**Ref: GJF/2018/05/13**

# GJF Logo

# Board Meeting: 10 May 2018

**Subject:** Audit and Risk Committee (ARC) updatefrom meeting held on 24 April 2018

**Recommendation:** Board members are asked to discuss and note the update.

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## 1 Background

The following key points were agreed at the meeting and have been split into the three high level quality ambitions of person centred, safe, and effective.

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| **Item** | **Details** |
| **Person Centred** | **Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.**   * An update was provided on Counter Fraud activities for 2017/18 and it was noted that there is no update on incidences of fraud to report at this stage. Work is progressing on developing the proactive plan for 2018/19. * Horizon Scanning is a new agenda item for all meetings and a few potential issues were raised. * The Committee considered a Self Assessment Tool for completion by Audit Committee members and it was agreed this would be completed at the next Audit and Risk Committee meeting. * A verbal update was provided on the Internal Audit Contract. |
| **Safe** | **There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.**   * The Committee approved authorisation for signatory responsibilities for the Director of Global Development and Strategic Partnerships. * Draft annual reports from all governance committees were noted by and it was agreed that they would all be compiled in a consistent format before being submitted to the Board for final approval. * The Board Risk Register was approved with further information to be added detailing the expansion risk register (including both the Principal Supply Chain Partner and the Board risks. |
| **Item** | **Details** |
| **Effective** | **The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.**   * The Internal Audit Progress Report was presented with completed audits on Gifts and Hospitality, Endowment Funds and Workforce Planning; these identified medium and low findings, and there were no major issues reported. * External Audit presented their interim audit report which did not identify any significant deficiencies and found there were adequate financial controls in place. Karen Kelly, Committee Chair, congratulated the team on this positive report. * The Committee approved the plans for Consolidation of Endowments Accounts into the Board Accounts for 2017/18. * Accounting Policies for 2017/18 were approved for the purpose of informing the annual accounts. * Members approved the draft Governance Statement which will be incorporated into the annual accounts. * The Committee received an update on the recent press on NHS Tayside Issues regarding use of endowment funds. A response letter to Paul Gray, Chief Executive of NHSSCotland and Director-General Health and Social Care at Scottish Government, was approved and assurance was given that there is no inappropriate use of Endowment funds within this Board. |

The next meeting is scheduled for 12 June 2018.

2 Recommendation

Board members are asked to discuss and note the update.

**Karen Kelly**

**Audit and Risk Committee Chair**

**26 April 2018**

**(Julie Carter, Director of Finance)**