

NHS 24

**Approved Minutes of the Meeting of the
NHS 24 Audit and Risk Committee
held on Thursday 21 November 2024 at 10am
Boardroom, Lumina**

PRESENT

Ms Carol Gillie (in the Chair)
Mr Martin Togneri
Mr David Howe
Ms Amina Khan (Teams)
Ms Abeer MacIntyre

IN ATTENDANCE

Dr Martin Cheyne
Mr Jim Miller
Mr John Gebbie
Ms Ann-Marie Gallacher
Ms Steph Phillips
Mr Kevin McMahon
Dr Jacqui Hepburn
Ms Rachael Weir
Ms Mary-Jane Mitchell
Ms Nicola Wright (Teams)
Ms Geraldine Mathew
Ms Yvonne Kerr (Minutes)

1. WELCOME, APOLOGIES AND INTRODUCTIONS

Ms Gillie welcomed members and attendees to the meeting. Ms Gillie also welcomed Ms Nicola Wright, Partner, Deloitte. On behalf of the Committee, Ms Gillie expressed her thanks to Mr Pat Kenny for his support over the last few years and wished him well on his retirement. Ms Gillie also welcomed new Committee member Ms MacIntyre to her first meeting.

Apologies were intimated on behalf of Mr David Eardley, Azets and Mr Damien Snedden.

NOTED

2. DECLARATIONS OF INTEREST

The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.

NOTED

3. MINUTES OF PREVIOUS MEETING OF 15 August 2024

The Committee considered the minute of the previous meeting held on 15 August 2024 and were content to approve this as a complete and accurate record.

APPROVED

4. MATTERS ARISING

4.1 Rolling Actions Log

The Committee agreed all actions recommended for closure can be removed from the action log with the exception of action 877 was to remain open for further discussion.

NOTED

5. INTERNAL AUDIT

5.1 Internal Audit Reports:

Financial and Strategic Sustainability and Alignment

Ms Weir presented the audit to the Committee for assurance.

The overall rating was Minor Improvement Required. This was considered a reasonable outcome given the recognised financial challenges in the sector. Both audit and management agreed that the financial challenges facing the sector remain significant to overall sustainability, with the risk profile almost certain to evolve. Following discussion on one action it was queried if the proposed date of May 2025 was too far in advance. It was confirmed that the May deadline is accurate to tie in with the main stage gates of the Digital Transformation Programme. This will be reviewed to ensure it remains on track.

ACTION: Audit report to be referred to the Planning and Performance Committee for noting. Ms Kerr

The Committee noted the report for assurance.

5.2 Internal Audit Follow Up Report

Ms Weir presented the Follow Up Report to the Committee noting key highlights.

Ms Weir advised the good progress made this quarter in implementing audit recommendations. Of the thirteen actions followed up in this quarter, Azets confirmed ten actions have been implemented within agreed timescales and three actions have not yet reached their due date.

The Committee noted the report for assurance.

5.3 Internal Audit Plan Progress Report

Ms Weir presented the report to the Committee.

Ms Weir noted the one report that was presented to this meeting. Patient Experience is due to be presented to the February 2025 meeting. Ms MacIntyre requested consideration of the UN Convention on Rights of a Child (UNCRC) when preparing the Patient Experience Audit. Ms Weir confirmed this would be included in the scope.

The Committee noted the report for assurance.

6. RISK MANAGEMENT

6.1 Risk Management Update

Mr McMahon presented the Risk Register to the Committee.

Mr McMahon noted the Risk Register has gone through a significant review in the past few months. The appropriate Committees prior to Audit and Risk Committee have discussed their risks. Ms MacIntyre queried the target date spike in 2025/26, and it was confirmed that these related to Workforce Strategy and Digital Transformation Programme timelines but had appropriate milestones in place for monitoring.

Since the last meeting held in August 2024 key changes are noted. There are currently 35 corporate risks compared to 36 reported in previous meeting. Seven risks have closed, and six new risks have been identified.

With reference to RI-0012885, it was queried why this was a new risk. Mr McMahon confirmed there have been other risks relating to this issue however these have now been closed and this new risk relates to the current situation. With reference to RI-0011404 Mr Howe asked for assurance that the correct controls are in place to manage. Mr McMahon confirmed there have been ongoing resilience training exercises arranged with relevant staff to ensure any issues can be managed appropriately. Mr Miller confirmed the infrastructure within NHS 24 will look significantly different in 2025/26.

Ms Khan referred to a discussion on the Risk Register at the recent Planning and Performance Committee on the reason why risk scores are not reducing. Mr McMahon confirmed all risks are reviewed in detail at the Risk and Opportunities Group to ensure risk scores remain appropriate.

Ms MacIntyre queried why NHS 24 did not have a cumulative risk regarding all the ongoing projects that will materialise around the same time. Dr Cheyne confirmed this had been discussed at the start of the pandemic and was put in place but has since been stood down due to the business as usual state post pandemic. It was confirmed there are links between the cumulative risk and the risk appetite. It was agreed this would be discussed outwith the meeting in conjunction with Action 877. Mr Gebbie assured the Committee that all risks were reviewed by the Risk and Opportunities Group to ensure all Directors were aware of each other's risks to assess any joint risk and that the weekly review of the corporate escalation process was another route to highlight any issues to the Executive Team. Mr McMahon explained the process and agreed to share the document with Ms Khan.

Following discussion regarding grievance levels noted in the report it was confirmed levels are now decreasing and further information on these would be shared with Ms MacIntyre.

It was confirmed that NHS 24 is entering challenging times, and we need to take stock of cumulative risk. It was confirmed that this will be included on the Board Workshop agenda for January 2025.

ACTIONS:

- **Risk appetite discussion out with the meeting in conjunction with Action 877. Mr McMahon/Mr Togneri**
- **Corporate Escalation Process to be shared with Ms Khan and Ms MacIntyre. Mr McMahon**
- **Further information to be provided in relation to grievance levels to Ms MacIntyre. Dr Hepburn**
- **Risk session to be added to the Board Workshop Agenda in January 2025 to include cumulative risk. Mr McMahon**

The Committee noted the report for assurance.

7. CORPORATE GOVERNANCE

7.1 DTP: Risk Management

Mr McMahon and Dr Hepburn presented the report to the Committee.

The document is intended to provide assurance on the risk management processes for the Digital Transformation Programme (DTP). The DTP is crucial to delivering NHS 24's strategic objectives. Several key risks are associated with the DTP, including technology capacity, resource alignment, and the ability to deliver change on time and budget are reflected across strategic, corporate and programme risk registers.

The Audit and Risk Committee approved the NHS 24 Risk Management Framework in August 2024. Robust programme governance is in place whereby the Digital Transformation Programme Board review all risks and determine if any of these risks require escalation to the Corporate Risk Register. It was agreed that the risk scores in DTP (currently 12) would be reviewed in alignment with the Corporate Risk Register score (currently 10) for escalation purposes.

Discussion took place on the inflight review that had been undertaken and the actions that had been taken forward to address the issues identified. It was considered a very valuable exercise but could not be considered totally independent. It was agreed this should be reflected in the report.

ACTIONS:

DTP risk scores to be reviewed in alignment with Corporate Risk Register. Mr McMahon

The Committee noted the report for assurance.

7.2 Corporate Governance Activity Report Q2 (July - September)

Mr Gebbie presented the report to the Committee.

It was noted since the last Audit Committee there had been one variation of contract. Six new contracts were awarded and there were no Service Level Agreements processed since the last Q1 report. There have been no offers of gifts and hospitality recorded since the last meeting. It was noted that one media contract is up for renewal next year and this will be presented to the Board for approval. Legal claims were discussed and noted, with four closing and four new claims added. It was highlighted that the claims added related to incidents that occurred in 2021. Mr Gebbie explained the process on legal claims and how they are managed. Mr Togneri queried whether the new clinical claims added had been through clinical review and requested they are referred to the Clinical Governance Committee for further investigation to ensure that the process is working.

In response to a query on the reference to England within NHS24-2024-824 Provision of Permanent Clinical Recruitment it was clarified that this was a company who had success in recruitment in England and would be supporting recruiting staff who wished to move to Scotland.

The first meeting on Endowment Funds has taken place with the Spotlight Awards approved for funding, which was less than planned due to generous donations from Unison and the Credit Union.

ACTIONS:

Confirmation to be given that the newly identified Legal Claims for 2021 had been referred to Clinical Governance Committee and that the timeous process of review of clinical issues was in place. Mr Gebbie

The Committee noted the report for assurance.

7.3 Financial Assurance Summary Report

Mr Gebbie presented the report to the Committee noting key highlights.

Mr Gebbie noted that the 2024/25 Finance Plan is on track in terms of meeting our financial obligations in year and mitigations are in place to combat risks. It was noted savings are progressing well and we are ahead of target. It has been confirmed that allocations for Redesign of Urgent Care will be received. Mr Gebbie noted the Q2 Finance Review had taken place with Scottish Government with no issues noted to ensure our assumptions are in line with expectations.

The Committee noted the report for assurance.

7.4 Information Governance and Security Report Q2

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

The paper provides an overview of the key areas of activity for Q2 2024/25 for the Information Governance and Security (IG&S) team in ensuring compliance with all legislative requirements. Included in the report are a number of key points:

- The results of the NIS-R 2024 Review Audit.
- The completion of the tabletop Cyber Exercise which will be discussed at a future Board workshop.
- An increase in both the number of Data Subject Access Requests (DSAR) and Freedom of Information (FOI) requests received through this quarter.

Ms Gallacher noted concern for the increasing number of DSAR and FOI requests being received. It was noted that preventable measures are currently being scoped and should be implemented pre festive with the expectation that post festive there should be a reduction. Mr Togneri queried the circumstances in which third parties can obtain this information. Ms Gallacher confirmed that NHS 24 can share information where legislation allows. It was agreed that DSAR guidelines would be added to the agenda for February 2025 meeting.

ACTIONS:

DSAR Guidelines paper to be produced for the February 2025 meeting. Ms Gallacher

The Committee noted the report for assurance.

7.5 Corporate Governance Framework

Ms Mathew presented the update to the Committee noting key points.

The Corporate Governance Framework was last reviewed and approved by the NHS 24 Board at its meeting on 29 February 2024. No significant updates are proposed to the Corporate Governance Framework at this time. Most amendments are limited to updates to Board membership, formatting, and grammatical corrections. The Committee were asked for their views to continue with annual review of the framework, and all agreed to continue this practice.

The Committee noted the update for assurance, with recommendation to present to the Board for approval.

8. WORKPLAN

8.1 Audit and Risk Committee Workplan

The Audit and Risk Committee were asked to approve the 2024/25 Committee Workplan and to review for approval the 2025/26 draft Committee Workplan, noting that this will continue to be developed throughout the year, and consider any items which should be added to the Workplan.

The Committee approved the 24/25 workplan and the Draft Workplan for 2025/26.

9. COMMITTEE EFFECTIVENESS

Ms Mathew presented the Effectiveness Review Action Plan to the Committee.

The Committee undertook its Annual Committee Self Effectiveness Survey during the month of July, the results of which were presented to the Committee at its meeting in August. The Committee were asked to approve the action plan prior to submission to the Integrated Governance Committee.

The Committee approved the Action Plan, subject to any changes being made at the private session taking place straight after the Committee meeting.

10. COMMITTEE BUSINESS

10.1 Audit Committee Draft Dates 2024/25

Ms Mathew presented the draft dates to the Committee.

The Committee were asked to approve the Committee Schedule of Meetings for 2025/26.

It was noted there are no significant alterations to the cycle, which has been based on 2024/25 schedule of Audit and Risk Committee meetings. Audit and Risk Committee meetings will take place two weeks before the Board Meetings, to allow sufficient time to make any recommended adjustments to papers presented to the Audit and Risk Committee, prior to their presentation to Board. The Committee agreed to continue with two in person meetings and two on teams for 2025/26.

The Committee approved the dates for 2025/26.

10.2 Integrated Governance: Key Points Arising

The Committee is assured that key points discussed at this meeting are referred and will be discussed at other Committees.

10.3 Agreed Committee Highlights to The Board

The Committee highlights will be produced after the meeting and sent to the Chair for approval prior to the Board Meeting due to be held on 19 December 2024.

11 ANY OTHER BUSINESS

11.1 Audit Committee Chairs Network 14/8/24: Update

Ms Gillie provided the Committee with an update on the Audit Committee Chairs Network Meeting that took place on 14 August 2024. Slides will be available for sharing for those interested.

11.2 Global Internal Audit Standards

Ms Weir confirmed Azets will be running a webinar on the new standards although a date has not yet been arranged.

12 DATE OF NEXT SCHEDULED MEETING

The date of the next meeting of the Committee is Thursday 13 February 2025 at 10am, Microsoft Teams.

13 PRIVATE MEETING OF THE AUDIT AND RISK COMMITTEE

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

The meeting concluded at 11.45am.