT *(Agenda Item 15.1)* Paul Bassett, Chief Operating Officer Karen Brogan, Associate Director of Strategy, Planning and Programmes Julie Carter, Director of Finance, Logistics and Strategy Michael Dickson, Chief Executive Gary Devlin, Azets – External Auditors Freya Gillies, Corporate Governance Assistant (Observer) Lesley Kay, Corporate Governance Assistant (Observer) Julie Kerr, Secretariat – Minutes James Lucas, KPMG – Internal Auditors Maria McFeat, Deputy Director of Finance Gordon Richardson, Head of Finance Syed Shah, KPMG Internal Audit Sarah Stevenson, Risk Manager Tom Steele, Board Chair Gordon Young, Head of Counter Fraud Services *(Agenda Item 5)*
Apologies:	Dave Bywater, Interim Director of Care Quality and Professional Development Stephen Massetti, Director of National Operations Irene Oldfather, Non-Executive Director

ITEM 1   WELCOME AND APOLOGIES

Carol Sinclair welcomed everyone to the meeting and in particular extended a welcome to Gordon Young, Counter Fraud Services who will provide Committee with an update by way of a presentation in relation to work ongoing in this area. Apologies for absence were noted as above.

ITEM 2   DECLARATIONS OF INTEREST

Standing declarations of interest were noted:

- Madeline Smith in her position as Board Member with Scottish Fire & Rescue Service
- Irene Oldfather in her position of Director, Scotland Health and Social Care Alliance and Vice Chair of Domestic Advisory Group (DAG) on the Trade and Cooperation Agreement (TCA) with the European Union.
- Carol Sinclair in her position as Trustee of Scotland's Charity Air Ambulance and Strategic Data Adviser, Digital Health and Care, Scottish Government
- Paul Bassett in his position as Trustee, Scotland's Charity Air Ambulance.
- Stuart Currie - Board Member of State Hospital Board and Vice Chair of the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland by the Scottish Government.
- Mike McCormick, member of an advisory Group on ESN which is a neutral group and a former Board member of NHS 24.

No new declarations of interest were noted.

ITEM 3   MINUTES OF PREVIOUS MEETING

The minutes of 13 June 2024 were reviewed for accuracy and Madeline Smith noted that a legacy Declaration of Interest is recorded against her in relation to Digital Health and Care Innovation and asked for this to be removed. With the exception of this change, the minutes were agreed as a true and accurate reflection of the meeting and were subsequently approved by Committee.

Action/s: 1.   Committee Secretariat to remove legacy declaration of Interest for Madeline Smith relating to her position as Non-Executive Director of Digital Health and Care Innovation Centre from June 2024 minutes and save approved version of the Minute.

ITEM 4   MATTERS ARISING

Committee noted the following items as completed and approved their removal from the Audit and Risk Committee Matters Arising paper.

2024/06/05.1-05.3 (1)	Risk Management Update
2024/06/05.1-05.3 (2)	Risk Management Update
2024/06/05.4	Risk Management Annual Report

ITEM 5   COUNTER FRAUD PRESENTATION

Carol Sinclair introduced Gordon Young, Head of Counter Fraud Services who joined the meeting and provided Committee with a comprehensive presentation into the work of Counter Fraud Services. Gordon commended the excellent relationship between Counter Fraud Services and Scottish Ambulance Service and advised that regular meetings take place

between both Services, with excellent engagement with the Director of Finance, Logistics and Strategy, Fraud Liaison Officer and Counter Fraud Champion. Gordon went on to provide Committee with an overview in relation to:

• Counter Fraud Standard which features 12 components broken down into governance and practices;
• Current Investigations;
• New, emerging and continuing threats;

Gordon explained that the Counter Fraud Standard was introduced and adopted by the NHS in Scotland in 2022. A descriptor is set for each component part and the Service are required to undertake a self-assessment at the end of each financial year which details whether the Service have 'met/partially met/not met' each of the component parts. This is part of a 3 year journey for Boards and the Service is currently finalising the 2023/24 self-assessment which will be presented to Audit and Risk Committee and Counter Fraud Services to review. Gordon advised that of current investigations, worth mention is sickness absence fraud, phishing/smishing (text, phone, email), bank account takeover/mandate fraud and NFI matches. Gordon also shared a flash report with Committee which provided members with an insight into the end of year report 2023/24 for Counter Fraud Services (CFS) which detailed achievements, referrals and money saved throughout the year. Of the new and emerging threats Gordon highlighted that with the increase in hybrid working, it is apparent that in some areas it is becoming increasingly easy for certain frauds to be committed and Gordon provided Committee with some examples of this. Finally, Gordon highlighted to Committee that International Fraud Awareness Week will take place 17 – 23 November 2024 where CFS will be undertaking publicity via social media, Linkedin etc and packages will be sent to individual Health Boards for publishing on their respective social media and Intranet channels.

Tom Steele joined the meeting at 13:53.

Carol Sinclair thanked Gordon for the presentation and Melanie Barnes advised that although the Service see a relatively low number of referrals, an increase in cases relating to secondary employment and sickness absence have been evidenced. Staff do however have confidence to use the referral processes in place to report concerns.

An informative conversation ensued between members and Carol Sinclair asked how many of our Service dismissals have a fraud component. Melanie advised that as far as she is aware no official dismissals are as a result of proven fraud. Carol followed this element up offline with Melanie who advised that an internal disciplinary investigation had a different remit to a criminal fraud investigation. To be convicted of fraud, someone would have to be charged and go through the legal process and no staff member has been convicted of fraud and therefore cannot be dismissed due to fraud. Any internal dismissals will be as a result of breach of policy of Service values.

Madeline Smith asked how the Service keeps abreast with the changes in fraud types and fraud detection whilst also ensuring we don't negate the use of technology which can be helpful. Gordon agreed that it is vital that the technology available is used for the right thing, with the challenge being to stay ahead of it. Intelligence alerts are issued to all Boards when CFS are made aware of new scams even if they don't directly affect each Board.

Karen Brogan advised Committee that a deep dive has been undertaken in relation to sickness absence to try to understand the trends and drivers, but this hasn't been cross referenced with fraud referrals and asked if there was an opportunity to cross reference the datasets and indeed for secondary employment cases. Michael Dickson asked, from a Scotland perspective if we

routinely check NI numbers for over contributors. Gordon explained that all public bodies provide their data every 2 years to the National Fraud Initiative (NFI) run by Audit Scotland who analyse the data and identify any instances worthy of investigations.

Following on from this conversation Julie Carter advised that the Service produced a Fraud Risk Heatmap last year and agreed that this should be refreshed and also linking data to see if any anomalies are recognised with sickness absence and secondary employment.

Melanie advised that when materials are received from CFS in relation to Fraud Awareness Week, these will be issued and published through Social media and internal communications channels.

Carol thanked Gordon Young for the comprehensive presentation and Committee noted the update provided.

ITEM 6   RISK MANAGEMENT

Item 6.1   Demonstration of InPhase Solutions

Sarah Stevenson provided Committee with a comprehensive overview which highlighted the main features in relation to the new InPhase Solutions software which will replace Datix at the end of March 2025. Sarah highlighted that InPhase Solutions is a fully modern cloud based system which continues to provide the Service with our adverse event reporting system and staff will be able to report directly from their Service mobile devices. The system will continue to manage our feedback and risk register records and there will also be an app for managing claims which will allow the Service to triangulate information going forward. Apps will also be available for Mortality and Morbidity, Freedom of Information, Care Experience, Learning from Excellence, Actions, Dashboards and Safety Alerts. Sarah then highlighted the benefits of the system and work which has been undertaken to date before going on to show Committee members what the new site looks like. Sarah summarised by advising that the system will be a supportive process for staff, with improved accountability, responsibility and information governance.

Carol thanked Sarah for the overview and a healthy discussion took place between Committee members who welcomed the new InPhase system, commenting that it looks excellent and welcomed that this should see an improvement in the presentation of data from a reporting point of view going forward. Mike McCormick asked if the public protection/child protection elements are included and if there is a cost implication for this. Sarah advised that there is a separate app for vulnerable persons which are not part of the National Framework and costings have been requested for this and will be reported back to Committee in due course. Tom Steele asked how we can be sure that staff use the system more for reporting and asked if Key Performance Indicators (KPIs) will be set around this to understand it better and if Boards currently using the system are already seeing an increase in reporting figures. Sarah advised that she fully expects to see an increase in SAERs and near misses when the system goes live. A meeting is set up with NHS Lanarkshire who went live in July to glean any informational learning which we can hopefully apply. Sarah advised that KPIs will be picked up through the Project Board next week to see what good should look like. Julie Carter advised that next steps of the journey will include KPIs, who we report to, how often we report to ensure we get scrutiny and how this is followed up.

Carol Sinclair thanked Sarah for the update and Committee noted the overview and progress in this area.

Item 6.2-6.4 Quarterly Update and Corporate Risk Register

Sarah Stevenson presented the Committee with the quarterly Risk Update and Corporate Risk Register which was taken as read. The Corporate Risk Register presented to Committee was approved by the SAS Board at its meeting at the end of September 2024 and any changes highlighted red. Sarah highlighted the positive position of our very high risks this month which are 0. Adverse Event Analysis from patient and staff safety events reported onto Datix is also included. Audit and Risk Committee were asked to:

- Discuss and note the update provided.
- Note the Corporate Risk Register which was approved by the SAS Board in September 2024.
- Note the attached PPSG papers which shows the review of the Service Risk Registers highlighted in section 4.8.

Carol thanked Sarah for the overview and members were asked to comment on the papers presented. Madeline Smith referred to risk ID 4636 Health and Wellbeing and asked if the implementation of the rest breaks which have been very positive, will reduce the risk and if so when we expect to see that this becomes business as usual. Madeline reflected and asked how much the actions will take down the risk and is this being reflected in our future projected risk and the aspects joined up. Sarah advised that whilst undertaking the projection of risk levels it was difficult to actually determine when the risk will come down, particularly in relation to the Health and Wellbeing risk. So much effort has been focussed on the management of rest breaks, yet the risk still remains high. It was felt that once the actions within the Health and Wellbeing Strategy are implemented that would be when the risk could be reduced to within tolerance. It was agreed that Sarah would undertake a review of the projections of the risk, when we think it will be within tolerance, what the key actions are which will take us to within tolerance and where we would expect to see incremental improvements.

Action/s: *2.   Risk Manager to undertake a review of the projections relating to Risk ID 4636 (Health and Wellbeing), what the key actions are which will take us to within tolerance, where we would expect to see incremental improvements and when it is anticipated that the risk could be reduced to within tolerance.*

Committee then discussed the issue of practice placement mentors in relation to newly qualified paramedics which was raised at the recent Staff Governance Committee meeting and Committee asked that this be escalated to the Performance and Planning Steering Group for assessment onto the Corporate Risk Register.

Action/s: *3.   Risk Manager to raise the issue of practice placement mentors in relation to newly qualified paramedics at the next Performance and Planning Steering Group meeting for assessment onto the Corporate Risk Register.*

Committee discussed and noted the Risk Management overview, noted the quarterly update and approved the Risk Register.

Item 6.5   Approved Decision Log from Latest PPSG Meeting

Committee noted the PPSG Approved Decision Log from the meeting held on 18th August 2024 presented for information.

ITEM 6.6   BOARD ASSURANCE FRAMEWORK UPDATE

Julie Carter provided Committee with an overview in relation to further developments of the Board Assurance Framework (BAF) and Committee were asked to note and discuss the proposed way forward. Julie highlighted that building on work already in place, the paper describes the actions being proposed to further develop the BAF in line with the Blueprint for Governance Action Plan 2024. Recommendations will be taken back to the Executive Team following completion of the BAF which is aimed for end of November. The final version will be presented to the Audit and Risk Committee in January 2025. Horizon scanning has been undertaken and assurance frameworks for Public Health Wales and Bradford District Care were appended to the paper as examples for consideration.

A healthy discussion ensued and Committee members welcomed the progress with the BAF. In terms of governance, Madeline Smith asked if it would be worth drawing out the difference between Board Committees and other Steering Groups given that they have a slightly different function. Madeline also referred to the conclusions section where it refers to delegated objectives to certain Groups or Committees and asked that this isn't done in silo as sometimes different Committees will look with a different lens at the same thing and draw out different things. Carol advised that it has been agreed that the reference to the Integrated Governance Committee should be strengthened for the reasons mentioned by Madeline.

Mike McCormick expressed some confusion around the terminology referred to on the first 2 pages of the document and advised that it would be helpful to have a cascade which showed the high level followed by the other levels which would make it easier to map how things are governed at each level. Carol agreed that the document needs to be consistent around use of language and definitions. Julie Carter agreed she would summarise on a page to explain what our ADP is, what the short term objectives are for the next year, what is the 2030 as part of the portfolio work and how this comes together. Going back to the points made by Madeline, Julie will think about the language between monitoring groups and assurance groups, making it clear that delegated objectives to certain groups or committees isn't done in silo.

Action/s: 4.   Director of Finance Logistics and Strategy to work on consistent use of language and definitions within the document and summarise on a page how the ADP, short term objectives, 2030 and portfolio work comes together.

Audit and Risk Committee noted the overview and the Board Assurance Framework Update presented.

ITEM 7   INTERNAL AUDIT

Item 7.1   Public Protection Internal Audit Report

James Lucas introduced the Public Protection Internal Audit Report and Committee were asked to discuss and approve the report presented which was taken as read. Syed Shah joined the meeting and advised that an internal audit which focussed on the processes in place to promote and increase staff awareness relating to Public Protection (PP) and the controls in place that ensure there is Service wide compliance with the legislation and the National Guidance has

taken place. An overall rating of 'partial assurance with improvements required' was provided which is in line with the forecasted assurance provided by management. The report raised a total of 4 medium and 2 low risk findings and Syed highlighted the findings and management actions in relation to:

- Missed PP Referrals
- Reporting over PP Matters
- Low Training and Compliance Rates
- Road Map and Business Plan
- Regional Protection Groups
- PP Data Dashboard

Carol thanked James and Syed for the overview and welcomed that management responses accept the concerns which have been raised through the audit. Carol also noted that there is an improvement plan in place in relation to completion of mandatory staff PP training. A lengthy discussion ensued between Committee members and Madeline Smith noted that although referral rates have increased, these are lower than other Boards and asked if there were any reasons behind this. Madeline also noted the variability across stations and it was noted that there may be cultural reasons for this which could be explored in more detail. Madeline also noted that there were no formal KPIs and asked what these would look like other than activity based and how the Service could move to a more outcome based in this area. In terms of learning and partnership Madeline asked what other organisations do around joining up of information in relation to vulnerable adults and children. Syed advised that currently the Public Protection Team are working with ICT to create a data dashboard where statistics in relation to referrals and completion of training will be readily available. The team is also working in collaboration with the local authorities to establish a plan to undertake audits to identify instances of missed referrals.

Mike McCormick asked how easy it is for staff to report concerns and whether it can be as straightforward as it looked to be in the demonstration of the new InPhase system. Sarah Stevenson advised that staff report incidents through Microsoft Forms which is very straightforward and the Central Public Protection Team report these retrospectively onto Datix and advised that the reporting process isn't the problem, it is more around education locally around ensuring staff are reporting these events. What has been built into Datix already and will continue through to InPhase is of any incident reported staff are asked if there is a Public Protection referral to be made in the incident and if this is a positive response it will be referred to the Public Protection Team to take forward.

Committee discussed, noted and approved the Public Protection Internal Audit Report presented.

Item 7.2   Internal Audit Progress Report

Syed Shah presented the Internal Audit Progress Report which provided Committee with an update on the Internal Audit Plan 2024-25 and highlighted that 6 internal audit reviews are planned for the year 2024/25 of which one, namely Public Protection has been completed. One audit is at the draft reporting stage and fieldwork for 2 audits is currently in progress. The final reports for these 3 audits will be presented to Audit and Risk Committee in January 2025. The remaining 2 audits are due in quarter 4.

Syed reported that there are currently 19 overdue actions on the Management Action Tracker, with 9 actions closed off within the current reporting period. Syed highlighted that of the 19

overdue actions, 5 of these relate to years 2019/20, 2 of which relate to overtime policy with the aim to approve this policy by December 2024. Work is ongoing with Action owners to follow up on outstanding actions in an effort to close off as many as possible prior to January 2025 Audit and Risk Committee meeting.

Carol thanked Syed for the overview and welcomed the positive steady progress being made, but stressed the requirement to prioritise the progression of the outstanding actions which is reliant on the Executive Team working with action owners to reduce these prior to Christmas. Julie advised that herself and James are scheduling meetings with action owners to progress these actions with a view to closure prior to January 2025 Audit and Risk Committee.

Committee noted the summary position and took assurance from the update provided that many of the outstanding actions will be closed prior to the January meeting of Audit and Risk Committee. Committee approved the Internal Audit Progress Report presented.

ITEM 8   REVIEW OF STANDING FINANCIAL INSTRUCTIONS

Gordon Richardson presented Committee with the Standing Financial Instructions and Committee were asked to approve Section 18 – Scheme of Delegation. The amendments to this section include updates to the officers and thresholds in respect of the approval of business cases and tenders to ensure consistency with the updated Section 10 Non-Pay Expenditure already approved by Committee. The Delegated Officer with responsibility for Information Governance has been updated to include the SIRO role and there are not notable changes recommended to the opening 3 sections.

Committee discussed and approved the revised Sections of the SFIs as detailed above.

ITEM 9   EXTERNAL AUDIT

Item 9.1   External Audit Update

Gary Devlin and Amy Hughes joined the meeting and provided Committee with a verbal update in relation to external audit activity. Gary highlighted that this is a quieter time for External Audit and made members aware that Azets have an annual debrief session with members of the finance team by way of an open forum to check how the process went for the external audit of the annual accounts for last year and share learning from the process which is used in planning for the ensuing year's audit. Gary and Amy both reported that the process worked well last year and a more detailed report will be presented in due course.

Carol thanked Gary and Amy for the overview and Committee noted the update provided.

ITEM 10   INFORMATION GOVERNANCE QUARTERLY REPORT

Item 10.1   Information Governance Quarterly Report

Katy Barclay provided a quarterly update on Information Governance, which outlined progress against audit recommendations, breaches of the Data Protection Act and progress towards the implementation of the actions from the Records Management Plan which Committee were asked to note. The report was taken as read and Katy highlighted in terms of the Information Commissioners Audit Report, progress has been made against all of the actions, albeit slower

than originally anticipated. Consequently the team are prioritising the work areas which have a legislative timeline in order to manage the immediate risks. Katy reported no change in terms of the high Information Governance Risk and highlighted that once the audit report actions are complete this risk will hopefully reduce. Katy provided Committee with an update in relation to Information Asset work, Register of Processing Activity, Information Security Incidents and Freedom of Information requests.

Carol Sinclair thanked Katy for the comprehensive overview and noted that Committee may be interested in the percentage of staff who have completed their mandatory training and asked if this could be included in the Information Security Incidents section of the report going forward.

A conversation ensued in relation to the 1 major Information Security Incident within the report which was deemed not to meet the threshold for reporting to the Information Commissioner's Office and Katy provided Committee with the rationale for this not requiring to be escalated to the ICO. Katy advised that with all incidents, recommendations are made and learning taken from them to understand why they happened. Committee agreed that it would be useful if any themes of learning which come through from these incidents could be annotated within future reports to raise awareness of or improve our training on any common themes which are coming through.

Action/s: ***5.***   ***Head of Business Intelligence to include the percentage of staff who have completed their mandatory Safe Information Handling Training within the Information Security Incidents section of the paper going forward.***

Action/s: ***6.***   ***Head of Business Intelligence to include any themes of learning which come from Information Security Incidents within future reports to raise awareness of or improve our training on any common themes which are coming through.***

Committee noted the update provided.

ITEM 11   FRAUD QUARTERLY REPORT

Melanie Barnes presented the quarterly fraud update which was taken as read and Melanie highlighted some additional information which has come to light since the report was written, namely:

- Case C/20/0383 was on the court roll for 7th August, however due to other cases taking longer, the trial was not called and has been deferred to the 17th October 2024. There have been indications that this case may be further deferred, however this seems to have been reversed and it is anticipated that this will still be on the court roll for 17th October 2024. Witnesses are prepared and it is hoped that this case will go ahead and a resolution made.
- Case INC3584 has now been stood up for a full CFS investigation, with a full internal investigation ongoing.
- Case C/23/0972 CFS are awaiting a response from a third party which has delayed progression.

Carol thanked Mel for the overview and Committee noted the content of the report presented.

ITEM 12   BEST VALUE PROGRAMME

Karen Brogan provided Committee with a comprehensive update on the Best Value Programme which included updates on:

- The Best Value Programme for 2024/25 and year to date progress against the delivery of the agreed schemes.
- Year to date progress against local savings plans.
- Supporting vector of measures for 2024/25, recognising that work on data gathering and development of these is ongoing.
- The ongoing enhanced delivery and oversight arrangements that have been established to reduce barriers to support/expedite implementation of plans.
- The progress update to Scottish Government 15 Box Grid initiatives and the 15 Box Grid self-assessment.

The overview provided Committee with assurance on governance and delivery of the Best Value Savings Programme which supports delivery of the Boards Financial Plan and updated 24/25 financial forecast.

Karen highlighted that we are behind trajectory against the efficiency savings target, but a significant shift has been evidenced throughout month 6 and additional steps are in place to maintain an increased focus on pace of delivery.   Weekly financial Executive Team oversight meetings continue, primarily focussing in on the areas where we aren't seeing the savings coming through. Overtime remains a high overspend area and work continues with partnership colleagues to approve and implement the overtime policy. Karen highlighted that sickness absence is a primary driver of overtime and work is underway to carry out a deep dive analysis into absence to help gain a better insight into patterns and absence drivers. In terms of scheduled care a significant decrease has been evidenced in taxi usage and it is anticipated that with the cessation of the British Red Cross contract savings will be realised. Karen also updated Committee in relation to Medicines Management, Skill Mix and the NHS 24 Interface. Julie Carter added that the savings target has been refined, but actions and plans are in place to deliver the 3% efficiency target. Julie highlighted that a huge amount of work is being undertaken in relation to overtime and medicines management whilst also tracking the benefits.

Carol Sinclair thanked Karen for the overview which provides significant assurance that grip and control is in place through the approach and oversight. A lengthy discussion ensued and members discussed overtime versus the use of bank staff, abstractions, gaps in staff compliment, demand and shift overruns. In terms of the NHS 24 interface work and how savings for this work are likely to drift into the next financial year, Karen advised that the Service have been given assurance that NHS 24 are working to progress this, but it is unlikely that savings will be realised in this area until next year. Tom Steele asked why overtime spend is so high and asked if this was because abstractions are much higher than forecast, or because we have gaps in our staff compliment. Karen advised that abstractions are higher than they should be attributed to sickness absence, hospital turnaround times and vacancies. Julie Carter advised that a piece of work is being undertaken in relation to staff absence and a detailed action plan has been produced and will be presented to the next Performance and Planning Steering Group meeting.

Committee noted the overview and helpful conversation and took assurance that proactive anticipatory intervention measures have been invoked and achievable actions are in place.

Madeline Smith left the meeting 16:08

ITEM 13   AUDIT AND RISK COMMITTEE SELF-ASSESSMENT ACTION PLAN PROGRESS UPDATE

Julie Carter presented the Audit and Risk Committee Self-Assessment Action Plan Update and Committee members were asked to note the update on the Improvement Actions agreed for 2024/25. Committee members completed the self-assessment as at June 2024 with no further actions identified for further development. However it was noted that improvement work was already agreed in relation to internal audit feedback with the agreed actions for 2024/25 and the paper provided Committee with an update on progress of these actions.

Carol Sinclair thanked Julie for the paper which was taken as read and Committee noted the update on the improvement actions agreed for 2024/25.

ITEM 14   COMMITTEE WORKPLAN 2024/25

Committee reviewed and noted the workplan for 2024/25 which is presented to each meeting for information and in particular noted no changes.

Committee approved the Workplan presented.

ITEM 15   RESTRICTED - RESILIENCE

Item 15.1   Restricted – Cyber Resilience and NIS Audit Action Plan Update

Invoking Standing Order 5.22 resolution to take item in private.

Item 15.2   Restricted - Resilience Committee Update

Invoking Standing Order 5.22 resolution to take item in private.

ITEM 16   ANY OTHER BUSINESS

No items of other business were raised.

Carol Sinclair closed the meeting and thanked everyone for their attendance and the robust discussions during the meeting.

Date of next meeting – 23 January 2025.

AUDIT & RISK COMMITTEE MEETING
10:30 – 13:30 ON THURSDAY 23 JANUARY 2025
VIA MICROSOFT TEAMS

AGENDA

The matrix below links the agenda items within the Audit and Risk Committee with the Corporate Risks (CR) in place across the Service.

Key:
CR 4638 – Very High – Hospital Handover Delays
CR 5062 – Very High – Financial Targets
CR 5519 – High – Statutory and Mandatory Training
CR 5602 – High – Cyber
CR 5603 – High – Business Continuity
CR 4636 – High – Health and Wellbeing of Staff Affected
CR 5653- High – Organisational Culture

		IMPACT				
		Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)						
Likely (4)					CR 5062 – 2 Items	
Possible (3)				CR4636 –	CR 5603 – 1 item CR 5602 – 1 Item	
Unlikely (2)						
Rare (1)						

Agenda Item	Brief Type	Lead	Risk
1. Welcome and Apologies	*For noting*	C Sinclair	_
2. Declarations of Interest relevant to the Meeting	*For Noting*	C Sinclair	_
3. Minutes of meeting held on 10 October 2024	*For Approval*	C Sinclair	_
4. Matters Arising	*For Approval*	C Sinclair	_
5. **Restricted - Risk Management** 5.1 Quarterly Update 5.2 Corporate Risk Register 5.3 PPSG Risk Paper 5.4 Approved Decision Log from latest PPSG Meeting – Actions 5.5 Board Assurance Framework	*For Discussion & Approval* *For Noting*	S Stevenson/J Carter J Carter	_
6. **Internal Audit** 6.1 Internal Audit Reports (a) Clinical Medicine Management (b) Estates Repair 6.2 Internal Audit Follow Up Report 6.3 Internal Audit 2025/26 Draft Plan	*For Discussion & Approval*	J Lucas (KPMG)	-

7. **External Audit** 7.1 External Audit 2024/25 Draft Plan	*For Discussion*	G Devlin (Azets) R Lister (Azets)	- -
8. Review of Standing Financial Instructions	*For Approval*	G Richardson	
9. Review Scheme of Delegation	*For Approval*	G Richardson	
COMFORT BREAK			
10. Information Governance Quarterly Report	*For Noting*	K Barclay	_
11. Fraud Quarterly Report	*For Noting*	M Barnes	CR5062 (and wider internal controls)
12. Best Value Programme	*For Noting*	J Carter/K Brogan	CR5062
13. Committee Workplan 2024/25	*For Noting*	J Carter	_
14. Committee Draft Workplan 2025/26	*For Approval*	J Carter	
15. **Restricted – Resilience** 15.1 Cyber Resilience and NIS Audit Report 15.2 Resilience Committee Update	*For Noting*	 J Baker S Massetti	CR5602; CR5603
16. Any Other Business			

Date of next meeting: Thursday 17ᵗʰ April 2025 at 10:30 am

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