

**NHS Grampian (NHSG)
Minute of the Audit Committee Meeting
Tuesday 19th March 2019, 10.30-13.00
Conference Room, Summerfield House**

Board Meeting 01 08 19 Open Session Item 16.1
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Present

Mrs Rhona Atkinson, Non-Executive Board Member, NHS Grampian (Chair)
Ms Rachael Little, Employee Director, NHS Grampian
Cllr Douglas Lumsden, Non-Executive Board Member, NHS Grampian
Mr Sandy Riddell, Non-Executive Board Member, NHS Grampian

In Attendance

Dr Lynda Lynch, Chair, NHS Grampian
Mr Alan Gray, Director of Finance, NHS Grampian
Mr Garry Kidd, Assistant Director of Finance, NHS Grampian
Ms Lindsey Paterson, Partner, PricewaterhouseCoopers LLP (PwC)
Ms Anne MacDonald, Senior Audit Manager, Audit Scotland
Ms Gillian Woolman, Assistant Director, Audit Scotland
Ms Frances Gibson, Head of Financial Services, NHS Tayside (observer)
Mr Jon Eilbeck, Head of Programmes and Development, eHealth (Item 4.1)
Mr Bob Irvine, Technical Services Manager, eHealth, NHS Grampian (Item 4.2)
Ms Else Smaaskjaer, Minuting Secretary

Item	Subject	Action
1	<p>Welcome Mrs Atkinson welcomed everyone to the meeting and welcomed Mr Riddell to his first meeting of the Audit Committee. Mrs Atkinson confirmed that Mr Riddell will assume the role of Chair following the Audit Committee meeting in June.</p> <p>Apologies Mr George Bell, Manager, PricewaterhouseCoopers LLP (PwC) Cllr Isobel Davidson, Non-Executive Board Member, NHS Grampian</p>	
2	<p>Minute of Meeting Held on 18th December 2018 The minute of the previous meeting was approved as an accurate record.</p>	
3	<p>Matters Arising</p>	
	<p>3.1 <u>Action Log of 18th December 2018</u> The Committee reviewed the action log from the previous meeting and noted that all the items were either complete, included as main agenda items or noted as future agenda items.</p>	

Item	Subject	Action
	<p data-bbox="277 268 1019 304">3.2 <u>Any other matters arising not on the action log</u></p> <p data-bbox="367 342 1401 779">Mrs Atkinson wished to inform those attending that the short pre-meeting of Non-Executive Board Members had noted concerns regarding sustaining health care provision against an ongoing climate of financial constraint and the resultant impact of this on staffing and resources. The main concern had been that it seems unlikely that staff can to continue to work in an environment of less staff and increased workload without the emergence of significant pressures and lowering staff morale. Mr Gray advised that the work undertaken to develop the recently agreed Medium Term Financial Framework would contribute to some flexibility in addressing these issues at a local level. The Framework had confirmed funding for a three year period and the intention is to provide some degree of certainty to health sector funding in Scotland.</p>	
4	<p data-bbox="277 821 488 856">Internal Audit</p> <p data-bbox="277 894 1130 930">4.1 <u>Progress Report and High Priority Recommendations</u></p> <p data-bbox="375 968 1373 1108">Ms Paterson presented the progress report which detailed progress against the internal audit programme and informed the Committee that six reviews had been completed since the last update. All other work was progressing in line with the plan.</p> <p data-bbox="375 1146 914 1182">Ms Paterson highlighted the following:</p> <p data-bbox="375 1220 1341 1293"><u>Unscheduled Care Discharge Process (including interaction with the IJBs)</u></p> <p data-bbox="375 1331 1401 1766">The review assessed the discharge process in NHS Grampian following the creation of Integration Joint Boards. The internal audit team had attended a Multi-Disciplinary Team meeting at Dr Gray’s Hospital and concluded that there was evidence of good practice in place both at Dr Gray’s and at ARI. No critical or high risks were identified. Two medium risk recommendations were identified, relating to the need to update and finalise the ‘Patient Discharge from Hospital Protocol’ and the requirement to develop clear guidance for staff in setting accurate Estimated Date of Discharge (EDD) and ensuring that the interpretation of EDDs is consistent. The Audit Committee was pleased to note positive management engagement with the process and acknowledged the work undertaken to improve processes.</p> <p data-bbox="375 1803 870 1839">The Committee noted the report.</p>	

Item	Subject	Action
	<p data-bbox="378 226 1338 296"><u>Review of Governance Arrangements in Support of the Governance Statement</u></p> <p data-bbox="378 338 1406 953">The review assessed the design and operating effectiveness of key controls in relation to the preparation of the NHS Grampian Governance Statement. The review identified no critical or high risk findings. A medium risk recommendation was identified relating to the Civil Contingencies Group not presenting an annual report to NHS Grampian Board. The report is required to provide assurance to the Board that civil contingency plans, compliant with legislation, are in place. Ms Paterson advised that this was a repeat finding and the third consecutive year for which no report had been prepared which had resulted in the rating for the report being raised from low to medium. Mrs Atkinson noted that although the context was understood this should be resolved and arrangements for annual reporting established. Management had responded to the findings and Mr Gray confirmed that assurance reports on the Board's preparedness will be presented to future meeting of the Performance Governance Committee (PGC) when available. PGC has responsibility for Civil Contingency and Resilience matters on behalf of the Board.</p> <p data-bbox="378 995 870 1031">The Committee noted the report.</p> <p data-bbox="378 1073 699 1108"><u>Key Financial Controls</u></p> <p data-bbox="378 1150 1406 1869">The report concluded that management has designed controls appropriately to address the organisations key financial risks and objectives. Ms Paterson confirmed that the review demonstrated a strong position with no critical, high or medium risks identified. Two low risk recommendations were identified. This represented a decrease in the number of findings compared with 2017/18. One of the low risk recommendations related to the interface between PECOS and eFinancials. The reconciliation process is administered by one individual and this was viewed as a single point of failure dependency. Management had accepted this finding and will review succession and cover arrangements to ensure this is resolved. The other recommendation related to the timely submission of Employee Change/Termination Form to payroll to avoid overpayments to staff. Mr Kidd noted that management had been aware of this and reminders will be issued to all staff in a management or supervisory position to emphasise the importance of the timely submission of accurately completed forms to payroll. Councillor Lumsden asked if there had been a number of occurrences and Mr Kidd responded that although there were several cases of overpayment currently being managed, it is not a widespread problem.</p>	

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	<p>The Committee noted the report.</p> <p><u>Electronic Patient Records (EPR) (Project Review)</u></p> <p>The purpose of the review had been to assess the design and operating effectiveness of key controls in place relating to the management of the paperless clinic project. The EPR programme is an NHS wide scheme comprising a number of smaller projects with the main objective of reducing dependency on medical records and moving towards 'paperless' clinics to ensure safety, security and completeness of patient information. During the review no critical risks were identified. Five medium risk and one high risk recommendation were identified. The main area of concern had been that during this project there had been no approved project initiation document (PID) or formal governance framework in place. Mr Eilbeck reported that eHealth management had found the review process very helpful and had agreed a number of key actions. This will include an improved governance and reporting structure linking into the Digital Health and Care Strategy Group and reporting to the appropriate sub-group of the System Leadership Team and to the Performance Governance Committee. Mr Eilbeck also confirmed that the next stage of the EPR programme looking at in-patient records had taken the findings into account.</p> <p>Mr Gray noted that the outcomes of the project had been satisfactory but the review had highlighted the need to ensure that the appropriate methodology is in place for all projects. Ms Paterson agreed there would be no benefit in going back and revisiting the process undertaken but it is important the organisation agrees and formalises arrangements and processes for the management of all future projects. Mrs Atkinson asked Mr Eilbeck if there is confidence that the actions can be completed by May 2019 and he confirmed that the Digital Strategy Group is scheduled to meet in April and the proposed timescale is realistic. It was confirmed that an update on progress relating to the high risk recommendations will be reported back at the next meeting of the Audit Committee in June.</p> <p>The Committee thanked Mr Eilbeck for attending and agreed that an update on progress will be provided at the next meeting in June 2019.</p> <p><u>Health and Safety Governance (including IJBs)</u></p> <p>The review assessed the arrangements in place to ensure that issues identified by HSE Improvement Notices are effectively managed through to resolution. No critical or high risks were identified. One medium and one low risk recommendation were identified. The medium risk</p>	<p>PWC</p>

Item	Subject	Action
	<p>recommendation related to the need to review Terms of Reference or Constitutions of some committees with Health and Safety responsibilities which either remain in draft format or are overdue for review. Members agreed that appropriate processes had been evidenced but were not confident that findings and subsequent actions are effectively communicated across all partner organisations.</p> <p>The Committee noted the report.</p> <p><u>Health and Social Care Integration Governance Structures (including Hosted Services)</u></p> <p>The review assessed the design and operating effectiveness of the arrangements for Health and Social Care Integration governance structures. No critical or high risk recommendations were identified. One medium risk recommendation was identified relating to the lack of formally established communication structures between IJBs for the discussion or reporting of issues related to hosted services. A low risk recommendation was also identified relating to Aberdeenshire IJB not recognising hosted services as a risk on its risk register whereas NHS Grampian and both Moray and Aberdeen City IJBs had recognised risks related to hosted services.</p> <p>Members discussed whether there should be more formalised communication structures which acknowledge co-dependency across Grampian and the need for a coordinated and collaborative approach. It was noted that the Chief Officers have weekly informal discussion but these are not documented and the flow of information between the IJBs and the Boards, particularly in regard to hosted services, should be improved. Members noted the management comment that the meeting of the North East Partnership Steering Group on 15th April would discuss the establishment of a framework to review the performance of hosted services and agreed that the three IJBs should be instrumental in taking this forward.</p> <p>The Committee noted the report.</p> <p><u>Other Activities</u></p> <p>Ms Paterson provided an update on other activities undertaken by the Internal Audit Team in the period since December 2018.</p>	

Item	Subject	Action
	<p data-bbox="378 226 824 262"><u>Payments Made to Pharmacies</u></p> <p data-bbox="378 302 1406 1024">Ms Paterson confirmed that, following a request from the pharmacy team to provide specialist analytic assistance, PwC were piloting the use of data analytics tools using OCR to identify the relevant images for prescriptions that supported payments made to pharmacies under a local remuneration arrangement for supervised drug substitute dispensing. This will then allow the pharmacists in the Board's medicines unit to check the endorsement by the community pharmacist, which supports the payment for the dispensing fee, against how the drugs were prescribed and determine the accuracy of payments. If the pilot is successful, this approach will be used to review prescriptions to determine the accuracy of payments for drug substitute dispensing over the last four years. Ms Woolman asked if there were concerns over the accuracy of the prescriptions. Mr Kidd responded that there was no concern over the validity or accuracy of the prescriptions or the operation of the standardised national processes for reimbursement of drug ingredient costs but rather how the prescriptions have been endorsed by pharmacists in Grampian to support payments under the local arrangements for drug substitute dispensing. The results of the review and any resulting action will be reported to a future meeting of the Audit Committee.</p> <p data-bbox="378 1066 626 1102"><u>Planned Reviews</u></p> <p data-bbox="378 1142 1390 1247">Ms Paterson confirmed that the two remaining reviews for 2018/19 are progressing as scheduled and the audit plan will be complete in time for the Audit Committee meeting on 25th June.</p> <p data-bbox="378 1287 865 1323"><u>High Priority Recommendations</u></p> <p data-bbox="378 1362 1377 1430">The Committee discussed progress in relation to the implementation of high priority internal audit recommendations.</p> <p data-bbox="378 1470 1057 1505"><u>General Data Protection Regulations Readiness</u></p> <p data-bbox="378 1545 1386 1724">The Committee noted activity and progress against a number of the agreed actions but agreed there is still a great deal of work to complete. It was acknowledged that there are many complex and time-consuming tasks associated with this area of work but members agreed that management should maintain the momentum in taking this forward.</p> <p data-bbox="378 1764 1341 1831">The Committee noted the report and agreed a further update on progress should be available for the next meeting.</p>	<p data-bbox="1425 1764 1503 1799">PWC</p>

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	<p><u>Medicines Homecare</u></p> <p>Mr Kidd confirmed that the outstanding action related to an annual report on medicines homecare arrangements and this had been presented at the Grampian Medicines Management Group in January.</p> <p>The Committee noted the position and agreed that this item could now be closed.</p> <p><u>Warehousing and Vehicle Disposal</u></p> <p>Mr Kidd informed the Committee that procurement of a suitable vehicle was complete but due to the need to redeploy staff in providing local cover for clinical waste services there had been a delay in recruitment of a driver. Full implementation will be confirmed following successful recruitment to the post and at that point the Director of Pharmacy will take over responsibility as lead Senior Officer for prescription documentation.</p> <p>The Committee noted the report and agreed a further update on progress should be available for the next meeting.</p> <p><u>Children's Services – Reporting and Performance Management</u></p> <p>One of the key outstanding agreed actions had been to implement a reporting framework and it was confirmed that an update summary is now provided to the Transformation Board. Members of the Transformation Board had indicated they are content with the format and the level of assurance provided. Mrs Atkinson suggested that as progress had been made this item should be reported back to the next meeting when the Audit Committee can assess whether it can be considered complete.</p> <p>The Committee noted the progress to date and agreed a further update should be available for the next meeting.</p> <p><u>Risk Management – Transforming the Risk Approach – Action Plan</u></p> <p>The Committee noted that a review to assess the Board's progress in implementing its new Risk Management Framework is included in the Audit Plan for 2019/20.</p> <p>The Committee noted the update and agreed that progress against any outstanding actions will be considered as part of the planned Internal Audit review during 2019/20.</p>	<p>PWC</p> <p>PWC</p> <p>PWC</p>

Item	Subject	Action
4.2	<p data-bbox="370 264 1166 300"><u>IT Cyber Security/Disaster Recovery Recommendations</u></p> <p data-bbox="370 338 1344 447">Mr Irvine, Technical Services Manager eHealth, presented the report detailing progress against previous internal audit recommendations relating to cyber security and other eHealth matters.</p> <p data-bbox="370 485 1393 701">He explained that the eHealth team are working closely with colleagues, and making good progress across various sectors with a number of the agreed actions now complete. Remaining challenges include the ongoing implementation of standardised processes and the technicalities of ensuring accurate information on new starts and leavers for the active management of user accounts and identities.</p> <p data-bbox="370 739 1386 1102">Mr Irvine informed the Committee that NHS Grampian had responded on the draft national procurement plan for Public Sector Supply Chain Cyber Security Policy and there is an awareness of the need to be compliant with national guidelines by 2021. This will place the burden on suppliers to ensure cyber security for critical systems and also clarify their obligations in the event of any breach. The action regarding aligning IT Disaster Recovery capability with business requirements is being progressed through the Civil Contingencies Group with a testing plan under development and targeted for completion in September 2019.</p> <p data-bbox="370 1140 1398 1614">Councillor Lumsden noted that progress against these reviews had been reported to the Committee for some time and asked if there is any timescale for all the agreed actions to be completed. Mr Irvine confirmed that colleagues in eHealth and other departments continue to work closely to take this forward and develop effective processes. He also highlighted the complexities regarding access to systems by colleagues in the Health and Social Care Partnerships. Mrs Atkinson noted the work which had been completed and advised that a further update on progress should be incorporated in the annual report on all low and medium risk internal audit recommendations considered by the Committee in December. Mr Riddell suggested that the update in December should provide information regarding next steps and timescales.</p> <p data-bbox="370 1652 1390 1764">Mrs Atkinson asked how this work fits into the new risk management arrangements and it was confirmed that this will be reported through the NHS Grampian Security Group.</p> <p data-bbox="370 1801 1239 1871">Mrs Atkinson thanked Mr Irvine for attending and for the work undertaken to date by eHealth colleagues.</p>	

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	<p>The Committee thanked Mr Irvine for his update and agreed that progress would be monitored in future as part of the annual update on low and medium risks at each December meeting with the next update to include a clear indication of next steps and timescales.</p>	<p>GK/SS</p>
<p>4.3</p>	<p><u>2018/19 Internal Audit Plan</u></p> <p>Members reviewed the Internal Audit Risk Assessment and Plan for 2018/19 and clarified some items. The Committee asked that areas around all high level corporate risks are included in the plan and queried whether workforce or involvement and engagement were adequately covered. Dr Lynch suggested that given the ongoing work nationally it may be better to leave involvement and engagement until 2020/21. Members were pleased to note the inclusion of the review regarding Business Continuity Management arrangements within IJBs and GP Services and how roles and responsibilities have been split between NHS Grampian, IJBs and GPs. However, it was suggested that Primary Care Services should be referenced rather than GP Services. Ms Little advised that any workforce items should be considered within the context of the national implementation of 'Once for Scotland'.</p> <p>The Committee agreed that the draft internal audit plan should be circulated to members of NHS Grampian Board and any amendments suggested considered at the meeting of the Audit Committee in June 2019.</p>	<p>PwC/ GK</p>
<p>5</p>	<p>External Audit</p>	
<p>5.1</p>	<p><u>Interim Report on the 2018/19 External Audit</u></p> <p>Ms MacDonald presented the Interim Report on the 2018/19 External Audit and highlighted that no significant weaknesses had been identified during the initial stages of the audit.</p> <p>A recommendation had been made regarding access rights for leavers and the need for managers to inform systems accountants so that the relevant information can be actioned on e-financials. Mr Kidd confirmed that this had been addressed through a standard requirement for more regular user password changes. Ms McDonald reported that five of the seven recommendations from the 2017/18 interim report had been completed. Of the remaining two, the review of the risk register is almost complete and the development of a local eHealth Strategy is also progressing.</p>	

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	<p>Mrs Atkinson was pleased to note that the recommendations from the previous year had been addressed and also advised that the ongoing review of the risk register is integral to the development of a progressive strategy in how NHS Grampian identifies and manages risks as an organisation.</p> <p>The Committee noted progress to date.</p>	
6	Financial Governance	
6.1	<p><u>Counter Fraud, Losses and Special Payments</u></p> <p>Mr Kidd introduced the report detailing progress on counter fraud matters during 2018/19 in the year to date. He reported that the finance and payroll teams had completed the update of data for the next round of National Fraud initiatives and matches have been released for review by Boards. A recent development in the process will cross match data on payroll systems and accounts payable systems with data held at Companies House. Mr Kidd reported there is also ongoing work between public sector bodies to help identify fraud in other areas, including benefits fraud. It was noted that the NHS Scotland Short Life Working Group regarding the Register of Interests, Hospitality and Gifts will report on recommendations later in 2019.</p> <p>The Committee noted the report.</p>	
6.2	<p><u>SDAI Grants</u></p> <p>Mr Kidd presented a report providing an update on the status of SDAI grants in NHS Grampian. He explained that a number of process improvements had been implemented in previous years to address recommendations following an internal audit review of the SDAI monitoring arrangements. Mr Kidd advised that robust monitoring arrangements were in place to ensure that any instances of non-compliance were actively followed up. Currently two dental practices had been assessed as non-compliant and recovery action was underway. Another practice had recently been supported to make improvements but was at risk of being considered non-compliant.</p> <p>Councillor Lumsden asked if dental practices who are found to be non-compliant will continue as a private practice and Mr Kidd confirmed that this can vary. One practice had closed completely whilst another continues to practice with a mixed NHS and private list.</p> <p>The Committee noted the report.</p>	

Item	Subject	Action
6.3	<p data-bbox="370 226 716 262"><u>GP Sustainability Loans</u></p> <p data-bbox="370 302 1386 663">Mr Kidd introduced a report which outlined the background and the arrangements in place to manage the GP Sustainability Loan Scheme introduced by the Scottish Government as part of the new General Medical Services contract. Under the scheme independent GP contractors who own their premises can apply for a loan of up to 20% of the Existing Use Value (EUV) of the premises. Mr Kidd explained that review and monitoring arrangements will be established and ongoing management of the loan process will be monitored by the Primary Care Premises Group which reports to NHS Grampian Asset Management Group and regular review arrangements will be established.</p> <p data-bbox="370 703 1398 1140">Dr Lynch asked if there had been any restrictions placed on how the loan could be used. Mr Kidd explained that guidance issued indicates that the loan can be used to clear any existing debt against the premises up to 80% of the market value and beyond that it must be used to improve General Medical Services in the practice. Mr Kidd was also asked if there are any risks attached to the loans and can they be recovered if the GP Practice closes. He advised that as the loans are secured against the property, are restricted to 20% of the EUV and will be subject to annual review there is a reasonable comfort that they can be recovered. Ms Little asked who has responsibility for the maintenance of the building and Mr Kidd confirmed that this rests with the GP Practice as the owner of the property.</p> <p data-bbox="370 1180 1354 1283">The Committee thanked Mr Kidd for the update and noted that a review of the processes for management of the GP sustainability loan scheme is included in the Audit Plan for 2019/20.</p>	
6.4	<p data-bbox="370 1325 984 1360"><u>Revised SFI's, SORD and Standing Orders</u></p> <p data-bbox="370 1400 1393 1577">Mr Kidd recommended that the exiting SFI's, SORD and Standing Order documents should continue without amendment pending clarity regarding procurement regulations following a decision by the UK Government on BREXIT and output from a National review of Governance..</p> <p data-bbox="370 1617 1386 1835">The Committee agreed that the existing documents should remain extant and that revised versions should be submitted for approval when the outcome of the national review of governance arrangements and clarification of any changes to procurement regulations following a decision by the UK Government on BREXIT is available.</p>	

Item	Subject	Action
6.5	<p><u>Operational Scheme of Delegation</u></p> <p>Mr Kidd introduced a report noting the current arrangements for the Operational Scheme of Delegation (OSD). He outlined the purpose of the OSD, who is included and the limitations of what can be authorised and to what level. He also explained that staff in finance had undertaken a great deal work to clarify levels of responsibility and there had been no significant concerns raised during the last few years.</p> <p>Mr Kidd recommended one minor change to include authorisation of Consultant Job Plans as part of the authorisation of staff time sheets.</p> <p>The Committee agreed that the Operational Scheme of Delegation should include authorisation of Consultant Job Plans as part of the authorisation of staff time sheets/SSTS input.</p>	
7	2016/17 Annual Report and Accouts	
7.1	<p><u>Governance Statement Guidance and Process</u></p> <p>Mr Kidd presented the paper briefing audit committee members on the sources of assurance that will be used to support the 2018/19 governance statement. It was agreed that a draft governance statement should be circulated to members for review prior to formal approval of the annual accounts in June 2018.</p> <p>Mr Kidd asked members to agree the content of a draft extract to be issued to IJBs to assist them in preparing their governance statements.</p> <p>The Committee noted the sources of assurance and approach to be adopted for preparation of the 2018/19 governance statement and agreed that the draft governance statement should be circulated to audit committee members for review and agreement as soon as this is available, in advance of the June 2019 meeting.</p>	GK
7.2	<p><u>Regulatory and Accounting Policy Update</u></p> <p>Mr Kidd presented a revised accounting policies note for approval and explained that there were some changes to accounting policies and to the structure and content of the annual report which had been required by the 2018/19 Government Financial Reporting Manual (FReM). He noted that these changes were conditional upon final agreement with the Board's auditors as part of the annual audit of the financial statements</p>	

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	<p>The Committee noted the changes to the structure and content of the Annual Report and Accounts and approved the revised draft of the Accounting Policies note for inclusion in the 2018/19 Annual Accounts subject to any changes agreed with the Board's external auditors as part of the final accounts audit.</p>	
8	<p>Single Tender Register – Review of Recent Approvals</p> <p>Mr Kidd presented the paper detailing single tender actions authorised since the last meeting, together with a summary of the justification.</p> <p>Mr Kidd explained that there was a higher than usual volume of actions during this period which is due to slippage identified on infrastructure projects in the capital programme which had been allocated to the equipment replacement programme.</p> <p>Dr Lynch asked for clarification on the reasons for items 353, 366, 370 and 372 relating to the purchase of bladder scanners.</p> <p>Mr Kidd responded that the reason for choosing the particular supplier was value for money, these were the lowest priced items, and agreed to update the entry in the register to reflect this information.</p> <p>The Committee noted the report.</p>	GK
9	<p>BREXIT Update</p> <p>Mr Gray provided an update on the current status regarding planning for the UK's withdrawal from the European Union. He explained that local efforts are focused on making use of existing resilience planning arrangement led by the Scottish Government. A local Brexit coordinating group comprising Mr Gray as Director of Finance, Director of eHealth and Facilities, Director of Pharmacy, Operational Director of Workforce, Head of Procurement and Director of Corporate Communications continue to monitor the situation. Key issues locally include the availability of workforce, medication and other essential supplies. Mr Gray noted some uncertainties in some sectors, including the construction industry, which are not solely due to issues relating to Brexit.</p> <p>Mr Riddell asked if there was a heightened level of anxiety given the current uncertainty regarding the nature and timing of withdrawal. Mr Gray responded that there are some vulnerabilities but these are being managed and communication providing reassurance to staff had been issued. Councillor Lumsden asked if the position of NHS patients from EU countries had been considered and Mr Gray confirmed that clarification on these issues from the UK Government was awaited.</p>	

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	<p>The Committee noted the report.</p>	
10	AOCB	
10.1	None.	
11	<p>Report to NHSG Board</p> <p>The Committee agreed that the following items would be of interest to all Board members:</p> <ul style="list-style-type: none"> • The Internal Audit Plan; • Review of Electronic Patient Record (EPR) Project; • Cyber Security Update; and • BREXIT Update. <p>Mr Kidd to draft the report to the Board for Mrs Atkinson's review.</p>	GK/RA
12	<p>Date of Next Meeting</p> <p>The next meeting will be held on Tuesday 25 June 2019 at 1030-1300 followed by Board Meeting/AGM Endowment Trustees to approve annual accounts, 13.30-16.00, Conference Room, Summerfield House.</p>	