# GJF LogoBoard Meeting: 9 May 2019

**Subject:** Audit and Risk Committeeupdate

16 April 2019

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| Recommendation:  | Board members are asked to:

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| Discuss and Note | X |
| Discuss and Approve |  |
| Note for Information only |  |

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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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| **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.** |
| * A presentation on the hospital expansion programme was given to the Committee. This was one of the deep dives into the risks agreed at a previous meeting. A good level of detail was presented to the Committee and members were given assurance that robust processes are in place for all aspects of the build including capital and revenue expenditure. Further work on the phase 2 risks will be presented to the June Committee meeting and the format and content of the cost control report will also be reconsidered as part of the Audit and Risk Committee assurance work.
* Audit Scotland Gender Pay Gap report was presented for information only with no actions required for the Board.
* There were no fraud issues within the Board to note.
* National Fraud Initiative exercise has been completed with no concerns highlighted in relation to payroll matches.
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| **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.** |
| * A review of the Board Risk Register highlighted EU Withdrawal as a high risk due to the uncertainty of the situation. An expansion workshop is being held for Phase 2 development to review the risks. Members were also informed that a separate risk register has been developed for the charity.
* Members approved the Accounting Policies which will be used for preparation of the annual accounts. It was noted that training sessions have been arranged for all Board members which will be presented in a user friendly approach to allow detailed scrutiny in advance of the Audit and Risk Committee and Board meetings.
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| **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 highlighted that two reviews are due to be completed in June and four reviews have already been completed, this results in the audit plan for 2019/20 being delivered in line with the plan.The four completed audit reviews presented were in relation to Cash Management, Hotel Risk, General Data Protection Regulation and Electronic Patient Records. Audit noted a number of low and medium findings which have been accepted by management with also audit highlighting that examples of good practice are also in place.
* Internal Audit Draft Plan for 2019/20 was presented for consideration; members discussed the content and agreed for audit to commence scoping work on the Pharmacy review in the first quarter. The plan will be updated and submitted to the June meeting for final approval.
* A verbal update was provided on the external Audit Interim Report and members were advised that to date audit have not identified any significant findings. It was agreed that future interim report will be in the form of a letter to the Accountable Officer.
* The Audit and Risk Committee Annual Report was presented for approval and it was agreed that a paragraph would be added in respect of the deep dive into the risks approach before the final report is presented to the Board.
* The annual reports for the Person Centered Committee, the Clinical Governance Committee, the Endowment Sub Committee, Information Governance and Risk Management were all noted by the Committee. These reports inform the development of the Governance Statement.
* Governance Statement was presented which outlines work undertaken this year and describes approach for next year, subject to one amendment and one addition members approved the statement for inclusion in the annual accounts.
* Horizon scanning exercise highlighted that two Non Executive Directors tenure will end in September who are also chairs of Committees, with noting that the new Board Secretary will assist in the induction process for the new appointees.
* Quality of Care Review Team expressed their thanks to the committee for allowing them to attend the meeting and provided feedback of their experience.
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The next meeting is scheduled for: Tuesday 11 June 2019.

**Karen Kelly**

**Chair, Audit and Risk Committee**

**16 April 2019**

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