

NHS Western Isles Healthcare Governance & Audit Committee



Minutes of Meeting
16th September 2020

Board Meeting 31.03.21
Agenda Item: 10.1.2
Putpose: For Information

Via Microsoft Office Teams

Members Present:

Georgina Marczak	Non Executive Director
Gill McCannon	Non Executive Director (Chair)
Uisdean Robertson	Non Executive Director

In Attendance:

Debbie Bozkurt	Director of Finance & Procurement
Stephanie Hume	AZETS
Gordon Jamieson	Chief Executive
Avril Keen	Director of Human Resources and Workforce Development
Cheryl Martin	Secretariat
Kyle McAulay	Audit Scotland
Frank McAuley	Medical Director
Dana Murray	Non Executive Director / Employee Director
Louise Sullivan	Head of Clinical Governance & Professional Practice

1. WELCOME

Mrs McCannon took the Chair and welcomed those present to the Healthcare Governance and Audit Committee (HGAC) meeting via Microsoft Office Teams. She thanked those in attendance for their responses to the question and answer document which she would make reference to during the meeting. She also noted that Mrs Marczak had a number of questions that had not been submitted for response in error and will include these during the meeting discussion.

2. APOLOGIES

The following apologies were noted:
Rose Bugler, Non Executive Director (Vice Chair)
Ian Burgess, NHS Western Isles Chair
William Findlay, Nurse Director
Janice MacKay, Head of Infection Prevention & Control, Decontamination & Cleaning Services
Maggie Watts, Director of Public Health

3. MINUTES

3.1 Healthcare Governance and Audit Committee Minutes 24th June 2020

There were no requested amendments to the minutes presented.

Decision: The minutes of the meeting of the 24th June 2020 were approved as an accurate record.

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3.2 Matters arising

Mrs McCannon asked for clarification around the recommendations included in the action plan in the Audit Scotland Annual Report as noted under item 6.2 on page 3 of the June minutes. Ms Bozkurt advised that these recommendations were related to the annual accounts audit procedures and would be discussed with Audit Scotland during the planning for the annual accounts audit in February 2021.

3.3 Action points February to June 2020

Mrs McCannon advised that the first four actions were complete and the next action is on the agenda. She added that the Adverse Events Reporting Framework has still to be approved by CMT and once this has been completed she would look to getting the Adverse Events training into Executive Director's diaries.

Mrs McCannon noted that she had met with the Risk Manager, Nurse Director and Head of Clinical Governance and Professional Practice regarding the Corporate Risk Register and although the layout of the register was not discussed, she was aware that the new layout would be presented to CMT for approval before the end of the year.

It was noted that the final action was an update on the progress of the Management of Rosters process. This will be presented to the committee when completed and updates on the progress will be presented as part of the audit recommendations tracker.

Decision: The action points from February to June 2020 were noted by the committee.

4. DECLARATION OF INTERESTS

There were no declarations of interests made.

5. INTERNAL AUDIT – SCOTT MONCRIEFF (now known as AZETS)

5.1 Property Transaction Monitoring

Issue: *The committee was asked to note for assurance purposes the Property Transaction Monitoring report presented by Ms Stephanie Hume from AZETS.*

Discussion: Ms Hume advised that NHS Boards are required to conduct property transactions in accordance with guidance in the Government's NHS Scotland Property Transaction Handbook and the annual review by internal audit ensures that no transactions are overlooked and that a return is submitted.

Ms Hume noted that assurances were gained that there were clear roles and responsibilities in place within the organisation for ensuring transactions meet the handbook requirements however, for both transactions reviewed elements of the mandatory requirements were not met and one grade 2 recommendation was made.

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Mrs McCannon advised that as part of the question and answer document the question of additional training for staff regarding the completion of the property transaction monitoring procedures and Ms Bozkurt had advised that staff were trained in the process although she will ensure that they refresh themselves with the process. A simple flowchart detailing the process would be compiled for the team dealing with property transactions on an adhoc basis.

Mrs McCannon queried if this report will be submitted to the Scottish Government and Ms Bozkurt advised that there had been some confusion on where these reports are sent however, this has been rectified and this report will be submitted following this meeting.

Decision: The committee formally noted the audit report.

5.2 Progress Report

Issue: *The committee was asked to note for assurance purposes the Progress report presented by Ms Hume.*

Discussion: Ms Hume advised that the progress report is presented to each meeting and gives the HGAC a summary of internal audit activity since the last meeting. She added that as per the management request the Clinical Governance Delayed Discharge review had been replaced with a review of the Occupational Therapy Stock Control system.

Ms Hume noted that a total of four reviews would be completed for presentation at the December HGAC meeting. Ms Bozkurt advised that there have been some areas of weaknesses identified and have asked the internal auditors to investigate these weaknesses using some of the contingency days being held.

Decision: The report was formally noted.

6. AUDIT RECOMMENDATIONS TRACKER

6.1 Audit Recommendations Tracker Report

6.1.1 Audit Recommendations Tracker

Issue: *The committee was asked to note for assurance purposes the Audit Recommendations Tracker report presented by Ms Debbie Bozkurt, Director of Finance & Procurement.*

Discussion: Ms Bozkurt advised that due to the Covid-19 Pandemic the completion of recommendations was not classed as a priority and therefore updates on progress were not requested until this meeting. All implementation timescales have passed for the current twenty four recommendations and they are classed as overdue. She added that she will work closely with the implementation leads to ensure that as many of these recommendations were completed by the December 2020 meeting.

Mrs McCannon advised that as part of the question and answer document there were four questions raised in connection with the audit tracker.

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The first question was regarding 73.1.2 the review of Toil and the risk of potential abuse of the process if it is not being monitored by the Paxton system and that Ms Bozkurt had replied that internal audit has been asked to complete a review of both flexi and toil after the conclusion of a current investigation.

The second question was on 79.1.1 staff on boarding and 82.1.1 health and safety regarding the review of polices and also evidence regarding the Job Train system. Ms Keen advised that the review of policies had been put on hold until the “Once for Scotland policies” have been released for use by all NHS Scotland Boards. She added that Job Train is a national system and although there were some issues with the system, these have been rectified and there is evidence that the Board is receiving more job applications since moving to Job Train.

The next question was regarding 71.3.1 risk appetite and what is required to be done by the Board to achieve this and Mrs Sullivan replied that the risk appetite is the amount of risk that an organisation is prepared to accept, tolerate or be exposed to any point in time so the decision has to be agreed at Board level. A paper is being prepared for CMT to consider three options and once agreed by CMT would be presented to the Board for approval.

The last question was a general comment regarding the date of the current update and Ms Bozkurt replied that the date of update will be noted on the tracker in future.

Decision: The committee formally noted the report.

7. INTERNAL REPORTS

7.1 Director of Finance Report on the Financial Position Month 3

Issue: *The committee was asked to note for assurance purposes the Month 3 Financial report presented by Ms Bozkurt.*

Discussion: Ms Bozkurt apologised that the normal board report had not been presented but advised that a full report would be presented to the Board meeting at the end of the month. She added that the Covid-19 Pandemic had impacted on the Board’s finances as spending on patient travel and agency staff had decreased due to services not in place during lockdown.

Ms Bozkurt advised that the Scottish Government had confirmed that the Board would be fully funded for the Covid-19 spending in Quarter 1 and have agreed to fund the purchase of more ventilators for the Western Isles Hospital at a total cost of £90k. She added that the main issue at Month 3 was the spend on Peer Approved Clinical System (PACS) drugs as their costs have increased significantly and finance staff are working with NHS Highland regarding these increases.

Mr Robertson advised that he had recently met with Loganair where it was noted a fall in the number of patients travelling from Stornoway to Inverness over recent months.

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Ms Bozkurt advised that due to the sporadic cancellation of flights and the new flight times and that patient were now having at least one overnight stay to attend their appointment, patients had lost some confidence in flying to Inverness and were opting to travel via the ferry where a day return was still possible.

Decision: The committee formally noted the report.

7.2 Patient Exemption Checking Report

7.2.1 Write Offs by Exemption

7.2.2 Write Offs by Reason

Issue: *The committee was asked to note for assurance purposes the Patient Exemption Checking report presented by Ms Bozkurt.*

Discussion: Ms Bozkurt advised that this is the annual report that is usually presented to the May HGAC meeting but due to the Covid-19 pandemic this had not be distributed until the beginning of September. She added that this programme provides assurances to the Health Boards and Audit Scotland of the regularity of income for each Health Board area, in respect of patient charges.

Ms Bozkurt noted that £2k had been recovered for NHS Western Isles from patients unable to provide proof of their exemption entitlement.

Decision: The report was formally noted by the committee.

7.3 National Fraud Initiative (NFI)

7.3.1 National Fraud Initiative

7.3.2 Self Appraisal Checklist Completed

7.3.2.1 Self Appraisal Checklist Original Document

Issue: *The committee was asked to note for assurance purposes the National Fraud Initiative report presented by Ms Bozkurt.*

Discussion: Ms Bozkurt advised that the NFI is a counter fraud exercise lead by Audit Scotland which uses data sharing and matching to help confirm that services and payments are provided to the correct people. The NFI outcome describes the overall amounts for fraud, overpayments and errors that are detected by the NFI exercise and an estimate of future losses that it prevents.

She added that the report includes a self appraisal checklist which she had completed for ease but would amend if required. There were not requested amendments to be made.

Decision: The committee formally noted the report.

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8. ADVERSE EVENTS / RISK

8.1 Corporate Risk Register (CRR)

8.1.1 CRR Dashboard

8.1.2 CRR Detailed Report

Issue: *The committee was asked to note for assurance purposes the Corporate Risk Register report presented by Mrs Louise Sullivan, Head of Clinical Governance & Professional Practice in the absence of Mr William Findlay, Nurse Director.*

Discussion: Mrs Sullivan advised that as the Risk Manager was working on the revised layout of the CRR, recent updates were included in the executive summary for this meeting.

Mrs McCannon advised that as part of the question and answer document there was a question regarding the period of time some of risks had been on the register since 2007 with particular concerns relating to the BCP Risk 002(B). Mrs Sullivan responded to this question that it had been agreed by CMT that due to the nature of the BCP risk assessment that although controls are in place to mitigate the risk due to the nature of the risk the risk rating remains the same. It was also agreed by CMT that six monthly updates rather than the standard three would be provided for both Risk 002(A) and 002(B).

Mrs Marczak advised that she had concerns regarding the vulnerability of moving forward of Risk 040 relating to the GP Out of Hours service especially coming into the winter months. Dr McAuley advised that the rotas based in Stornoway, Benbecula and Barra are all fully staffed for the foreseeable future and have a robust and growing support in Lewis and Harris with Nurse Practitioners to assist. He added that there is an advanced paramedic assisting in Uist and Barra is well covered. Dr McAuley noted that from a community point of view going into winter we are in a good position with contingences in place.

Mrs McCannon queried if there was an update on Risk 044 relating to Dalcross Holdings Ltd. Ms Bozkurt advised that Loganair were able to carry our medical goods such as chemo drugs and bloods without having to be scanned via the morning Inverness mail plane. She added that there is a backup of being able to use the ferry but going into winter this is not feasible. She added that she would arrange a meeting with Mr Everett from Loganair in the next couple of weeks to discuss and will report back to the members.

Mr Jamieson advised that there will be a risk to be added to the register relating to the risk of normal winter flu, Covid-19 and the possibility of severe weather conditions all happening at once would have a dramatic effect on the system. He added that the biggest risk was that unlike mainland Boards we only have one hospital per island which leaves us in a predicament if a significant outbreak occurs at the same time on all three islands.

Decision: The Corporate Risk Register was formally noted.

Action: Ms Bozkurt to arrange a meeting with Loganair to ensure that systems are still in place for the transportation of medical goods.

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8.2 Emerging Risks / Significant Issues

Mr Jamieson gave details of one potential risk.

Decision: The verbal update was noted.

8.3 Adverse Event Report

Issue: *The committee was asked to note for assurance purposes the Adverse Events report presented by Mrs Sullivan.*

Discussion: Mrs Sullivan advised that the report covers the period 1st April to 17th August 2020 which overlapped with the report presented to the May 2020 meeting. She added that there were 266 adverse events recorded during this period and 56% of these have been actioned, investigated and approved.

Mrs Sullivan noted that there were still challenges with getting these events reviewed and completed and they are looking to add the number of outstanding events into the framework for management appraisals. She added that the other Scottish Boards are having similar issues and are working together to find a solution will bring a report on this to the next meeting.

There were a number of questions regarding adverse events on the question and answer document and these are noted as follows:

Q1 – There are one hundred and eighty six events still to be reviewed and risk matrix applied. What processes are in place to review these and is there a timeframe?

A – A number of initiatives including shortening the reporting forms on Datix for some categories and adding risk management into staff appraisals, were agreed to try and mitigate the risks associated with handlers and investigators not completing the event records timeously but due to Covid-19 this was postponed.

Q2 – Near misses have increased since May in particular needle stick injuries what is being done to prevent this from occurring and in what circumstances are they happening?

A – The Health & Safety team are investigating common themes and possible contributory factors for needle stick injuries. Findings will be fed to the Lead Nurses for action as required.

Q3 – There are still a high number of slips, trips and falls and note the frailty screen is being taken forward. How soon will this be done and how effective is the falls risk assessment.

A – The falls risk assessment is under review and will be taken forward in November by a new group which will had wider scope to include frailty and falls. This group will consider

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whether to add frailty scores to the falls Datix reporting form.

Q4 – There was an issue with O neg blood in the Lab. Could assurances be given that there is sufficient stock of O neg blood for use in an emergency or sufficient stock of alternatives that could be used.

A – The incident was in relation to a burst bag of O neg blood. In emergency there are procedures in place to use any non emergency units including switching to alternative blood types if necessary. All blood stocks are checked and recorded daily and we are proactive in replacing expiring units to prevent shortfalls.

Q5 – Has the change in flight times from Inverness impacted on the blood transfusion service?

A – The changes to flight times has proved challenging, especially when the flights were reduced to a single early morning flight on some days. Throughout the period there have been no recorded incidents of delays in patients receiving blood products or issues maintaining blood stocks. The flight schedule is now nearly back to a pre Covid-19 service.

Q6 – Concerned to see the number of adverse events relating to control drugs. Why are these incidents occurring and what learning has taken place and what procedures have been put in place to prevent such events happening in the future?

A – Four of the five events reported were dispensing or prescribing errors. Three of these events are still being reviewed. The fifth event related to poor documentation by an A&E doctor who has since left the organisation. The Learning Review Group has commissioned a piece of work to triangulate learning from adverse events, mortality reviews and complaints in order to identify themes and the consider whether quality improvement and / or education is required to address these themes.

Mrs McCannon queried if the incident with the A&E doctor would be highlighted to other employers. Dr McAuley advised that he is obliged to report serious incidents to locum doctor's employer and the GMC and although this incident did not warrant a formal report, any Datix incidents, complaints or compliments would be discussed as part of the doctor's yearly appraisal.

Decision: The committee formally noted the report.

8.4 EU Withdrawal in Scotland

Issue: *The committee was asked to note for assurance purposes the verbal update on the EU Withdrawal in Scotland by Mr Gordon Jamieson, Chief Executive.*

Discussion: Mr Jamieson advised that there had been some reporting on this in the national news however, there has been nothing official received from the Scottish Government. He added that the Board's working group could easily reconvene if national or international risks change.

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Decision: The verbal updated was formally noted.

9. QUALITY / SAFETY

9.1 Mortality Review Report

9.1.1 SBAR WIH Mortality Case Notes Review

Issue: *The committee was asked to note for assurance purposes the Mortality Review report presented by Mrs Sullivan.*

Discussion: Mrs Sullivan advised that there were twelve deaths in the Western Isles Hospital during the period 1st April to 30th June 2020 and eleven of these case notes have been reviewed. She added that there was one case review outstanding from December 2019.

Decision: The committee formally noted the report.

9.2 OPAH Action Plan Update

9.2.1 OPAH Action Plan

9.2.2 Embedded Documents Appendix 1 to 11

Issue: *The committee was asked to note for assurance purposes the OPAH Action Plan update presented by Mrs Sullivan.*

Discussion: Mrs Sullivan advised that work on the action plan was halted due to Covid-19 but she is now back to getting monthly updates on this. She added that a documentation group had been established and there was real enthusiasm shown by this group.

Mrs Sullivan noted that community hospitals may be included in future inspections.

Mrs McCannon advised that there was one comment noted in the questions and answer document which states that they are pleased to see that work on this was now progressing and would hope to see improvements reported at the December meeting, in particular the documentation group and the action plan for statutory and mandatory training. Mrs Sullivan had responded that the junior doctors in training are required to undertake quality improvement and would be given a list of relevant projects and other sources such as the OPAH and SPSP.

Mrs McCannon queried if the issues with the DNACPR documentation was a national issue and Mrs Sullivan noted that she would request that the Resuscitation Officer look into this and would report back to the next meeting.

Decision: The report was formally noted.

Action: Mrs Sullivan to request that the Resuscitation Officer review the issues with the DNACPR document at a national level.

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Deadline: 2nd December 2020.

9.3 Duty of Candour Annual Report

Issue: *The committee was asked to note for assurance purposes the Duty of Candour Annual Report presented by Mrs Sullivan.*

Discussion: Mrs Sullivan informed the members that the report describes how NHS Western Isles has operated the Duty of Candour during the period from 1st April 2019 to 31st March 2020. She added that feedback from the national team noted that a standardised report template could be introduced for next year.

Decision: The committee formally noted the report.

9.4 Patient Focus Public Involvement (PFPI) Governance Arrangement

9.4.1 Patient Panel Flash Report

Issue: *The committee was asked to note for assurance purposes the PFPI Governance Arrangement report presented by Ms Sullivan.*

Discussion: Mrs Sullivan advised that the report gives details of the PFPI governance arrangements and notes the six strategic aims relating to patient and public involvement identified. She added that the patient panel had been extremely successful as being held via Teams it allows interisland attendance.

Mrs Sullivan drew the committee's attention to the governance structure presented in appendix 2 and Mrs McCannon commented that it was good to see a clear reporting framework for this. Mrs McCannon also noted that she had sat in on a patient panel meeting and was impressed by the number of people in attendance.

The committee noted that flash report presented under item 9.4.1 and queried the concern regarding a pain clinic. Dr McAuley advised that the Board has an ongoing relationship with the Pain Association and they have a good website that can be accessed by patients. He added that there is a chronic pain specialist GP on the island but the first point of contact should be the Pain Association website. Mrs McCannon queried if there was a chronic pain waiting list and Dr McAuley advised that he will report back on this to the next meeting.

Decision: The report was formally noted.

Action: Dr McAuley to report back on the chronic pain waiting list.

Deadline: 2nd December 2020.

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10. INFECTION CONTROL

There were no papers presented under this section. Mrs McCannon requested that HAIRT reports received are circulated to the members before the next meeting.

Action: Mrs Martin to circulated the HAIRT reports received before the next meeting.
Deadline: Immediate.

11. COMPLAINTS

11.1 Complaints Summary Report

11.1.1 Complaints Summary Full Report

Issue: *The committee was asked to note for assurance purposes the Complaints Summary report presented by Mr Jamieson.*

Discussion: Mr Jamieson advised that there was a low number of complaints received during the period 1st April to 30th June 2020 but this was during the first Covid-19 lockdown and there was little patient activity. He added that the response to complaints rate was poor but again this was due to high demands on staff during lockdown.

Decision: The committee formally noted the report.

12. ANY OTHER COMPETENT BUSINESS

12.1 Proposed Dates for 2021 HGAC Meetings

Ms Bozkurt advised that proposed dates for the 2021 HGAC meetings are as follows:

- Wednesday 17th February 2021
- Wednesday 19th May 2021
- Wednesday 23rd June 2021 (Annual Accounts)
- Wednesday 15th September 2021
- Wednesday 1st December 2021

There were no objections raised to these dates and they were therefore approved.

Decision: The HGAC meeting dates for 2021 were approved.

FOR INFORMATION

The Chair advised that the reports listed were presented for information purposes and would take any questions.

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5. INTERNAL AUDIT – SCOTT MONCRIEFF (AZETS) 5.3 Change of Name

Ms Bozkurt advised that from 7th September 2020, Scott-Moncrieff were to be known as AZETS. She added that no other details had changed.

Decision: The committee noted the change of name.

7. INTERNAL REPORTS

7.4 Fraud Liaison Officer's Report

7.4.1 Counter Fraud Action Plan

7.4.2 Intelligence Alerts

7.4.2.1 03-2020/2021 ~ Abellio ScotRail Ltd Email Scam

7.4.2.2 04-2020/2021 ~ Council Purchase Email Spoofing

7.4.2.3 05-2020/2021 ~ NHS Board DoF Email Spoofing Scam

7.4.2.4 Audit Scotland Covid-19 Emerging Fraud Risks

7.4.2.5 Rolling Covid-19 Intelligence Alert No 18

13. COMMITTEE MINUTES

13.1 Information Governance Steering Group 29/10/2019

It was noted that the minutes were from October 2019 and were unsure of the merit of presenting these to the committee.

Decision: There were no other comments or questions raised and all papers and minutes were formally noted.

14. EVALUATION

	YES	NO	COMMENTS
I was satisfied that the agenda items presented covered the current significant areas in Health.	✓		
There was sufficient time to review the papers between receipt and the meeting date.	✓		
There was sufficient time allocated to all agenda items.	✓		

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The Executive Summaries were an accurate reflection of the full report.	✓		
Were you satisfied with the Q&A paper	✓		It was noted that the level of detail in the responses to the questions raised was excellent.
I was able to reach a satisfactory conclusion from the information presented on each item.	✓		It was noted that holding the meetings via Teams was not ideal but in the current situation necessary and was as informative and interactive as it could be.
I was able to contribute to the discussions and had my views considered. .	✓		
The HGAC discharged its duty in respect of: • Proper Scrutiny • Relevant Questioning • Constructive Challenging	✓ ✓ ✓		
Significant Issues to be raised with the Board		✓	

15. DATE, TIME AND VENUE OF THE NEXT MEETING

Date	Time	Venue
2 nd December 2020	10.00am (members meeting 9.00am, members and auditors 9.30am)	Microsoft Office Teams

The Chair concluded the meeting at 11.45am, thanking everyone for their attendance and contribution.