Audit and Risk Committee

18 June 2020, 11:00 to 12:30

Agenda

NHS Fife

Meeting:	**Audit & Risk Committee**
Meeting date:	**18 June 2020**
Title:	**Covid-19 Governance Update**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Gillian MacIntosh, Board Secretary**

1   Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This paper provides a summary of the governance arrangements put in place within NHS Fife since mid-March 2020, in consequence of the unprecedented challenges created by the outbreak of the Covid-19 pandemic and the resultant public health emergency. Its purpose is to provide assurance to Committee members that proper operational structures have been implemented and robust governance arrangements continue to operate, to enable effective and continued scrutiny of the Executive during this extraordinary period of demand on the Health Board.

2.2   Background

In recognition of the challenges caused by the rapid mobilisation of services to address Covid-19, approval to revise governance arrangements across NHS Boards was given by the Scottish Government Director of Health Finance, Corporate Governance & Values in a letter to Board Chairs, dated 25 March 2020. Individual NHS Boards were invited to submit their specific proposals for governance during the pandemic period to the Office of the Chief Executive; NHS Fife returned their own submission on 30 March.

At its April 2020 meeting, NHS Fife Board members considered a paper outlining the Board's planned approach to governance whilst NHS Fife continues to deal with the Covid-19 pandemic, based on the principles contained in the submission made to the Scottish Government. The aims were to ensure that NHS Fife:

- could effectively respond to Covid-19, and at the same time appropriately discharge its governance responsibilities;
- maximises the time available for management and operational staff to deal with the significant challenges of addressing Covid-19 demand within clinical services; and
- minimises the need for people to travel to and physically attend meetings, thus mitigating the risk of disregarding government guidance on social distancing and limiting travel outwith one's own home.

Since the outbreak of the pandemic in mid-March, the Board has held (on 8 April and 27 May) two full meetings remotely, utilising both tele- and video-conferencing, with a prioritised agenda in place for each Board meeting. Whilst it has not been possible to meet physically in a public setting due to the ongoing lockdown restrictions and social distancing measures, for the May Board meeting representatives from the local media were invited to listen in via Teams, and this has worked successfully. Board papers continue to be published in advance on the NHS Fife website, as do the Board minutes after each meeting has taken place.

An hour-long meeting of the Chair, Vice-Chair and members of the Executive Team has taken place each week since mid-March, with a full minute circulated to Board members for their information. The Chair and Vice-Chair additionally have regular contact with the Chief Executive and other key members of the Executive Team on priority items as and when required. Regular meetings with local elected representatives (MPs/MSPs) also continue to operate.

Whilst the scheduled dates in May for the Board's committees were stood down, a series of Covid-19 related briefing sessions have been timetabled for each committee in June, prior to the proposed resumption of Board committees in July. Agendas for forthcoming meetings will reflect the priorities of the Board's ongoing response to Covid-19, in addition to the consideration of business otherwise requiring approval, such as agenda items linked to the approval of the annual accounts. The Chair, Vice-Chair and Committee Chairs will liaise with the Executive Team to identify what business must be considered by the Board and its committees and when, if necessary, meetings need to go ahead. It is likely that much routine business will be suspended or deferred, and each Committee's workplan will need to be reviewed to ensure that new items related to Covid-19 are covered appropriately.

2.3 Assessment

The Scottish Government's letter of 25 March recognised that no single approach to governance would suit all Boards during the pandemic period and that individual Boards should agree and put in place a model that suits their own specific requirements. Some national cross-comparison work has since taken place on Boards' arrangements, as initially reported to the Chairs' Corporate Governance Steering Group in late April, and a further, more detailed update is being prepared for wider circulation / consideration. This initial report confirms that, as in NHS Fife, all Boards have put in place arrangements for undertaking meetings remotely, with most now utilising MS Teams for the conduct of meetings. Most Boards initially also stood down all Governance committee meetings, with any urgent committee business being incorporated into the main Board agenda. Those who have continued with Committee meetings have significantly reduced their frequency

(to meet only when absolutely required) and the coverage of their agendas, to focus on essential operational business only.

Guidance issued by Scottish Government after all Boards had submitted their initial returns meant that Boards had to consider holding Remuneration Committee meetings in the light of decisions to be made in relation to the Scottish Government Variation Order of 27 March, 'Overtime for Executive and Senior Manager staff during Coronavirus outbreak'. A meeting of the Remuneration Committee was thus held, via Teams, on 2 June.

As in NHS Fife, many Boards have put in place an organisational Command structure to provide direction, decision-making, escalation and communication functions during the pandemic period. Further details on this structure are included as Appendix A. Initially meeting on a daily basis, including at weekends, Gold Command has now reduced its frequency of meetings according to the reduction in Covid-related activity and reporting from its supporting Silver and Bronze groups. Routine meetings such as the weekly meeting of the Executive Team, and a formal, monthly EDG, have been resumed.

The Audit & Risk Committee is invite to note the governance arrangements put in place within NHS Fife during the pandemic period, particularly in view of their independent assurance role within the Board.

2.3.1 Quality/ Patient Care

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards.

2.3.2 Workforce

N/A

2.3.3 Financial

The Covid-19 impact on costs is unprecedented and represents a major financial challenge for all Health Boards. Continuing with robust scrutiny arrangements is therefore vital.

2.3.4 Risk Assessment/Management

This paper relates to how the whole system of governance operates, and so is relevant to all risks on the corporate risk register. Compliance with Scottish Government guidance and practice in other Boards is an important mitigating factor against risk.

2.3.5 Equality and Diversity, including health inequalities

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently an EQIA is not required.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

The Board has been open in its intended changes to governance arrangements and has communicated these to the auditors (both external and internal) and Scottish Government colleagues.

2.3.8 Route to the Meeting

This paper has been previously considered by the Chief Executive and Director of Finance. They have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

The paper is provided for:

- **Awareness** – For Members' assurance and information

The Audit & Risk Committee is invited to review the arrangements put in place for continued governance during the pandemic period and reflect on their appropriateness.

3 List of appendices

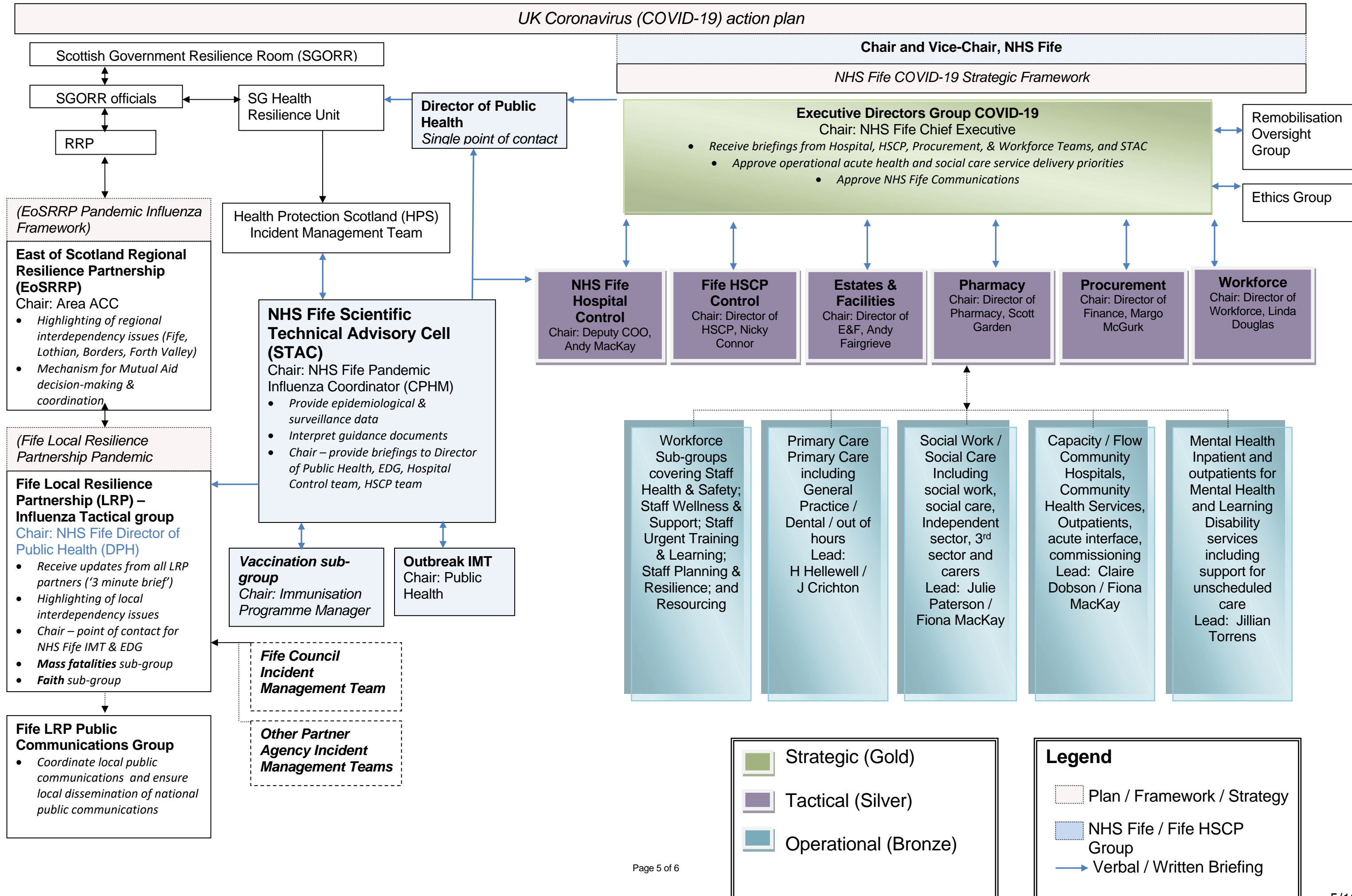The following appendices are included with this report:

- Appendix A – Covid-19 Pandemic Organisational Structure Chart
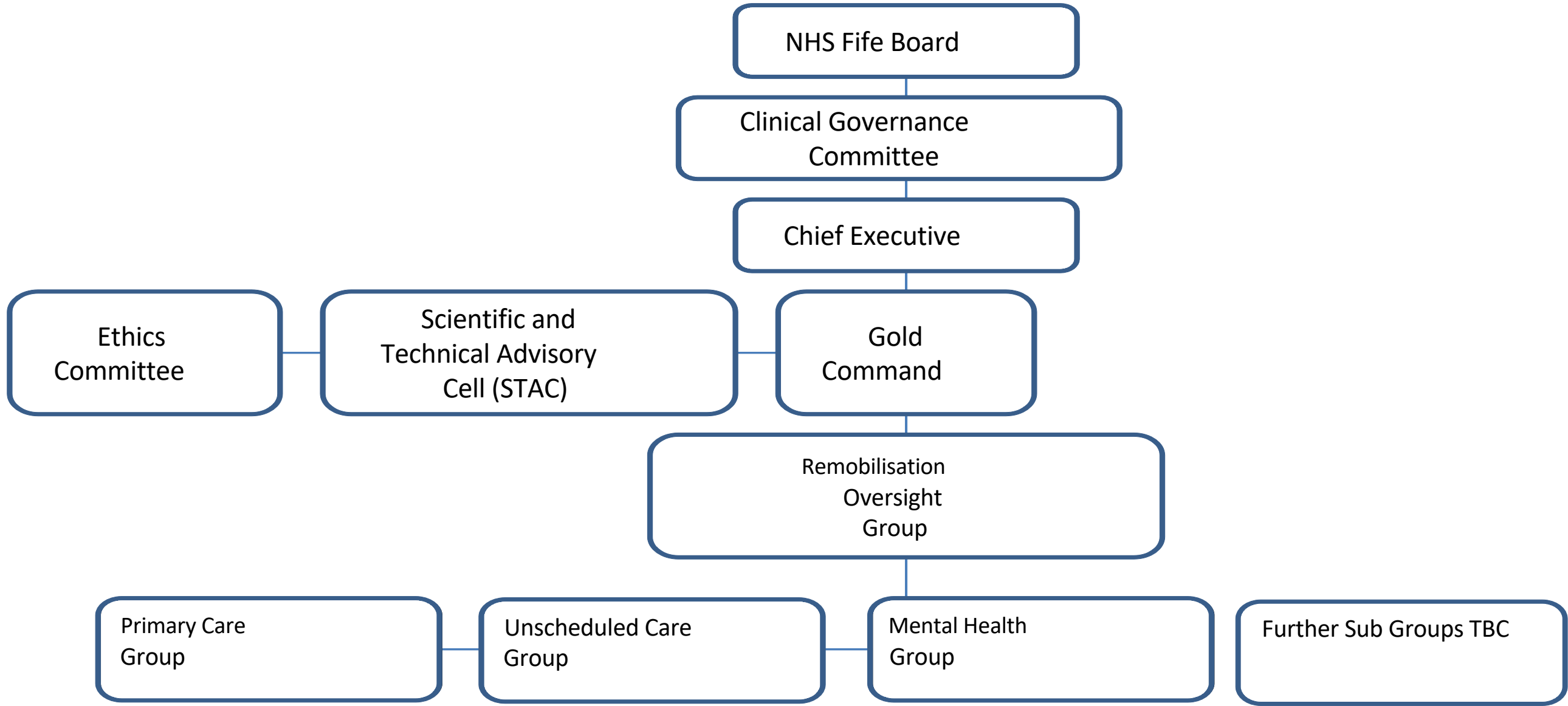
Report Contact
Gillian MacIntosh
Head of Corporate Governance & Board Secretary
gillian.macintosh@nhs.net

UK Coronavirus (COVID-19) action plan

Scottish Government Resilience Room (SGORR)

SGORR officials

SG Health Resilience Unit

RRP

Director of Public Health
Single point of contact

Chair and Vice-Chair, NHS Fife

NHS Fife COVID-19 Strategic Framework

Executive Directors Group COVID-19
Chair: NHS Fife Chief Executive
- *Receive briefings from Hospital, HSCP, Procurement, & Workforce Teams, and STAC*
- *Approve operational acute health and social care service delivery priorities*
- *Approve NHS Fife Communications*

Remobilisation Oversight Group

Ethics Group

(EoSRRP Pandemic Influenza Framework)

East of Scotland Regional Resilience Partnership (EoSRRP)
Chair: Area ACC
- *Highlighting of regional interdependency issues (Fife, Lothian, Borders, Forth Valley)*
- *Mechanism for Mutual Aid decision-making & coordination*

Health Protection Scotland (HPS) Incident Management Team

NHS Fife Scientific Technical Advisory Cell (STAC)
Chair: NHS Fife Pandemic Influenza Coordinator (CPHM)
- *Provide epidemiological & surveillance data*
- *Interpret guidance documents*
- *Chair – provide briefings to Director of Public Health, EDG, Hospital Control team, HSCP team*

| **NHS Fife Hospital Control** Chair: Deputy COO, Andy MacKay | **Fife HSCP Control** Chair: Director of HSCP, Nicky Connor | **Estates & Facilities** Chair: Director of E&F, Andy Fairgrieve | **Pharmacy** Chair: Director of Pharmacy, Scott Garden | **Procurement** Chair: Director of Finance, Margo McGurk | **Workforce** Chair: Director of Workforce, Linda Douglas |

(Fife Local Resilience Partnership Pandemic

Fife Local Resilience Partnership (LRP) – Influenza Tactical group
Chair: NHS Fife Director of Public Health (DPH)
- *Receive updates from all LRP partners ('3 minute brief')*
- *Highlighting of local interdependency issues*
- *Chair – point of contact for NHS Fife IMT & EDG*
- ***Mass fatalities** sub-group*
- ***Faith** sub-group*

Vaccination sub-group
Chair: Immunisation Programme Manager

Outbreak IMT
Chair: Public Health

| Workforce Sub-groups covering Staff Health & Safety; Staff Wellness & Support; Staff Urgent Training & Learning; Staff Planning & Resilience; and Resourcing | Primary Care Primary Care including General Practice / Dental / out of hours Lead: H Hellewell / J Crichton | Social Work / Social Care Including social work, social care, Independent sector, 3rd sector and carers Lead: Julie Paterson / Fiona MacKay | Capacity / Flow Community Hospitals, Community Health Services, Outpatients, acute interface, commissioning Lead: Claire Dobson / Fiona MacKay | Mental Health Inpatient and outpatients for Mental Health and Learning Disability services including support for unscheduled care Lead: Jillian Torrens |

Fife Council Incident Management Team

Other Partner Agency Incident Management Teams

Fife LRP Public Communications Group
- *Coordinate local public communications and ensure local dissemination of national public communications*

Strategic (Gold)

Tactical (Silver)

Operational (Bronze)

Legend

Plan / Framework / Strategy

NHS Fife / Fife HSCP Group

Verbal / Written Briefing

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Governance Structure of Short Term Remobilisation Oversight Group

NHS Fife Board

Clinical Governance Committee

Chief Executive

Ethics Committee

Scientific and Technical Advisory Cell (STAC)

Gold Command

Remobilisation Oversight Group

Primary Care Group

Unscheduled Care Group

Mental Health Group

Further Sub Groups TBC

* Director of Health and Social Care will take the work of this group through the IJB

NHS Fife

Meeting:	**Audit and Risk Committee**
Meeting date:	**18 June 2020**
Title:	**COVID 19 Audit Scotland**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Margo McGurk, Director of Finance**

1   Purpose

This is presented to the Board for:

- Awareness

This report relates to a:
- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The purpose of this paper is to provide information to the Audit and Risk Committee regarding the Audit Scotland approach to audit during Covid 19.

2.2   Background

The paper sets out the phased approach to public audit processes during the pandemic.

2.3   Assessment

The paper describes the context to their revised approach during the pandemic with specific reference to financial and performance audits.

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

The paper references the need to be flexible with audit resources during this time.

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

NHS Fife are working collaboratively with Audit Scotland to minimise the impact on the audit of the 2019/20 financial statements.

2.3.5 Equality and Diversity, including health inequalities

Impact assessment not yet completed.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board was advised of the revised process and timeline for the 2019/20 audit at the May Board meeting.

2.3.8 Route to the Meeting

This is the first presentation of the report.

2.4 Recommendation

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- 3.2 Briefing Impact on Public Audit

Report Contact
Margo McGurk
Director of Finance
Email margo.mcgurk@nhs.net

COVID-19

What it means for public audit in Scotland

AUDIT SCOTLAND

May 2020

Our approach

Context

- Public bodies are under exceptional pressure as they manage the impact of the pandemic.

- Guidance and deadlines for financial reporting have been amended to reflect this.

- It will be some time before we fully understand the impact on public services and finances.

Audit Scotland's principles

- Our approach to audit will be flexible, pragmatic and consistent.

- Sound financial management and effective governance are more important than ever.

- Audit has a key role in providing assurance and aiding scrutiny during these difficult circumstances, and we will prioritise quality and independence.

- Our work needs to reflect the impact of COVID-19 on public services but also maintain a focus on the other key challenges facing Scotland's public sector.

- We will safeguard the health and wellbeing of our colleagues at all times.

Financial audit

- To reflect the pressure on public bodies, the deadlines for preparing accounts for public bodies are being extended. These changes will impact on timings for audit work and reporting.

- Standard-setters are allowing bodies to streamline the information they provide in performance and accountability reports, but financial statements remain unchanged.

- There is considerable uncertainty and volatility in individual bodies' capacity for reporting and engaging with audit.

- Governance will be a key focus, including the new arrangements put in place by public bodies in response to COVID-19.

- We will work with colleagues, including contracted audit firms, to promote consistency of judgement on complex issues.

- We will maintain audit quality while being flexible about timelines.

Performance audit

- The majority of performance audit work has been paused as we review our work programme and our capacity.

- Those audits that were either completed or very close to completion are being published.

- Others are being reviewed on a case-by-case basis.

- We are reviewing our forward work programme to reflect the new risks and challenges public bodies face.

Resourcing

- We will need to be flexible with our resources to manage the changing timescales and priorities.

- We will seek to mitigate the impact of remote working on our audits.

- The Auditor General for Scotland and the Accounts Commission are considering extending the current audit appointments by a year.

Future COVID-19 audit work

Overview

Audit Scotland is committed to helping Parliament and the public understand how public money has been used during this crisis and ensure lessons are learned for the future.

The complex and dynamic nature of the COVID-19 crisis means we will need to take a phased approach.

Phase 1 (short term)

- Briefing the Scottish Parliament on emerging audit risks linked to the public sector response to COVID-19.
- Considering what this means for our future work programme and the work of the Parliament's Public Audit and Post-Legislative Scrutiny Committee (PAPLS).

Phase 2 (medium term)

- Developing the work programme to consider the impact of COVID-19 on:
  - specific sectors (eg, NHS, further and higher education, justice, local government)
  - policy commitments (eg, early learning and childcare expansion, addressing child poverty)
  - thematic issues raised by COVID-19 (eg, the impact on Scotland's public finances, fraud risk management, inequalities).

Phase 3 (longer term)

- Identifying lessons that can be learnt from the public sector's response.
- Assessing the outcomes achieved from key Scottish Government spending and programmes related to COVID-19.
- Aligning our work programme with the Scottish Government's work to rebuild Scotland's economy, remove inequality and advance wellbeing.

COVID-19

What it means for public audit in Scotland

This report is available in PDF and RTF formats,
along with a podcast summary at:
www.audit-scotland.gov.uk 🖥

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NHS Fife

NHS SCOTLAND

Meeting:	**Audit and Risk Committee**
Meeting date:	**18 June 2020**
Title:	**Process for Reporting on COVID-19 related risks**
Responsible Executive:	**Helen Buchanan, Director of Nursing**
Author:	**Pauline Cumming, Risk Manager**

1   Purpose

This is presented to Audit and Risk Committee for:

- Awareness

This report relates to an:

- Emerging issue

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The purpose of this report is to provide the Audit and Risk Committee with the assurance that there is a structure and process in place for the reporting, review and management of COVID - 19 related risks.

2.2   Background

Following discussion at EDG on 13 June 2020, the operational leads for the Workforce, Primary Care, Social Work / Social Care, Capacity / Flow, and Mental Health Bronze Commands were asked to identify risks relating to COVID -19 in their respective services.

The Risk Management team provided Bronze Command leads with a standard template on which to record COVID- 19 related risks that applied to the operational areas under their leadership and the NHS Fife risk matrix to support decision making. They were asked to then discuss and agree the risks with the respective Silver Commands.

Following agreement on the risks, the Silver Commands submitted the final draft risks to the Risk Management team who entered them in the Datix risk register module. Using Datix as the repository for the risks means they are recorded systematically and allows standardised reports to be run from the system.

Each Silver Command then allocated responsibility to key individual (s) to update their risk register in Datix following discussion on same at Command meetings. The Risk Management team provided training to support the process.

All Silver Commands' risks were submitted to Gold Command for oversight and discussed at their meeting on 11 May 2020. It was agreed that that going forward, they should receive a fortnightly report on the Silver Commands' high level risks. This would not preclude the necessary escalation of risks that emerged in the interim.

2.3   Assessment

The process for identifying, reviewing and monitoring risks is well established within the Command structure. A reporting schedule is in place for the Bronze and Silver Commands to review and update all risks in Datix. The Silver Command groups meet at least weekly.

The Risk Management team provide Gold Command with a fortnightly report on the high level risks. To date, Gold Command has received this report on 11 May 2020, 25 May 2020 and 11 June 2020. There are currently 87 COVID - 19 related risks, of which 14 are high level. In summary:

- HSCP - Finance (Longer Term) - 1
- HSCP - Finance (Short Term/Immediate) - 1
- HSCP - Support for the independent & voluntary sector - 1
- HSCP - Resuscitation Guidance: Community Hospitals -1
- HSCP - Test and Protect -1
- Pharmacy - Medicines supply to patients - 7
- Pharmacy - Workforce PPE - 1
- Procurement - Infection Control - 1

Mental Health **-** Work is underway to develop risk registers for all services within Mental Health, Addictions and Learning Disability by 12 June 2020.

Social Work & Social Care

Gold Command is provided with any high level Social Work & Social Care risks for noting.

2.3.1 Quality/ Patient Care

Risks to quality, patient care and service delivery are considered as part of the risk identification process.

2.3.2 Workforce

Risks with workforce implications are considered as part of the risk identification process.

2.3.3 Financial

Risks with financial impactions are considered as part of the risk identification process.

2.3.4 Risk Assessment/Management

Risks are identified, managed, escalated where necessary and actioned through the existing operational and command structures.

2.3.5 Equality and Diversity, including health inequalities

It is expected, that where appropriate, impact assessment will be intrinsic to the process of risk analysis and the identification of necessary action. .

2.3.6 Other impact

Considered as necessary.

2.3.7 Communication, involvement, engagement and consultation

The Control Groups' work on their risks is iterative, with outputs reflecting the dynamic context in which they review risks, and ad collective decision making process.

2.3.8 Route to the Meeting

Content within this paper has been considered by Helen Buchanan, Director of Nursing on 12 June 2020.

2.4 Recommendation

- **Awareness** – For Members' information only

Report Contact

Pauline Cumming
Risk Manager
Email paulinecumming@nhs.net

NHS Fife

NHS SCOTLAND

Meeting:	**Audit and Risk Committee**
Meeting date:	**18 June 2020**
Title:	**Committee Reflection on Internal Audit Governance Checklist (COVID 19)**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Margo McGurk, Director of Finance**

1   Purpose

This is presented to the Committee for:

- Awareness
- Discussion

This report relates to a:

- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The purpose of this paper is to invite the Audit and Risk Committee to reflect on the Internal Audit Governance Checklist provided to support the work of NHS Boards and Committees during the pandemic. Annex 1 sets out the specific parts of that checklist relevant to the work of this Committee.

2.2   Background

The FTF Internal Audit Consortium have developed this helpful governance checklist which can be used to support local governance processes during the pandemic.

2.3   Assessment

The Committee is asked to assess to consider the checklist and consider whether it should be used to support the governance process during the pandemic.

2.3.1 Quality/ Patient Care
N/A.

2.3.2 Workforce
N/A.

2.3.3 Financial
N/A.

2.3.4 Risk Assessment/Management
N/A.

2.3.5 Equality and Diversity, including health inequalities
N/A.

2.3.6 Other impact
N/A.

2.3.7 Communication, involvement, engagement and consultation
N/A.

2.3.8 Route to the Meeting
This is the first presentation of the governance checklist.

2.4 Recommendation

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:
- 3.4 Governance Checklist, ARC.

Report Contact
Margo McGurk
Director of Finance
Email margo.mcgurk@nhs.net

COVID-19 GOVERNANCE QUESTIONNAIRE - ARC

Risk	Related Governance Questions	Response Y/N/Partly
The overarching FHB Covid Response Plan is inadequate		
	Has a comprehensive Covid Response Plan or plans been prepared and made available	
	How was it prepared, by whom and on what basis	
	Have key risks been identified and assigned and are these being overtly mitigated and reported in a manner conversant with both the extant guidance on risk and the fluid situation.	
	Does it cover all key areas - e.g. overall Governance, Partnerships, Clinical, Information, Finance, Risk, Estates, Communications (external & Internal), Workforce, Supplies, IT.	
	Has the plan been developed in consultation with all key players, including senior Clinical, Nursing and HSCP stakeholders	
	Has it been approved formally by the Board	
FHB Corporate Governance Arrangements (Board and Sub - Committees) fail to operate effectively during Covid Crisis		
	Is the Board able to meet effectively during the crisis	
	How is required openness and transparency being maintained and assured about decisions made during this period with a curtailed governance framework, including with the general public. Are there any key indicators?	
	Is the Board and being kept up to date with all key information (e.g. on finances, staffing, clinical matters, infrastructure, IT, Performance, Covid related statistics). How has the Board decided on its information priorities.	
	Is the Board considering and measuring the potential impact on it's ability to meet key performance targets and how it might address potential shortfalls	
	Have these arrangements been agreed formally by the Board - is there an appropriate and agreed decision making process	
	Have arrangements been made to ensure the Annual Accounts Process can be completed timeously	
	Have arrangements been made to facilitate the statutory audit	
	Have all the required assurances been received and reviewed. If the Board is not receiving reports they normally would do, what is the risk associated with this and is there a process to risk assess which reports should continue to come to Baard.	
	Have arrangements been made to enable the Audit and Risk Committee to review the Annual Accounts and Governance Statement in line with requirements	
	Has the rationale behind these preparations been set out and agreed by the Board	
	Will the new HCS/AOP take into account the likely impact on Targets and how will this be addressed	
	Will the workforce strategy be revised, including to reflect any potential changes to working and service delivery methods (shared services, e/home working, eHealth)	