

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Audit and Risk Committee
held via Microsoft Teams
on Tuesday, 15 December 2020**

PRESENT

Mr. A MacLeod (in the Chair)

Ms. J Forbes	Ms K Miles
Ms. M Kerr	Mr C Vincent
Cllr. J McColl	Cllr J Clocherty

IN ATTENDANCE

Ms. J Grant	..	Chief Executive
Prof. J Brown	..	Chairman
Mr. M White	..	Director of Finance
Mr. W Edwards	..	Director of eHealth
Ms. E Vanhegan	..	Head of Corporate Governance & Board Administration
Mr. G Forrester	..	Deputy Head of Board Administration
Mr. C Brown	..	Azets (from item 47.5)
Ms. R Weir	..	Azets
Mr. P Kelly	..	Azets
Ms. L Maconachie	..	Audit Scotland
Ms. L Yule	..	Audit Scotland
Mr. J Cornett	..	Audit Scotland
Mr. Z Barlow	..	Secretariat (Minutes)

		ACTION BY
43.	WELCOME AND APOLOGIES	
	There were no apologies received. The Chair advised that item 8 would be deferred to a later date as it was intended that further work would be carried out on the proposals. It was agreed that this item would be brought to the next meeting of the Committee. NOTED	Secretary
44.	DECLARATIONS OF INTEREST	
	Mr MacLeod invited members to declare interest in any of the agenda items being discussed. There were no declarations of interest.	

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	<u>NOTED</u>		
45.	MINUTES OF THE MEETING HELD ON 22nd SEPTEMBER 2020		
	The Committee considered the minute of the meeting held on Tuesday 22 nd September 2020 [Paper No AR (M)20/03] and were content to approve this as an accurate record. <u>APPROVED</u>		
a)	ROLLING ACTION LIST		
	The Committee reviewed the Rolling Action List and were content to accept the recommendation to close 4 actions. In addition, an update was provided on the following actions: <u>Internal Audit Plan</u> An update was on the Internal Audit Plan was on the agenda for discussion. It was agreed to close the action. <u>Business Continuity Planning</u> The Committee noted the current pressure on the Public Health Directorate due to the Covid response, and agreed that an update on Business Continuity Planning would be received at the June 2021 meeting. <u>Development of Workplan</u> The Draft Workplan was on the agenda to be presented to the Committee for final comments. It was agreed to close the action. <u>Whistleblowing Statistics</u> The Committee were content to close this action on the Audit Committee Rolling Action list following confirmation from Ms Vanhegan and Mr Vincent that discussions had taken place. <u>APPROVED</u>	Secretary	
46.	MINUTES OF MEETINGS		
46.1	RISK MANAGEMENT STEERING GROUP HELD ON 1st DECEMBER 2020		

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	<p>The Committee were content to note the minutes of the meeting held on 1st December 2020. Comment was made to the frequent use of ‘ASAP’ within the actions list of the minute, and the committee asked that specific timelines be given to actions.</p> <p>The Chair highlighted paragraph 3 of the minute which advised that the Corporate Risk Register had been presented to the Audit and Risk Committee in September and that ‘no feedback had been received’ by the Risk Management Steering Group. It was noted that the paragraph related to the Corporate Risk Register Overview Document, and the Committee asked that positive feedback be relayed to the Risk Management Steering Group.</p> <p>NOTED</p>	<p>Mr White</p>
<p>46.2</p>	<p>INFORMATION GOVERNANCE STEERING GROUP – 25th NOVEMBER 2020</p>	
	<p>The Committee were content to note the minutes of the meeting held on 25th November 2020.</p> <p>Prof Brown highlighted item 4e which stated that the number of fax machines across the Board was unknown. Prof Brown questioned the asset register and whether fax machines should be included as part of the register. Mr Edwards provided assurance to the Committee that there is an asset register for NHSGGC IT equipment as well as a dynamic asset register which identifies equipment when logged into the system, however advised that the usage of some fax machines was unclear. A Fax Audit survey coordinated by the Information Governance Steering Group would be carried out to determine the usage of GGC machines.</p> <p>NOTED</p>	
<p>47.</p>	<p>INTERNAL AUDIT</p>	
	<p>The Committee considered the paper “Internal Audit Papers” [Paper No 5] prepared by Mr. C Brown, Partner, from Azets and were asked to note the following papers from the Board’s Internal Auditors:</p>	
<p>47.1</p>	<p>INTERNAL AUDIT PROGRESS REPORT – SEPTEMBER 2020</p>	
	<p>Ms R Weir provided an update from the Internal Audit Plan Progress Report.</p> <p>Mr R Weir reported that 5 reports had been completed this quarter including Nursing and Midwifery Council Referrals, Digital Strategy, Records Management, Waiting Times and Management Action Follow Up Q3 2020/21.</p>	

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	<p>It was noted that the Duty of Candour report had been deferred at the request of management to Q4 2020/21.</p> <p>There would be 3 scheduled reports presented to the Audit and Risk Committee in March 2021 which include Risk Management, Financial Systems and Payroll.</p> <p>Following questions regarding the Digital Strategy audit taking place during Covid-19, it was advised that the review was completed in July 2020 which showed that good process and governance was in place despite the challenges of the pandemic. Mr Edwards commented that the report was very positive with only minor improvements identified.</p> <p>The Committee were assured that the organisation was making continued improvements across the matters highlighted in the reports.</p> <p>NOTED</p>	
47.2	INTERNAL AUDIT FOLLOW UP REPORT – QUARTER 3	
	<p>Ms Weir provided an update from the Internal Audit Follow Up Report for quarter 3.</p> <p>Ms Weir reported that the total actions for follow-up were 54, with 19 closed off and 35 being carried forward into the next quarter. 12 actions were not yet due for completion. Ms Weir highlighted the 10 partially completed grade 3 actions still outstanding and advised that these should be targeted as the priority areas.</p> <p>Ms Forbes highlighted an unfinished sentence at the end of the first paragraph on page 7 of the report under the Medicines Reconciliation update, Azets agreed to update the report.</p> <p>The Chair questioned the deferment of enhanced monitoring requirements at the QEUH to March 2021 and asked to what extent the deferment has been agreed by the Deanery. Ms Grant advised that work was ongoing with HIS and the Deanery, and that March 2021 was a reasonable timeframe.</p> <p>Ms Grant advised the Committee that an extremely challenging winter was expected, particularly with the ongoing Pandemic, and asked that the Committee acknowledge the efforts of the management team would require to be focussed primarily on current issues. Ms Grant advised that she would look to work with Azets to help prioritise areas of recommendation and asked the Committee to be understanding of timescales presented.</p> <p>The Committee acknowledged and recognised the ongoing pressures on the management team and asked that regular communication be</p>	<p>Ms Weir</p>

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	<p>maintained with the auditors to ensure progress is still being made and risk is appropriately managed.</p> <p>The Committee noted the report and that reasonable progress had been made to close off agreed management actions. The Committee agreed the revised timeframes for the actions highlighted.</p> <p><u>AGREED</u></p>	
<p>47.3</p>	<p>RECORDS MANAGEMENT</p>	
	<p>Mr Kelly presented the Records Management report to the committee.</p> <p>Mr Kelly advised that the report considered the effectiveness of the Board's processes for the management of its corporate and health records.</p> <p>There were 7 improvement actions identified from the review, 5 yellow and 2 amber rated. It was found that there was assurance that NHSGGC procedures reflect good practice in the management of the Records Management Plan and that there was an adequate framework in place for the management of health records. However, areas of improvement were identified in the development of formal policies and procedures which cover the lifecycle of corporate records management, strengthening the process for reviewing corporate and health records in line with the Information Asset Register policy, and introducing a method of gaining assurance of destruction of corporate records.</p> <p>Mr Edwards advised that the report shows that the correct procedures and processes were in place however acknowledged the areas for improvement identified. Mr Edwards advised that since the report, there had been information governance themed targeted visits across 5 keys areas of the organisation. It was advised that a checkpoint report was now in operation which highlights areas showing progress but also those that require improvement. Mr Edwards advised that planned destruction dates of assets were being added to the Information Asset Register which would provide prompts for management.</p> <p>Following questions regarding records management training, Mr Edwards advised that two types of training were taking place; records management training and information handling training. It was advised that there was 94.8% compliance with the information handling training. There was consideration being given towards records management training becoming mandatory.</p> <p>Mr Brown highlighted concern around the early destruction of records particularly with the ongoing Public Inquiry. Ms Vanhegan provided assurance that records were being maintained as required. It was agreed</p>	

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	<p>that the records management policy would be reviewed to ensure that records needed for the Public Inquiry would be available.</p> <p>The committee were assured by the report and by Mr Edwards' comments that work had already started to address the issues highlighted within the report.</p> <p><u>NOTED</u></p>	<p>Ms Vanhegan / Ms Grant</p>
<p>47.4</p>	<p>WAITING TIMES</p>	
	<p>Ms R Weir presented the Waiting Times report to the Committee.</p> <p>Ms Weir advised that in line with the 2020/21 Internal Audit Plan, an assessment of the Board's response to escalation in relation to elective care took place, particularly considering the waiting times action plan produced.</p> <p>It was advised that the scope of the audit had been limited to mainly providing assurance over the design of controls that NHSGGC implemented in response to Level 4 Escalation, however mass disruption to scheduled care services arising from Covid-19 has resulted in difficulties in assessing the long-term operational effectiveness of the controls and their contribution to improving waiting time performance.</p> <p>It was recognised that additional measures implemented by NHSGGC had generated significant positive improvements in waiting times performance prior to the outbreak.</p> <p>It was proposed that a full audit was carried out once all actions agreed following Level 4 Escalation had been fully implemented and revised waiting times targets had been communicated by the Scottish Government.</p> <p>Ms Grant advised there were huge challenges expected going forward in the management of waiting times and that Boards in the coming months would look to prioritise and focus fully on urgent care. Ms Grant advised that it would be some time before services are back to full capacity and that there should be a new shift of focus following advice from the Scottish Government.</p> <p>Following question, Mr White advised that governance processes remained the same but that targets had changed due to the impacts of Covid-19.</p> <p>The Committee were content to note the report while acknowledging the current situation and the impact it was having on waiting times. It was noted that the Board would look to shift focus to priority patients in the coming months over waiting times. There was reassurance that already</p>	

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	<p>developed processes and procedures remained in place and were effective.</p> <p><u>NOTED</u></p>		
47.5	INTERNAL AUDIT PLAN 2020/21		
	<p>Mr C Brown presented the proposed full Internal Audit Plan 2020/21 to the Committee.</p> <p>Mr Brown advised that following an earlier presentation of the Plan, discussions had taken place with management to discuss audits which could realistically be delivered alongside managing the impact of the pandemic.</p> <p>Mr Brown advised that the Committee were previously presented with the plan which covered 334 of 525 (64%) of annual audit days. Discussions have since taken place with management to allocate the remaining 36% of annual audit days while recognising the ongoing challenges arising from Covid-19.</p> <p>Mr Brown proposed that with the agreement of management, three audits; Remobilisation Planning, Assurance Mapping, and Clinical Pathways, which originally were proposed to be presented as part of the March 2020 plan would proceed under Q4 of the 2020/21 plan. It was also proposed that following discussion with management, Emergency Response Planning, Incident/SAE Management, and Consultant Job Planning would be deferred to 2021/22 due to capacity issues to support these audits.</p> <p>Following questions, it was advised that the risk appetite for moving these audits into 20/21 would be considered as part of the Board Development Plan and be linked with the Governance Assurance Framework work. Mr Vincent advised that a degree of reassurance could be taken given the audits would be delayed rather than not taking place.</p> <p>The Committee acknowledged that the Plan was dynamic and that amendments to reflect changing circumstances would occur. The Committee were content to approve the revised plan presented.</p> <p><u>APPROVED</u></p>		
48.	EXTERNAL AUDIT		
	<p>Ms Maconachie provided a verbal update advising that the 2019/20 Audit was now complete and that planning for 2020/21 had started. Planning meetings with senior managements were being arranged for early January with the expectation that the new Audit Plan would be presented to the Audit & Risk Committee in March 2021.</p>		

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	<p>Planning Guidance was now published and contained certification dates for the accounts have been extended to the 31st August.</p> <p>The Committee were content to note the update and the revised <u>certification</u> date of the accounts.</p> <p><u>NOTED</u></p>	
49.	FRAUD REPORT	
49.1	FRAUD REPORT JULY 2020	
	<p>The Committee considered the paper “Fraud Report” presented by Mr M White, Director of Finance. The paper highlighted that there were no new cases of fraud reported during the period of August to November 2020. There were 12 ongoing cases in the Fraud Register at the end of the period. There were 23 enquires recorded in the Board’s Enquiries Register.</p> <p>It was noted that there were no new fraud cases and the Committee looked for assurance that this was not attributable to a break down in the procedure for identifying fraud. Mr White advised that the Counter Fraud Officer would have benchmarked cases against other health boards across Scotland and agreed to bring confirmation of this to the next meeting to provide assurance that internal processes remain effective.</p> <p>The Committee were content to note the reports presented.</p> <p><u>NOTED</u></p>	Mr White
49.2	COUNTER FRAUD SERVICES QUARTERLY REPORT	
	<p>Mr White presented the Counter Fraud Services (CFS) Quarterly Report which included reports for the quarter ending September 2020 for noting. The most recent report showed that there had been a total of 67 referrals, representing a decrease of 41% compared with the second quarter in the previous year. At the end of the quarter there were 52 ongoing national cases. CFS issued 3 intelligence alerts in the quarter to September 2020.</p> <p><u>NOTED</u></p>	
50.	CORPORATE RISK REGISTER UPDATE	
	<p>It was advised that the Corporate Risk Register update and risk management papers would be deferred to allow for further development of the papers.</p>	

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	<p>The Committee noted that a risk management system was still in place however further development was needed to reflect the current situation going forward.</p> <p><u>NOTED</u></p>	
51.	AUDIT & RISK DRAFT WORK PLAN	
	<p>The Committee considered the paper “Audit & Risk Draft Work Plan” presented by the Chair.</p> <p>The Committee asked that a title be added to the workplan. To ensure consistency and good governance, all standing committees should look to use a standardised workplan.</p> <p>The Chair asked the Committee to consider the proposed workplan for the next meeting, particularly the proposal to seek reports on Business Continuity Planning and IT Cyber Security Issues. Ms Grant advised that it may not be appropriate for the Audit & Risk Committee to ask the Public Health Team for an update on Business Continuity due to the current and ongoing requirements of the team dealing with Covid-19 pressures. The Chair noted that the workplan was dynamic and took assurance that various business continuity issues had been tested through the impacts of Covid-19 and proved effective. The Committee were content to defer the item June 2021.</p> <p><u>AGREED</u></p>	Secretary
52.	CLOSING REMARKS AND KEY MESSAGES TO THE BOARD	
	<p>The Chair concluded the formal business of the meeting and summarised the key themes to be reported to the Board from the Audit and Risk Committee.</p> <ul style="list-style-type: none"> • Consideration and approval of the balance of 20/21 audit resources • No new fraud cases reported but assurance received in the effectiveness of the overall system • Draft Audit and Risk Work Plan agreed. <p><u>NOTED</u></p>	
53.	2021 MEETING DATES	
	The Committee noted the meeting dates for 2021.	
54.	DATE AND TIME OF NEXT MEETING	
	Tuesday 16 th March 2021 at 9.30am, Microsoft Teams	

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