



Stephen Brown (Chief Officer)
Orkney Health and Social Care Partnership
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Agenda Item: 3

Performance and Audit Committee

Wednesday, 6 July 2022, 14:30.

Council Chamber, Council Offices, School Place, Kirkwall.

Minute

Present

- Councillor Jean E Stevenson, Orkney Islands Council.
- Councillor Ivan A Taylor, Orkney Islands Council.
- Frances Troup, Head of Community Learning, Leisure and Housing, Orkney Islands Council.

Present via remote link (Microsoft Teams)

- Davie Campbell, Non-Executive Director, NHS Orkney.
- Jim Lyon, Interim Chief Social Work Officer, Orkney Islands Council.
- Meghan McEwan, Non-Executive Director, NHS Orkney (substitute).

Clerk

- Hazel Flett, Team Manager (Committees), Orkney Islands Council.

In Attendance

Orkney Islands Council:

- Andrew Paterson, Chief Internal Auditor.
- Georgette Herd, Solicitor.
- Sandra Craigie, Committees Officer.

Orkney Health and Social Care Partnership:

- Maureen Swannie, Head of Strategic Planning and Performance.

In Attendance via remote link (Microsoft Teams)

Orkney Health and Social Care Partnership:

- Stephen Brown, Chief Officer.
- Callan Curtis, Planning and Performance Officer.

Audit Scotland:

- Caitlin Abernethy, Trainee Auditor.
- Colin Morrison, Senior Auditor.

Observing

- Kirsty Groundwater, Team Manager (Communications), Orkney Islands Council.

Chair

- Councillor Ivan A Taylor, Orkney Islands Council.

1. Introduction

The Chair introduced himself and welcomed everyone to the meeting. He stated that there were a number of participants joining the meeting via Teams and advised members and officers to use the raise the hand function of Teams.

He also reminded members that the meeting was being recorded and broadcast live over the Internet on Orkney Islands Council's website. The recording would also be publicly available following the meeting and available for listening to for 12 months thereafter.

2. Apology and Substitute

An apology for absence had been received from Ceri Dare, Non-Executive Director, NHS Orkney.

The Clerk confirmed that Meghan McEwan, Non-Executive Director, NHS Orkney, had joined the meeting as proxy for Ceri Dare.

3. Declarations of Interest

There were no declarations of interest intimated in respect of items of business to be discussed at this meeting.

4. Minutes of Previous Meeting

There had been previously circulated the draft Minute of the Meeting of the Audit Committee held on 16 March 2022 for consideration, checking for accuracy and approval.

The minute was **approved** as a true record, on the motion of Jim Lyon, seconded by Frances Troup.

5. Matters Arising

There had been previously circulated the Matters Arising Log from the meeting held on 16 March 2022, for consideration and to enable the Committee to seek assurance on progress, actions due and to consider corrective action, where required.

5.1. Internal Audit Report – Corporate Governance

Stephen Brown confirmed that this item could now be deleted from the Matters Arising Log. The model for training and member participation records in respect of Orkney Islands Council's Pension Fund Sub-committee and Pension Board had been investigated and it was confirmed that similar records for recording participation and attendance of the Performance and Audit Committee were already being maintained.

Davie Campbell joined the meeting during discussion of this part of this item.

5.2. Adoption Allowances and Kinship Payments

Stephen Brown updated members on discussions at a previous meeting regarding fostering, adoption and kinship payments where, as a result of an internal audit, it was recognised that these were in need of review. A commitment to undertake a review had been given. However, due to challenges with managerial capacity, he was unable to give a timescale on when a review could be undertaken. Stephen Brown was keen, therefore, that this item remain on the Matters Arising Log meantime so members could be advised as and when progress was made.

Jim Lyon confirmed that a start had been made to this action and agreed that it was useful to keep the item on the log meantime, if that was acceptable.

The Chair agreed that it should be kept on the log, with no target date meantime.

Davie Campbell queried whether an action regarding a development session regarding the risk appetite of the IJB had been missed off the Matters Arising Log. Stephen Brown clarified that this action would appear on the full Integration Joint Board's Action Log rather than the Performance and Audit Committee.

6. Performance Monitoring

There had been previously circulated a report presenting the first set of performance information, for scrutiny.

Maureen Swannie clarified that the report would normally provide quarterly performance information. However, this primary version presented data from 1 April 2021 to 31 March 2022 in order to demonstrate the different data sources that were collected, collated, analysed and provided to a number of external bodies and local committees across health and social care services in Orkney.

She confirmed that a development session was planned for August to supply members with a comprehensive overview of the data that could be provided in order to agree what committee members needed to see, why and when they needed to see it in order to assist with their assurance of the partnership's commitment to a high performing culture and best value. The Health and Social Care Partnership

Performance Management Framework would also be reviewed to take account of any required changes that may arise from the development session.

Frances Troup commented that she found the report interesting and useful. She had noticed that the pages covering complaints were colourful and eye-catching whereas the areas covering compliments were just text and queried whether in future both compliments and complaints could be conveyed in an equal way.

Davie Campbell thought the report was a good starting point but commented that he had struggled to scrutinise a lot of the data as he would have liked to have seen more benchmarking with national or neighbouring islands next to some of the data in order to gain further assurance.

Maureen Swannie confirmed that, as part of the preparation for the development session, work was ongoing with Public Health Scotland to try to find a way to have an indicator dashboard to enable some kind of benchmarking not only with other areas but between the islands and communities in Orkney as well. This was an extensive piece of work but a start had been made on it.

Stephen Brown added that there had been very little focus on this kind of performance data since the Integration Joint Board's inception. It had been recognised that there was no natural home for discussion around performance. This report was a starting point for this sort of data with a recognition that as the actions beneath the Strategic Plan were firmed up there would be other performance information that should be reported on. He confirmed that feedback was welcome as it would take some time to get the report right.

Meghan McEwan thought that the report provided some very good information and data. Referring to the top of page 27 regarding child and adolescent mental health services, it seemed that the longest wait was from referral to assessment but that once a young person had been assessed getting access to treatment was relatively smooth. She wondered what was being done to keep the child/young person safe during that referral through to assessment. She continued that, if the Third Sector providers listed in the report were to provide quantitative data regarding their waiting list sizes, their young children, the acuity they are seeing in their clients and service users, this would provide a much better overview not just of one part of the system but of the whole system which she felt would be very interesting and assuring.

Regarding the Third Sector providers that Meghan McEwan had referred to, Stephen Brown informed members that a Suicide Prevention Task Force, for both young people and adults, had recently been established where discussions were ongoing surrounding the Third Sector waiting lists, particularly for counselling services. Gathering this information may be more challenging for some sectors but he confirmed that, once the information started to feed through from that group, the information could then be uplifted into the performance monitoring report, agreeing that it did need to be the whole system rather than one part of it.

The Chair referred to page 23, adult mental health team, where it was estimated that there was a six-month waiting time before being seen and queried what support was in place during that time before being seen. Stephen Brown agreed that the six-month waiting time was a long time to wait. Some of the waiting time had been mitigated by the use of the Primary Care Mental Health Worker who worked across practices to support GPs to support patients if that was the route. He added that the

service would touch base on a regular basis with referrals to ensure that matters had not deteriorated.

Davie Campbell reflected on the membership of the Performance and Audit Committee and wanted to ensure that the correct people were present at the meeting when the data in the performance monitoring reports were being scrutinised. This would reduce the need for the report being deferred should those present not be able to answer a specific query.

The Chair referred to section 3.2 of the covering report where it stated that, during the COVID-19 pandemic, measuring performance became secondary to ensuring the safe delivery of services and protecting the community, and commented that delivery of service and protecting the community should always be a priority. Stephen Brown confirmed that perhaps this had not been suitably worded in the report. The reporting and performance through the pandemic was counted and reported on a weekly basis to the Scottish Government so much of the performance information increased through that period but the approach in terms of embedding the performance culture had to take a back seat.

Meghan McEwan referred to the whole system way of thinking that had been referred to previously in the meeting and queried whether a brief alcohol intervention which could be a quick check regarding potential harm in someone's life due to alcohol and if this could be considered for future commissioning plans. Mental health providers could ask about this specifically and thereby assess the number of people who were at risk from harm from drug and alcohol use which could be used to understand the size and scale of the problem in Orkney.

The Performance and Audit Committee thereafter noted:

6.1. That this was the first report of this type to be presented to the Performance and Audit Committee.

6.2. That, going forward, time would be taken to review and develop a more meaningful report.

The Performance and Audit Committee scrutinised:

6.3. The performance data within the Orkney Health and Social Care Partnership for the reporting period 1 April 2021 to 31 March 2022, attached as Appendix 1 to the report circulated, and obtained assurance.

The Performance and Audit Committee **resolved**:

6.4. That a Development Session be arranged in order to discuss what information would be most beneficial for future reporting.

7. Internal Audit Charter

There had been previously circulated a report presenting the Internal Audit Charter, for consideration and approval.

Andrew Paterson stated that, in order to comply with the Public Sector Internal Audit Standards, an Audit Charter was required which should be subject to periodic review. The Charter set out the purpose, authority and responsibility of Internal Audit

and described the nature of the services Internal Audit could provide, access Internal Audit was given and reporting procedures which were in place. The Audit Charter also detailed Internal Audit's role in cases of fraud, bribery or irregularity. The Charter had been updated to ensure it continued to comply with the Public Sector Internal Audit Standards and took into account comments made following a recent external quality assessment of Orkney Islands Council's Internal Audit Service carried out by Glasgow City Council.

Following a query from Meghan McEwan regarding Glasgow City Council's assessment, Andrew Paterson stated it was a five-year external assessment of Internal Audit which was done through a network of Chief Internal Auditors. The report had found only minor issues – one to do with the content of the Charter, one to do with a statement in Orkney Islands Council's planning process and the other was to do with the audit brief having the name of the auditor on it.

The Performance and Audit Committee thereafter noted:

7.1. That, in order to comply with the Public Sector Internal Audit Standards, an Internal Audit Charter, which defined the purpose, authority and responsibility of the Council's internal audit activity, required to be prepared.

The Performance and Audit Committee **resolved**:

7.2. That the Internal Audit Charter for 2022 to 2024, attached as Appendix 1 to the report circulated, be approved.

8. Internal Audit Annual Report and Opinion

There had been previously circulated a report presenting the Internal Audit Annual Report and Opinion, for consideration and approval.

Andrew Paterson stated that the guidance issued by the Integrated Resources Advisory Group outlined the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.

He referred to the Annual Internal Audit Report and Opinion, attached as Appendix 1 to his report, which provided a summary of internal work for the financial year and the audit opinion on the framework of risk management and internal control. Referring to section 6, Overall Opinion, he confirmed that his opinion was that the Orkney Integration Joint Board had a framework of controls in place that provided adequate assurance regarding the organisation's governance framework, internal controls and the management of key risks. He further confirmed that there had been no cases of fraud during the year which required to be reported to external audit. He further highlighted section 7 on pages 3 to 5 which set out the planned and unplanned audit work performed during the year, together with a summary of the audit findings and the status of the recommendations made.

Davie Campbell asked what the timescales for the recommendations were. Andrew Paterson confirmed that the timescales were contained within action plan attached to the audit reports and he did not have the detail to hand. He confirmed, however, that there were no outstanding recommendations on the information governance and

data sharing audit, and that the target dates for actions arising from the risk management audit had not yet been reached.

The Clerk referred to section 7.6 of the report where it stated that there was one medium priority recommendation out of a total of 15 recommendations which had passed the agreed target date for completion.

Meghan McEwan wondered if it would be useful if, rather than just the headline risk, the specific risk that was being examined together with the assurance that was being provided should be included as this would be helpful to understand what the specific risks would be. Andrew Paterson confirmed that the Annual Report only contained a summary of the audits that were carried out. The actual audit reports, which had previously been presented to the Committee, contained the full detail.

Stephen Brown agreed that the Annual Report was just a summary document but perhaps this was something that could be looked at to see how the detail of the audit reports could be captured in the standalone Annual Report. Referring to Davie Campbell's comment regarding recommendations, he confirmed that this was something that would be looked into to ensure nothing was lost sight of, that actions were completed, as required, and what would be the best way to feed that back to the Committee for additional assurance.

Following a query from Councillor Jean Stevenson seeking clarification regarding the risk score, Andrew Paterson confirmed that the risk score related to a process that Internal Audit used for planning which took into account eight different factors such as the materiality of the auditable area, a risk rating from the IJB risk register and the Manager's opinion on that process.

The Performance and Audit Committee thereafter noted:

8.1. That, in order to comply with the Public Sector Internal Audit Standards, Internal Audit had a duty to provide an annual assurance report on the overall adequacy and effectiveness of the framework of governance, risk management and control.

8.2. That, the annual report provided the Chief Internal Auditor's opinion on the Integration Joint Board's internal control framework for financial year 2021/22.

The Performance and Audit Committee scrutinised:

8.3. The Internal Audit Report and Opinion, attached as Appendix 1 to the report by the Chief Internal Auditor, and obtained assurance in respect of the overall opinion, in that, in respect of the areas subject to audit review during 2021/22 and the review of outstanding audit recommendations, there was an adequate framework of controls operating within the Integration Joint Board.

9. Date and Time of Next Meeting

It was agreed that the next meeting be held on Wednesday, 28 September 2022 at 09:30.

10. Conclusion of Meeting

There being no further business, the Chair declared the meeting concluded at 15:04.