



**Minutes of NHS Ayrshire and Arran Audit & Risk Committee Meeting
held on Thursday 19 June 2025 at 2.30pm hours via Microsoft Teams**

Present	Jean Ford, Non-Executive Board Member (Chair) Sukhomoy Das, Non-Executive Board Member Marie Burns, Non-Executive Board Member Marc Mazzucco, Non-Executive Board Member Neil McAleese, Non-Executive Board Member Joyce White, Non-Executive Board Member
In attendance	Derek Lindsay, Director of Finance Amanda Dowse, Assistant Director of Finance (Governance and Shared Services) Rachael Weir, Internal Auditor, Azets Fiona Mitchell-Knight, External Auditor, Audit Scotland David Jamieson, External Auditor, Audit Scotland Jack Kerr, External Auditor, Audit Scotland Roisin Kavanagh, Director of Pharmacy Shirley Taylor (Minutes)

1. Introduction, Apologies and declarations of interest

The Chair welcomed everyone to the meeting.

Members were advised that there were no internal audit papers available for today's meeting therefore these would be carried forward to 24th June agenda.

1.1 Apologies

Apologies were received from Lesley Bowie, Claire Burden, Crawford McGuffie and Elizabeth Young.

1.2 Declarations of interests

None noted.

2. Minutes of the meeting on 15 May 2025

The minutes were declared as an accurate record of the meeting.

3. Matters Arising

3.1 Action Log

There were 7 actions on the log presented, 1 of which was complete, 5 not yet due and 1 due relating to Item 10 from 20 March meeting for which a response will be chased.

ACTION – Shirley Taylor

3.2 Committee Work Plan 2025-26

The committee workplan was shared for information with no amendments having been reflected since last Committee.

4. Internal Audit

4.1 Internal Audit Progress Report

4.2 Internal Audit report – Patient Flow

4.3 Internal Audit Annual Report and Opinion 2024-25

Items deferred to 24 June meeting.

5. Governance and Risk

5.1 National IT Services

The Director of Finance presented the service audit reports which have been approved by the NSS Audit and Risk committee. The purpose of the report is to provide assurance around the IT services provided by NSS on behalf of all Boards.

The IT Services service audit notes the applications covered as part of the audit. It was highlighted that this does not cover platform hosting the national finance system which was flagged as an assurance gap by Audit Scotland in 2023/24 and is currently being progressed. A few exceptions have been identified within the report with appropriate management responses noted. The reports have been shared with Audit Scotland for their consideration.

Audit Scotland confirmed that they have concluded that there is nothing within the reports that would have any material impact on the accounts.

Outcome: *The committee received the report and were assured by the content and action being taken by NSS to address weaknesses*

5.2 NSS Practitioner Services

The Director of Finance presented the NSS Practitioner Services service report which provides assurance around the processing of payments to primary care practitioners by NSS on behalf of all Boards. The NHS AA Board annual accounts show £158m of primary care payments which have been made by Practitioner

Services on our behalf. Additionally primary care prescribing payments of approximately £100m are processed on behalf of NHS Ayrshire and Arran. One exception was highlighted in the report and is being addressed by NSS. This report is more explicitly linked to the accounts and improvements have been made to Practitioner Services which has provided more assurance.

Outcome: *The committee received the report and were assured by the content and action being taken by NSS to address weaknesses*

5.3 Payment Verification Annual Report

The Director of Finance shared the Payment Verification Annual Report for assurance and explained that the process is to ensure there is no fraud ongoing within Primary Care. This process is carried out nationally on our behalf with local visits.

One area was highlighted under General Medical Services where visits have taken place and questions were raised that extended hours being claimed for were not actually being worked. Some recovery work has taken place as a result of this with c£4k recovered to date and a further c£80k expected in the future in line with agreements made.

There have been some recoveries noted under general dental services and pharmaceutical services totalling c£22k.

It was agreed that the paper would be shared with East Ayrshire IJB Chief Finance Officers due to their responsibility as Lead for Primary Care Services to ascertain if it would be appropriate to include in either IJB Audit Committee or the IJB itself.

ACTION – Derek Lindsay

Outcome: *The committee received the report and were assured by the content*

5.4 Patient Exemption Checking Annual Report – 2024/25

The Director of Finance shared a letter with regard to patient exemption checking. This is not about contractors but instead is regarding people who claim free treatment and may not be entitled to it. Work is carried out nationally around this, with follow ups and a small amount of recovery has been made. It was confirmed that £93k was recovered last year from patients who had falsely claimed.

Outcome: *The committee received the report*

5.5 Strategic Risk Register

The Director of Finance presented the risk register which has gone to each of the governance committees for their own individual risks. The full report containing all risks will be presented to the NHS Board on 30 June. All current risks have been

reviewed and updated and a request was made for two additional risks to be added relating to:-

- Ventilation systems within the Oncology Ward at Crosshouse
- Failure to provide effective surveillance of infections

Whilst these proposed escalations have been agreed by RARSAG and Healthcare Governance Committee it became apparent that discussions at that Committee had assisted in reaching the decision to escalate yet these were not reflected in the documents presented to ARC. Committee concluded that where discussions such as this take place and additional information is available that the update either needs to be reflected in the risk documentation or should be recorded in the cover paper to ARC and/or Board so that the most up to date information is visible and being considered. This would apply to all risks as for example it was noted that risk 703 was discussed recently at PGC with additional information being made available but not yet reflected in the risk which is confusing for Committee members and is not fully reflective of the position. Director of Finance will feed the Committee comments to the Risk Team and in addition Committee Chair will discuss in regular update meeting with Risk Team.

ACTION – Derek Lindsay

With regard to the two new proposed risks, Committee felt that they may be better placed within an existing risk or for existing risks to be widened to incorporate these as opposed to creating new risks. For example should the proposed risk re infection surveillance fall under risk 811 with the description, commentary and actions being amended to envelop this or similarly should the ventilation systems risk form part of risk 432. It was also agreed that more detail is required to make the risks more explicit and to assist in understanding what the escalation to strategic risk is expected to achieve which cannot be achieved at operational level. Again Director of Finance to feedback and ask for this to be considered by responsible Directors and RARSAG with updates to be reflected in next iteration to Committee.

ACTION – Derek Lindsay

Risk 351 – Staffing & Competence - Personal Development Review Process - was raised by a committee member due to apparent lack of progress over a long period. It was agreed that this would be raised with the relevant Director.

ACTION – Derek Lindsay

Outcome: *The committee received the report which provided a level of assurance however further refinement of information is required*

6. Any other competent business
None discussed

7. Key issues to report to the NHS Board

The following items were agreed to be reported to the Board:

- IT and Practitioner Services audit reports
- Strategic Risk Register

8. Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group

As indicated under 5.5 above the proposed new risks to be further discussed together with the need for tracking of updates between Committees to ensure the most up to date information is available.

9. Date of next meeting

Tuesday 24th June at 9.15am via Microsoft Teams

Approved by Chair of the Committee:

..... Date: