



CÙRAM IS SLÀINTE NAN EILEAN SIAR

INTEGRATION JOINT BOARD

AUDIT & RISK COMMITTEE

MINUTE OF MEETING
11 JUNE 2024
HELD AT 10:00AM
VIA MICROSOFT TEAMS

Voting Members Present:

Calum MacLean	Councillor, CnES / IJB Chair
Kenneth J MacLean	Councillor, CnES / IJB Voting Member
Gillian McCannon	Non-Executive Director, NHS WI / IJB Vice-Chair (Committee Chair)
Annetta Smith	Non-Executive Director, NHS WI / IJB Voting Member

Non-Voting Members Present:

Debbie Bozkurt	Chief Finance Officer, IJB
Nick Fayers	Chief Officer, IJB

In Attendance:

Claire Gardiner	Director, Audit Scotland
Martin Devenny	Senior Auditor, Audit Scotland
Elizabeth Young	Chief Internal Auditor, Risk Assurance, Azets
Michelle McPhail	Corporate Business Manager, NHS WI

1. WELCOME

Gillian McCannon took the Chair and led the meeting, welcoming those present and specifically welcoming Claire Gardiner to her first meeting of the Audit & Risk Committee.

2. APOLOGIES

Eoin MacNeil	Third Sector Interface
Stephanie Hume	Internal Audit Senior Manager, Azets
Susan Thomson	Councillor, CnES / IJB Voting Member



3. DECLARATIONS OF INTEREST

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

4. MINUTES

4.1.1 IJB Audit & Risk Committee Minute 06.03.24

The minute of the IJB Audit & Risk Committee of 06 March 2024 was homologated and approved as an accurate note of the discussion.

Decision: The Committee formally approved the minute of 06 March 2024.

Action: No actions required.

4.1.2 IJB Audit & Risk Committee Minute 05.06.24

The minute of the IJB Audit & Risk Committee of 05 June 2024 was approved as an accurate note of the discussion.

Decision: The Committee formally approved the minute of 05 June 2024.

Action: No actions required.

4.2 Matters Arising

The Chair, asked for an update on:

Page 5 - Item 7.1 Risk Management Strategy – The Chair advised that the report is not for discussion or approval at the meeting as further review and appropriate discussion with colleagues is required. It is anticipated that the report will be made available in September 2024.

Nick Fayers explained that the report has been presented to the Integrated Corporate Management Team (ICMT) with the ICMT requesting two minor amendments, which will be incorporated and presented to the Committee in due course.

Decision: Committee Members noted the update

Action: No actions required.



4.3 Action Points

The Chair advised that the action points were discussed on the 05th of June with updates being provided. Therefore the report is presented for awareness and no formal update will take place.

Decision: Noted for awareness

Action: The updates will be reflected in the revised Action Points.

5. AUDIT & FINANCIAL GOVERNANCE

5.1 Internal Auditors

5.1.1 Internal Audit Recommendation Tracker – Detailed review of new format

Elizabeth Young presented the report to colleagues, noting that since the previous meeting a further review of the trackers was conducted with the Chief Officer. There has been limited progress in closing off the actions and there remains a number of high risks which are of a significant age. Noted within appendix 2 is a revised template noting the highest grade of risk being reported at the top of the report.

Nick Fayers agreed with Ms. Young that further work is required to close off the outstanding items and to consolidate some similar actions which will be undertaken with Stephanie Hume.

The Chair opened up the floor to colleagues to make comment, however Members had no comments to make.

The Chair remarked on the report, noting:

- Not all the recommendations are in priority order;
- The report and presentation is very confusing, disjointed and convoluted;
- Some recommendations have T1 / T2 etc. and some don't have numbers;
- A number of recommendations are repeated, and recognising that this is the point raised by the Chief Officer, where some recommendations need to be consolidated;
- Recognised the work to realign the grading of historical CnES audits into Azets grading has been completed;
- The outstanding recommendations are over 5 years old which is unacceptable;
- Unable to see progress easily; and
- There is no presentation of evidence to provide assurance of the appropriate action and outcome.



The Chair asked the Chief Officer for an interim report to be produced as the issue will be escalated to the full Board for review and the interim report will be presented in public.

In moving forward the Chair asked that the NHS Western Isles audit recommendation tracker is used as the IJB's tracker template, which will provide some cohesion across organisations. The template is very simple to follow and has RAG status.

The Chair shared the screen containing the NHS Western Isles audit tracker to provide members explanation as to how the tracker is used and populated, enabling greater understanding as to how easy the template can be used for IJB purposes.

Cllr MacLean commented that the proposed template looks very complicated to follow and understand, however obtaining education as to how the report should be populated and used would be more insightful.

Cllr. MacLean noted having 2 grading recorded on the one report (CnES & Azets) is very confusing. The Chair supported that view noting that at a previous meeting the Committee took the decision to adopt the Azets grading in future reports and all CnES grading would be aligned to Azets grading.

Elizabeth Young responded to comments raised, noting:

- Inclusion of the Council internal audit grading were retained to ensure that Members were aware of the original source grading as well as the aligned Azets equivalent scoring. If this is no longer required the original scoring can be removed.
- Rationale for inclusion of the recommendation only is that the management response can evolve over time. The original recommendation is always referred to and is contained in the validation process.
- Azets are happy for the IJB to maintain its own detailed tracker.
- When assessing the grading of an audit recommendation, this is reviewed against any existing issues contained within the organisations risk register. However not all recommendations require entry onto a risk register and in the majority of cases the level of risk is mitigated by addressing the recommendations within the audit report.

The Chair indicated that currently the Committee is not discharging its duties in terms of its governance role if it does not have transparency of the audit actions and position and being advised as to the lead person who is responsible for addressing each action. Therefore the revised template, which Members agreed to use, should be populated and presented at the next meeting.



Members discussed specific audit comments from the report.

The Chair advised that the Committee can no longer accept outstanding actions from 2019 nor should it be accepting risks which are not concluded in year. Therefore, and with the Committee's agreement, a request was placed on the Chief Officer that all recommendations should be concluded with a final report, with evidence, presented to the September Committee meeting.

Ms. Young advised that there is an expectation that recommendations should be concluded in-year wherever possible. If there is no progression on closure of actions, it is for the Committee to make a decision whether it accepts the potential risk.

The Chair thanked colleagues for their in-depth discussion and scrutiny of the governance arrangements in addressing audit recommendations.

Decision: The Committee formally scrutinise the report, noting the position.

Action: Transfer all audit recommendations onto NHS WI tracker template and update as appropriate. Nick Fayers

Conclude all outstanding audit recommendations completed by Sept'24. Nick Fayers

Interim Report presented to the Board in June. Nick Fayers

5.1.2 Audit Report Financial Planning

Elizabeth Young presented the report advising that the purpose of the review was to assess that the IJB has clear processes in place for annual financial planning and review of budgets. The report is overarching to ensure that robust processes are in place and align with the strategic goals of the organisation and any reasonable assumptions are appropriate and monitored through the governance structure.

From the 5 points of review, the outcome was:

- Green (grade1) – 1
- Amber (grade 2) – 2
- Yellow (grade 3) – 2
- Red (grade 4) – 0



Ms. Young noted that the underlying processes are robust and the review has raised some low risk recommendations to strengthen processes including adding more prescriptive narrative to the reserve spreadsheet.

Two higher risks relate to the environment the IJB is operating in with external pressures in relation to financial allocations and expenditures across both parent bodies. An aspect of challenge was noted in terms of the geography and ability of service delivery. It was recommended that this should be more clearly documented in the financial plan and reports, highlighting the IJBs inability to remain within its budget at reporting periods.

The risk to the IJB in a number of the reviews relates to the Comhairle's cyber-attack and their ability to recover sufficiently to provide reasonable accounting information. The Comhairle has not demonstrated in a time line as to how recovery will be made. The action made relates to the engagement with the Comhairle ensuring that the IJB obtains regular and timely updates to enable the IJB to prepare with reasonable assurance financial reporting and predications.

Debbie Bozkurt advised that she has not obtained real financial updates officially from the Comhairle's Section 95 Officer. It was agreed that one of the audits this year would concentrate on the impact of CnES cyber-attack on the IJB. It was noted that it is estimated that the IJB are months away from getting any reasonable financial information from the Comhairle. Audit Scotland are still in the process of closing the annual accounts for 2023/24 and part of the Accounts contains the Social Care accounting information which forms part of the IJB Annual Accounts.

Ms. Bozkurt advised that there has been no discussions as to when the IJB will expect reasonable monitoring data for 2024/25, which will impact on the ability to provide the IJB with any reasonable projections or assumption and therefore reports will be based on professional judgement.

Ms. Bozkurt advised that the IJB Annual Accounts will be recorded as qualified and a qualification on the IJB position will have to be noted within the NHS Annual Accounts as a result of the Comhairle's inability to provide detailed financial data.

Nick Fayers advised that he has written to Tim Langley, IJB legal support, seeking clarification if the IJBs has the ability to set the parent body Directions for 2024/25 given the financial position and ability to understand the level of resource sitting in the reserves, which is retained within the Comhairle budgets.

Ms. Bozkurt advised that she had ledger information prior to the loss of the CnES accounting systems and therefore she is able to provide assurance as to the level of reserves including that of Goathill.



However she is not confident in the level of new general reserves and this has been reported in a paper to the Integrated Corporate Management Team.

Reflecting on the update from the Chief Finance Officer, Nick Fayers noted that there is no reason as to why the IJB could not approve its Directions for 24/25. Debbie Bozkurt explained that she will be presenting the Board with a break-even budget, however there are risks, as reported in previous years, that budgets have overspent and therefore initially the IJB has to set of budgets with a break-even position but the year-end may be different with in-year financial risks being mitigated where possible.

The Chair in reviewing the recommendations and management response asked for clarification on the following recommendations:

Objective 2 – Amber ~ Financial Planning is consistent with strategic planning and supports the achievement of Western Isles Integration Joint Board’s objectives.

Recommendation: We recommend management clearly document each of the resource constraints (both financial and workforce) to the organisation and outline the actions required to ensure the organisation stays within budget. This may include they consideration of prioritising resources where required.

Management Response: Within the constraints of CnES yet having no financial software systems fully working, quarterly monitoring reports will detail constraints both financial and workforce, risk and mitigations. Date Due: Sept’24.

The Chair asked if the noted recommendation will be delivered by the due date. Ms. Bozkurt reiterated the management response noting the dependency on such a report is reliant on the Comhairle providing information. It was noted that a financial monitoring report will be provided with appendices to describe how saving are being achieved and the position of reserves with the information available.

Objective 4 – Amber ~ the financial plan and supporting analysis has been presented within the governance structure.

Recommendation: That the IJB requests formal report form the Comhairle detailing the steps being taken to ensure ongoing financial monitoring can be undertaken as soon as possible and throughout 2024/25. This should include the progress towards budget finalisation, assurance that the data is correct and the timescales for budget monitoring to commence.

Additionally, the Board should consider the need for an additional risk to be created on the Strategic Risk Register specifically related to the impact of the cyber incident on the IJB financial planning and monitoring process.



Management Response: A letter has been requested and that a response by email provided some assurance regarding the wider services but not directly received assurance in the regards financial monitoring. Further assurance will be sort from Chief Accountant of CnES. Due date: 30.06.24

The Chair enquired, given the , what action is required to obtain evidence to support the required outcome.

Ms. Bozkurt noted that she will right to the Comhairle by the end of June 2024 asking the Section 95 Officer for a timeline to provide regularly financial data to support a level of assurance to the Board. However, in the void of Comhairle data her professional judgement will be noted.

Annetta Smith enquired as to what would be the next stage if the Chief Finance Officer was unable to obtain assurance as to when data would be available from the Comhairle.

Elizabeth Young advised if no assurance was provide and no indication as to timescale, then the issue should be raised to the Chief Officer / Board who in turn would raise the concern with the Accountable Officer / Chief Executive of the Comhairle and that they provide the Board with the relevant resolution.

Claire Gardiner supported the view of Ms. Young advising that after June if the information is not provided, then it should be escalated to the Board as it is the Board's duty to ensure it addresses financial management and it obtains the appropriate assurances from the partner body.

Ms. Gardner took the opportunity to update Members on the review of the Annual Accounts noting that it is expected that the Annual Accounts will be a qualified audit opinion, with the support of Ms. Bozkurt seeking information from the Comhairle. It was noted that there is no evidence to place reliance on the figures for 2023/24 and likely to trail into 24/25.

The Chair thanked colleagues for the in-depth discussion and review of the report.

Decision: The Committee formally noted the report.

Action: No actions from the report. The recommendations and management responses will be monitored via the Audit Tracker.



5.1.3 Corporate Governance Report

It was noted that the report is presented for discussion.

Elizabeth Young presented the report advising that it was a high level review of corporate governance, assessing structure, documentation that supports governance, scheme of delegation, clear roles and responsibilities. The review denotes two relatively minor points:

1 – Board Members are given sufficient time to review reports prior to meetings.

It was noted in the management response, which is positive and helpful, that a work plan is being addressed to support officers producing reports to ensure timely submission and circulation.

2 – Board and Audit & Risk Committee complete an annual self-assessment checklist which is utilised to identify and address any issues raised.

Establishing annual self-assessment is good practice and an opportunity for Board Members to identify any issues.

The Chair noted that she will be placing a further question into the meeting evaluation and will support the self-assessment in Sept'24.

The Chair thanked Ms. Young for the report.

Decision: The Committee formally noted the report

Action: No actions from the report. The recommendations and management responses will be monitored via the Audit Tracker.

5.1.4 Internal Audit Annual Report 23/24

Elizabeth Young presented the Internal Audit Annual Report for 2023/24 noting all the audits undertaken in-year and provides the Committee with the overall opinion on governance, risk management and internal control. The opinion recorded is reasonable assurance which is the highest level of assurance available.

The Chair thanks Ms. Young for the report which was very clear and supportive.

Decision: The Committee formally noted the report.

Action: No actions required.



5.1.5 Internal Audit Plan 24/25

The Chair advised that the Committee had reviewed the Internal Audit Plan for 2024/25, however as the meeting was not quorate, Members were asked if they were content to approve and homologate their decision. Members agreed.

Elizabeth Young wished to recognise earlier comments in the meeting raised by the Chief Officer.

Recognising that the draft Plan recommending review of cyber-attack impact and Risk Management review, Ms. Young wished to acknowledge that Azets will not stray into operational review within the Comhairle or NHS. However, it was noted that not all IJBs operate this way and some IJBs do review operational processes.

To support the position Ms. Young advised that the audits will be addressed from the IJB perspective and not involving either partner body operationally.

The Chief Officer, thanked and welcomed the clarification.

The Chair expressed her view that strategic bodies should understand the operational processes to fully obtain assurance and it would be remiss of individuals and bodies not to understand operational processes - operational drives strategy and strategy drives operational and therefore they sit and achieved hand in hand. This can be achieved without interfering into operational processes.

Decision: The Committee homologated the plan 24/25.

Action: No actions required.

Refreshment break was taken for 10 minutes.

The Chair wished to update Members on an item which has come to her attention in relation to item 5.1.3 Corporate Governance Report. It was advised that neither Michelle McPhail nor the Chair has seen the report nor had the ability to input into the management responses. However, Michelle McPhail has advised that the draft workplan has already been addressed and is with the Chief Officer to review.



5.2 Financial Governance

Debbie Bozkurt provided colleagues with a verbal update on the financial position, noting her earlier updates while discussing the audit reports.

It was noted that the production of the Annual Accounts is not being addressed currently and this has been discussed with Audit Scotland. A spreadsheet of the accounts has been submitted to Audit Scotland for review as there are no assurances in relation to the figures given the cyber incident within the Comhairle and their inability to produce data with reasonable assurance.

In the production of the budget a break-even position has been assumed using the month 11 expenditure position and month 6 income and extrapolate on the Comhairle side which should result in a higher level of reserves for 24/25, as a result of not being able to fill posts.

A report was presented to Integrated Corporate Management Team (ICMT) noting that a break even position could be achieved in 24/25 with the use of a high level of general reserves. The report will be presented to the Board in June.

Ms. Bozkurt advised on a known risk relating to the pay awards. The NHS do not have not as yet received agreement from the Scottish Government that the pay uplift will be awarded to NHS Boards.

On the NHS side a non-pay element of the staff award relates to Band 5 staff can be increased to Band 6 and all staff under Agenda for Change will have a shorter working week, at the same rate of pay, reducing from 37.5hrs to 36hrs per week over a 3 year reduction of 30 minutes annually.

On the Comhairle side, it has been noted that COSLA will be offering a 2% uplift, however Unions may challenge this. Anything above 2% may be unfunded and if a further increase is made this could result in an unfunded overspend of £1m. Comhairle and NHS have indicated that they are unable to provide any uplift to the IJB as there government allocation is a zero uplift. Any relevant increases will be passed onto the IJB where appropriate.

Nick Fayers explained that part of the legislative requirement and compliance relates to safe staffing where there is a required level of staffing numbers per patient ratio, and he also noted the reduced working week on the NHS side which could impact on workforce capacity but this needs to be calculated.

The Chair advised that these elements will need to be discussed by the full IJB and linked to the Strategic Framework and taking into consideration in the production of the Strategic Plan.



The Chair thanked Ms. Bozkurt for the verbal update noting that the IJB is in a precarious position given the uncertainty in the Comhairle's financial data.

Decision: The Committee formally noted the verbal update.

Action: No actions required.

6 PERFORMANCE

6.1 Strategic Risk Register – Detailed Review

There was no executive summary presented and it was noted by the Chief Officer that the purpose for the report is for discussion.

The Chief Officer noted that in support of the Strategic Register, that the Risk Management Strategy will be presented at the next meeting for decision and that there are no other risks presented for consideration.

It was noted that the risk register will be presented every 6 months and that all the current risks are being transferred onto the NHS Datix system to enable greater ability to review, review historically and enable auditing of updates.

Annetta Smith enquired about the statement within the gaps and control column for SR 04 recruitment under NHSWI "current recruitment practices whilst operating with good governance arrangements lack significant innovation regarding reach and marketing Western Isles as a preferred career/life destination to reduce high level agency spend."

As Chair of NHS Staff Governance Committee, Prof. Smith subjectively does not agree with the statement given the level of work achieved by the NHS in innovation to reach out to both nationally and internationally and the supportive measures to attract staff to work and live on the islands.

Prof. Smith asked:

- Where and what evidence was used to support the wording in SR04?
- What is the position in developing the remote and rural workforce strategy, supported by Scottish Government national report?
- SR05 organisational and professional barrier – will the changes in Agenda for Change – Safe Staffing, reduced working week, Band 5 to Band 6 movement has the potential to create further rift between integration?
- Who makes the decision on what the controls are, as they are slightly different from other member's observations?



In responding to the questions, Nick Fayers noted that the register position from March on the registers are now more positive and the detail may need to change upon review and it is the Chief Officer who provides the narrative detail to the register with his knowledge across all areas.

Nick Fayers remarked that the changes being put into place, and in the absence of any HR colleagues, he does not see any challenge in the interplay between the delegated service and the partner body's ability to deliver Health and Social Care. Currently the NHS is at too early stage to fully understand the total impact of the reduced working week and for the first year 30min reduction.

Prof. Smith advised that it may be prudent upon the completion of the national rural strategy that additional narrative is added to the mitigation column advising of known work being taken forward.

The Chair, reviewing the register noted the report was at at March 2024 but the dates relate 28.02.24 and there is no update being provided.

SR03 – increasing demand on delegated service and asked that the given the pressure on demand would the Chief Officer, as owner of the risk, consider reviewing this as it may need to change to higher level of scoring.

The Chief Officer acknowledged the comments and noted that with the movement of register being placed on Datix this will support the points raised. Additional information and revision of the report will be addressed prior to submitting to the full IJB.

Decision: The Committee formally noted the report.

Action: No actions required.

6.2 Workforce Strategy

6.2.1 Appendix 1 – CnES Workforce Strategy

6.2.2 Appendix 2 – NHS WI Workforce Strategy

The Chief Officer, Nick Fayers, presented the report to colleagues advising that the summary paper provides an overarching position which arose from a discussion with both Chief Executive of the partner bodies. The Health and Social Care Partnership workforce is approximately 1200 staff across both NHS, Comhairle and Third Sector and via Directions the IJB can commission delivery requirements upon the partner bodies.

The development of a workforce strategy will be in partnership with HR and workforce functions of NHS and CnES.



The emergent strategy for Western Isles Health and Social Care will describe the current workforce profile as at 31 March 2024 and aims to project anticipated future workforce requirements in accordance with service priorities identified in the Strategic Framework 2023-26 in order to provide a safe and effective services.

It is to be noted that the two main employers work across a broadly similar policy landscape but have inherently different terms and conditions of employment.

Mr. Fayers advised of the main aims of the strategy and it will seek to:

- Assess the profile and wellbeing of the workforce and identify actions that support recovery and improve / sustain wellbeing into the future to enable delivery of transformational change
- Project anticipated changes needed to shape the future workforce structure that will be required in 2024-27 to meet changing service needs in particular the delivery of key priorities recovery and protection of planned care; stabilising and improving urgent and unscheduled care; supporting and improving social care ; sustainability and value)
- Working towards the requirements of the Health and Care Staffing (Scotland) Act 2019
- Align workforce planning procedures with the annual cycle of commissioning and financial planning.

The Chair thanked Mr. Fayers for the update, noting that this will be presented to the full IJB.

Decision: The Committee formally noted the report.

Action: No actions required.

7. STRATEGIC GOVERNANCE

7.1 Strategic Framework

Nick Fayers, Chief Officer, provided a verbal update to colleagues on the position of the Strategic Framework.

Mr. Fayers advised that Denise Symington, NHSWI PFPI co-ordinator, will be providing a detailed report, once the consultation period closes denoting the outcome themes of the consultation and responses obtained. The report will be presented to the full IJB at the end of the month and will aid and inform the final Strategic Framework which will then support the development of the Strategic Plan.



In addition Mr. Fayers is considering presenting the detail to the Chairs of the Locality Planning Groups (LPG).

Cllr. MacLean advised that following discussion with the Chair of CnES the Health and Social Care Board that the Strategic Framework has yet to be presented. The consideration by the CnES Board may support another element of consultation. The Health and Social Care Board was formed by the Comhairle Chief Executive, Malcolm Burr.

Prof. Smith observed that it would be positive to obtain the feedback from the consultation and acknowledged that the piece of work coming to fruition.

The Chair remarked on the update from Cllr. MacLean relating to the Health and Social Care Board, seeking an understanding as to which NHSWI health representatives sit on a Board which has “Health” in the title. This will be taken forward out with the meeting.

The Chair thanked Mr. Fayers for the update.

Decision: The Committee formally noted the verbal update.

Action: No actions required.



8. EVALUATION

The evaluation was not conducted.

	YES	NO	COMMENTS
Were you satisfied with the content of the agenda?	X		
Was there sufficient time to review the papers between receipt and the meeting date?	X		
Were the agenda items placed in the correct order / prioritisation?		X	Some items were noted for decision but were for discussion – Corporate Risk Register / Audit Report
Was there sufficient time allocated to all agenda items?	X		
Were the Executive Summaries an accurate reflection of the detailed papers?	X		Yes however missing summary from Corporate Risk Register
Was there sufficient refreshment breaks	X		1 break taken
Are there any significant issues which should be escalated?	X		Chair escalating quorate levels and also closure of audit recommendation
Did you consider that the Board / Committee discharged its duty in respect of <ul style="list-style-type: none"> • Proper scrutiny • Relevant questioning • Constructive challenging 	X X X		
Do you have any suggestions for improvement or additional comments about this meeting?	X		

Cllr. Kenneth J. MacLean advised that he is willing to attend meetings, however the connectivity on Barra is not good and he may lose connection from time to time, resulting in the meetings not being quorate.

The Chair acknowledged this issue and thanked Cllr. MacLean for his considered attendance.

The Chair did advise that she, Prof. Smith and Cllr. Calum MacLean have attended all meeting to support the duties of the IJB Audit & Risk Committee.



It was noted that the evaluation may change with additional questions and columns being added to obtain greater assurance and obtain any necessary actions, which will support the outcome of the audit recommendations within the Corporate Governance report.

9. DATE AND TIME OF NEXT MEETING

Location: Microsoft Teams

Time: 10.00am

Dates:

Meeting Date	Submission of Papers
08.02.23	27.01.23
15.03.23 exl	02.03.23
21.03.23	10.03.23
14.06.23	01.06.23
13.09.23	31.08.23
15.11.23	02.11.23

The Chair thanked colleagues for their support and brought the meeting to a close at 12.10pm.

END