

## **NHS Grampian Revised Board Governance During COVID-19 Pandemic**

Please find attached the paper agreed by our full Board today 02/04/2020.

The ongoing status of the arrangements will be reviewed monthly at our Board Meetings.

Further to the appendix 3 Performance Governance, it was discussed and agreed that the scope would not only focus on the financial performance, but also assurance relating to the objectives of Gold Command including protecting and preserving the system for the delivery of health and care and ensuring the recovery of the system.

## NHS Grampian

### Revision to Board Governance arrangements

#### COVID-19

#### 1. Actions Recommended

The Grampian NHS Board is asked to agree:

- To implement revised governance arrangements which will provide the Board with overall assurance on the Board's response to COVID-19 and the key decisions being made within the Gold, Silver and Bronze structure (Appendix 1) that will direct operational activities during this period. The Board will also be provided with assurance on the maintenance of non-COVID-19 critical functions. These revised arrangements extend to clinical, staff and performance & financial governance.
- To the revisions to the Board standing orders which support the revised arrangements regarding conduct of Board meetings during this period.
- To the proposed resolution to not convene its Board meetings in public while the organisation and the country is responding to the COVID -19 pandemic, for the 'special reason' of protecting public health, and the health and wellbeing of anyone who would have otherwise attended the meeting.

#### 2. Strategic Context

The NHS and Social Care services face unprecedented demand as it responds to the COVID-19 Pandemic. Scotland, the wider UK and most international communities are facing prolonged stress to normal systems of work, socialisation and a major threat to economic wellbeing.

The challenges faced by the NHS, Social care and the wider partnership systems requires the Board to establish temporary and appropriate governance arrangements that respond to support the organisation in the coming months.

The primary aim of the Board during the period of the COVID -19 response will be to ensure all resources are deployed in an effective manner to respond to the current situation and to support the Chief Executive and the wider organisation at this time.

The revisions to the Governance Framework for the Board are set out within this paper and will be reviewed on a four weekly basis and amended as appropriate to support the organisation during the COVID-19 response and subsequent recovery period.

The key principles that have informed the revisions to the governance framework are as follows:

- The challenge faced by the whole system requires a single focus; the System Leadership Team are leading a significant organisational change during this his period and so interactions and work with Board members will be different in the coming weeks.

- The Board requires that the organisation continues to operate within an appropriate legal framework, acts in the best interests of the population, is efficient in the use of resources and puts the safety of staff and patients at the forefront of its efforts.
- The management and clinical community will need to be 'fleet of foot' in order to deploy its resources where they can have best effect. Normal working conditions, team structures and bases of work may need to be amended to facilitate support to the front line effort.
- The Board will need to ensure it provides support, and where appropriate, challenge to the planning assumptions being made, in order to ensure the organisation maximises its resilience to the challenges it faces.
- The Board needs to ensure it recognises the difficult decisions that will be made regarding provision of care, deployment of services and the reaction to the control planning arrangements that will work under the Gold, Silver and Bronze command structure.
- The Board will also need to record such decisions as best as possible in order to provide support to the staff making these difficult decisions. The Board must act to free the staff (working to specialist guidance, and Government directive) to adapt plans quickly to meet the changes in requirement that are likely to occur on a daily, if not more frequent basis.
- Non executives Board members should offer to use their skills and experience to offer their support to the communities within Grampian and which they are familiar with. Support from our non-executives in this capacity will be important in both the COVID-19 response and recovery phases of our work.

### **3 Key Matters relevant to the recommendation**

#### **a. Revised Governance Arrangements**

It is proposed that the Board continues to meet on a monthly basis as scheduled. Between Board meetings a weekly high level status report and update on any guidance received from Government will be circulated to Board members (on the Monday of each week).

On a rotating weekly basis one of the three Committees of the Board (Clinical Governance, Staff Governance and Performance Governance) will meet at 11am each Thursday for one hour. This will allow the respective Committee to undertake their business on a revised basis during this period of response to COVID-19.

The Board will meet on the first Thursday of each month as scheduled. The formal monthly Board meetings will focus for the immediate future on five key aspects of business:

1. The response to the COVID-19 Pandemic.
2. Staff Governance – assurance report in relation to COVID-19 response
3. Clinical Governance – assurance report in relation to COVID-19 response
4. Performance Governance – assurance report in relation to COVID-19 response
5. Recovery from COVID-19

The items addressed by the Committees of the Board will allow the Chair of each of those Committees to provide assurance to the rest of the board members.

The proposed revised arrangements for clinical, staff and financial governance are set out, in more detail, in the attached appendices to this report – Appendix 2: Clinical Governance, Appendix 3: Staff Governance and Appendix 4: Financial Governance.

Until further notice, attendance at Board meetings and briefings will be facilitated via VC, telephone or other options. The Board's current Standing Orders make provision for this:

“6.5 Meetings of the Board, its committees and sub-committees may (as well as being conducted by all members being present together in a pre-determined place) be conducted in any other way in which each member is enabled to participate although not present with others in such a place, eg by videoconferencing.”

#### **b. Revised Standing Orders to support the revised Board arrangements**

The Board will function in accordance with its Standing Orders other than for the time period for calling of meetings, quoracy and timeframe for submission of papers. Approval to the following changes to the Standing Orders is requested:

##### **Calling of Board Meetings**

The Chair may call an extra-ordinary meeting of the Board at any time.

The notice (agenda and papers) must be distributed to each Member within 4 consecutive days before the date of the meeting, other than in exceptional circumstances when notice must be given of when the papers will be delivered. The Board discussions will be correctly and accurately recorded as a minute.

##### **Quorum**

The quorum will reflect the risk to attendance by prolonged sickness or absence as a result of the COVID-19 Virus. No business shall be transacted at a meeting of the Board unless there are present, and entitled to vote, at least six members who shall be the Chair, and at least two Executive Members and two Non-Executive Members. If the Chair and Vice Chair are not present, voting Board Members are able to elect a Non-Executive Board Member to act as Chair for the duration of the meeting. This decision must be noted within the minute prior to the first agenda item being discussed.

If a quorum is not present ten minutes after the time specified for the start of a meeting of the Board, the Chair, subject to the business to be conducted, will determine if the meeting should continue and any decision ratified thereafter.

If during any meeting of the Board a Member or Members are called away and the Chair finds that the meeting is no longer quorate, it would be the decision of the Chair as to whether the meeting is suspended or will continue to run, noting within the minute that it is not quorate, giving the timings.

If a quorum is not present at the end of ten minutes, the Chair will seek agreement to adjourn the meeting or re-schedule. Any decisions that are required to be made by the members while the meeting is not quorate will be verified when the meeting becomes quorate or at the next meeting, if it is decided to adjourn the meeting.

## **Submission of Papers**

In recognition of the demands on the System Leadership Team of the COVID-19 challenges, the Board may in certain circumstances, and with the Chair's approval, accept verbal updates.

Where necessary, the Board reserves the right to seek a specific written report on any matters that may arise from discussions that require such a record to be presented.

### **c. Public Board meetings**

The [Public Bodies \(Admissions to Meetings\) Act 1960](#) requires NHS Board meetings to be held in public. However, Section 1(2) of that Act states:

'2) A body may, by resolution, exclude the public from a meeting (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted **or for other special reasons stated in the resolution** and arising from the nature of that business or of the proceedings; and where such a resolution is passed, this Act shall not require the meeting to be open to the public during proceedings to which the resolution applies.

NHS Boards also have other legal duties to protect public health.

In light of the preventative measures put in place across the country, including social distancing, the Board is asked to approve a resolution to not convene its Board meetings in public while the organisation and the country is responding to the COVID-19 pandemic, for the 'special reason' of protecting public health, and the health and wellbeing of anyone who would have otherwise attended the meeting.

The Board will still publish its minutes and meeting papers on its website as it currently does. Following each meeting the Chair will make a podcast or other media available through the Board's communication channels to inform the public about matters discussed and agreed and to maintain important links with the public and community at this time.

## **4. Responsible Executive Director and contact for further information**

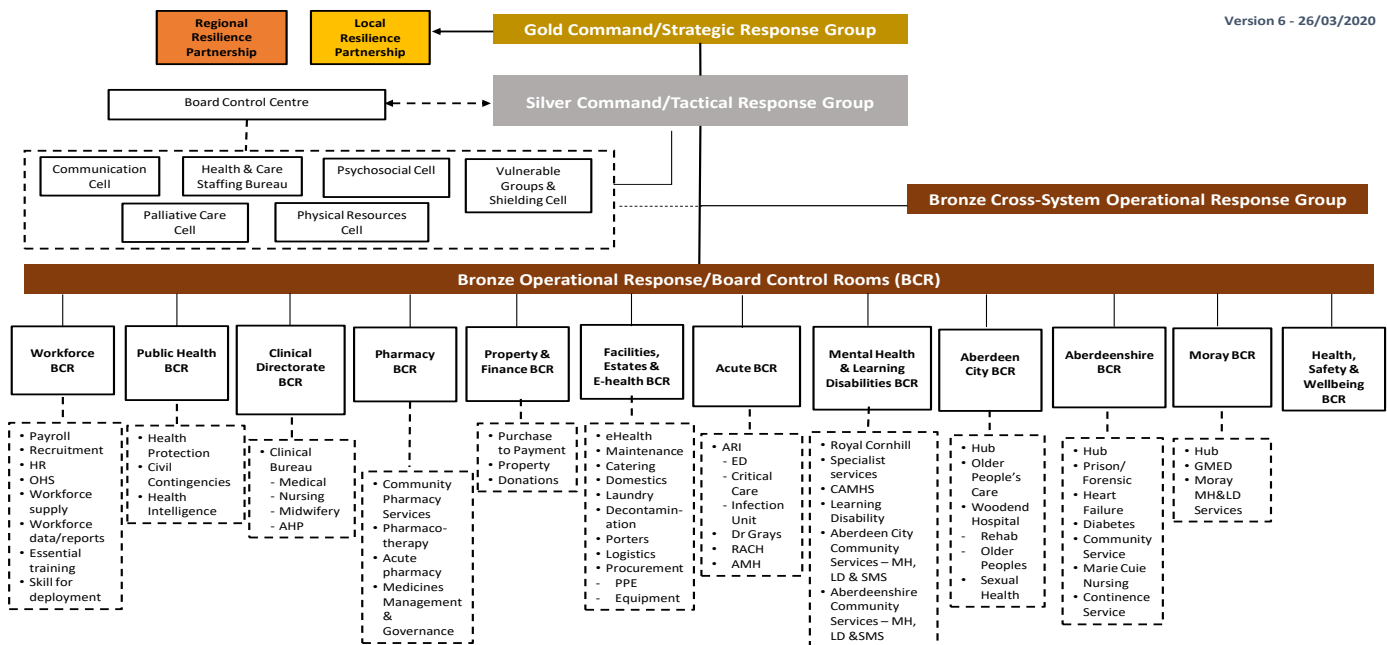
If you require any further information in advance of the Board meeting please contact:

**Responsible Executive Director**  
Alan Gray  
Director of Finance  
[alangray@nhs.net](mailto:alangray@nhs.net)

**Contact for further information**  
Lesley Hall  
Assistant Board Secretary  
[lesleyb.hall@nhs.net](mailto:lesleyb.hall@nhs.net)

## Appendix 1: Implementation of Gold, Silver Command decision making

The diagram below sets out the arrangements for direction and decision-making, escalation, advice and communication within the various parts of NHS Grampian and in partnership with Integration Joint Boards, Local Authorities, other statutory partners and independent and third sector partners. In addition to this, NHS Grampian provides regular reporting to the Scottish Government via the agreed mechanisms.



Within the structure, there are four levels. These are:

- **Gold Level/Strategic Response:**

**Purpose:** Provides strategic direction and co-ordinates the sourcing of support from the Local Resilience Partnership in line with Gold command objectives.

**Objectives:**

- Protect and preserve life;
- Protect and preserve the system for the delivery of health and care;
- Respond effectively to COVID-19;
- Maintain critical/essential services;
- Safeguarding health, safety and well-being; and
- Ensure the recovery of the system

**Accountable officers:** NHS Grampian Chief Executive and Deputy Chief Executive. The Gold Command will be chaired by the NHS Grampian Chief Executive and is accountable to the Grampian NHS Board.

**Meetings:** Daily at 8.30am

- **Silver Level/Tactical Response:**

**Purpose:** Co-ordinates the allocation of resources in line with agreed priorities, and will provide tactical planning to identify and address emerging issues. Silver Level will ensure appropriate decisions are made with respect to advice and will commission and prioritise relevant 'task and finish' groups/cells. They will direct the Board Control Centre (BCC) re managing flow in and out, and logging of decision-making within key governance structures.

**Objectives:**

- Instruct a clear segregation of COVID-19 and Non-COVID-19 healthcare services;
- Instruct reconfiguration of Non-COVID-19 related clinical services in line with evidence based risk-prioritisation;
- Plan an integrated whole-system COVID-19 Tactical Operating Model (see overleaf);
- Utilise outbreak data and system intelligence to coordinate the staged allocation of resources against this Model;
- Plan a system that protects our most vulnerable patients;
- Ensure realistic and compassionate decisions are made at every stage of care;
- Ensure appropriate education, training and support to maintain the health, well-being and safety of our staff; and
- Develop an ethical and risk framework to support the difficult decisions our clinical teams will encounter.

**Accountable officers:** NHS Grampian Medical Director and Executive Director of Nursing who are accountable to the NHS Grampian Chief Executive.

**Meetings:** Daily at 16.45pm

- **Bronze Level/Operational Response**

**Purpose:** To provide (a) robust proposals and advice to Silver/TRG in timely manner, and (b) effective enablement and implementation of Silver/TRG decisions and directions relating to the commissioned work-streams and task and finish groups/cells until these are fully operational within one of the operational response teams.

**Objectives:**

- Operationalise segregation of COVID-19 and Non-COVID-19 healthcare services i.e. Cross-system/ surge plans, site plans, Community Hub;
- Reconfigure Non-COVID-19 related clinical services in line with evidence based risk-prioritisation i.e. GP/Community Hubs, Elective Care, Cancer Care, Near Me;
- Implement integrated whole-system COVID Tactical Operating Model;
- Implement agreed plans which protects our most vulnerable patients i.e. Cancer, pregnant women, isolation/shielding, mental health, adult/child protection;
- Implement education, training and support to maintain the health, well-being and safety of our staff i.e. Critical Care, PPE, psychosocial hub;
- Operate within the agreed ethical and risk framework to support the difficult decisions our clinical teams will encounter; and
- Implement resilience/business continuity plans for critical clinical and non-clinical services

**Accountable officers:** NHS Grampian Director of Operational Delivery (for the ORT) and Bronze Commanders responsible for each Board Control Team. Bronze Accountable Officers are accountable to the Medical Director and Executive Director of Nursing.

**Meetings:** ORT meetings daily at 14.30pm

**Support** - Bronze Operational Control Rooms are in place for critical operational functions. Each Control Room has been designated responsibilities in line with their operational teams. These Control Rooms are responsible for the co-ordination of actions assigned to them and for managing the delivery of critical organisational functions. Each Control Room submits daily SITREPs to the BCC by 10am in a prescribed format. These are consolidated into a single organisational SITREP to be considered by the ORT (Bronze) and TRT (Silver) each day.



## Appendix 2: Clinical Governance – proposed arrangements

### Introduction

NHS Grampian has activated its Major Infectious Disease plan in response to COVID-19. This requires the organisation to consider which processes must be continued, amended or stopped. Clinical Governance arrangements should continue however, must be reviewed in light of the additional pressure on operational services and the organisation as a whole. This paper provides NHS Grampian Board with an overview of:

- The changes that have been made to clinical governance processes within the last week ensuring continuation of adverse events and complaints management and clinical risk identification and mitigation;
- The plan to review these arrangements with options to further amend clinical governance processes;
- A proposal on how interim clinical governance arrangements will function in order to provide assurance to the Board

### Current Process Changes

A number of elements have been reviewed and amended and communicated cross-system. The changes noted below will be reviewed once the NHS Grampian Major Infectious Disease Plan is stepped down.

#### a. Adverse Events

The following changes were implemented from Monday 23<sup>rd</sup> March 2020.

- Reporting of adverse events on Datix should continue, however this is now being done through a shortened reporting form.
- A field has been added to the reporting form to capture issues specifically related to COVID-19. Incidents are now being reported with this code.
- Adverse events of Negligible or Minor severity no longer require final approval. Staff who have historically been first approvers will be able to finally approve and close these records.
- Categorisation and contact approval is now done centrally to ease the review process.
- Commissioning of Level 1 and Level 2 reviews should continue, however at time of commissioning a target timescale for completion should be agreed and recorded on Datix.
- For Level 1 and Level 2 reviews already commissioned, progress should be reviewed and a target timescale for completion agreed and recorded on Datix. It is important that this revised timescale is communicated to all concerned (e.g. patient, family, staff) and a template has been added to Datix to support this. Additional support with these steps is available from the Datix Admin Team [grampian.datixadmin@nhs.net](mailto:grampian.datixadmin@nhs.net) and the Quality Improvement and Assurance Team [nhsq.qiat@nhs.net](mailto:nhsq.qiat@nhs.net) are/can support investigations.
- Responsibility for determining whether events are RIDDOR reportable has been transferred to the Corporate Health & Safety Team. Where required, they will also carry out the HSE notification.

## **b. Complaints Handling**

The following changes have/are being implemented from Monday 23<sup>rd</sup> March 2020:

- Handling of complaints should continue, but the standard acknowledgement letter for complaints has been amended to state that due to COVID-19 NHS Grampian will not be able to respond within the timescales set in NHS Scotland Complaints Handling Guidance.
- Standard letters have been developed and are in use to respond to all complaints relating to in-patient and out-patient cancellations, waiting lists, and reduced activity for elective procedures due to COVID-19. This is handled by the Feedback Team and requires no service input. A standard response has also been developed for MSPs/MPs when asked to make a general enquiry on behalf of their constituents.
- To further support services the Feedback team will aim to make contact with every new complainant with a view to managing complaints, where possible through early resolution, to support the development of a response for the service and ensure that the heads of complaint are clearly identified. This will again minimise the need for service involvement.
- The Feedback team are updating the Datix record to ensure there is an audit trail, they will alert operational management of any actions required or learning gained.
- Face to face meetings with complainants will be postponed. The Feedback service can support VC meetings, if required.
- Revised Scottish Public Services Ombudsman (SPSO) guidance was issued on 26.03.2020. This states that SPSO has not stopped taking postal deliveries or new complaints, but the work done on them will be severely limited for the foreseeable future. It is accepted that Boards may not be in a position to respond within the usual time frames and Boards are asked to inform SPSO whether they are in a position to engage in an investigation and will take full account of the ability to respond. At the time of this paper NHS Grampian has four cases under investigation that require responses to be returned to the SPSO in April. The Feedback team are in dialogue with the SPSO re deadlines and will continue to liaise with them on this. The SPSO are both welcoming of our communication with them and are being supportive of extending timescales. To support services the clinical staff within the Feedback service will assist with any investigations into SPSO cases by e.g. preparing Heads of Complaint letters, further reducing the need for service activity.

## **c. Adverse Event and Complaints Handling Review Process**

NHS Grampian is committed to delivering its statutory responsibilities but there is a recognition that there will be increasing pressure on services to respond to COVID-19. Options have been considered for both adverse events and complaints with a risk and benefits analysis including ease of recovery planning. The Clinical Risk Meeting (CRM) will agree these and escalate for approval via the Clinical Directorate Control Room to the Board Control Centre.

## **Adverse Events Phasing Options**

- **Phase 1:** Move to single stage approval for all events
- **Phase 2:** Move to only reporting events resulting in harm and/or certain agreed categories
- **Phase 3:** Move to reporting only COVID-19 incidents

## **Complaints Handling Phasing Options**

- **Phase 1:** If the Feedback team are unable to gain stage one: early resolution on contact with the complainant, they will be informed that the stage two: investigation will not begin until the NHS Grampian Major Infectious Disease Plan is stepped down.
- **Phase 2:** Existing stage two complainants will be informed that the investigation will be halted until the NHS Grampian Major Infectious Disease Plan is stepped down.
- **Phase 3:** The Feedback team will inform the SPSO that NHS Grampian will be unable to respond to any request for information until the Major Infectious Disease Plan is stepped down.

## **Clinical Governance Arrangements**

### **a. Clinical Risk Meeting (CRM)**

The CRM is conducted weekly to discuss data collated over the previous week with a view to identifying new clinical risks from across the whole system. This includes risks identified from adverse events, complaints, and clinical indicators. At each meeting agreed pre prepared reports are provided by group members and shared to inform the discussion. An action tracker is maintained and updated weekly to progress actions. This process of collated reports ensures the organisations operational units have early identification of new or increasing clinical risks to enable system-wide discussion and appropriately managed performance. The discussion and ongoing management provides representatives from the System Leadership Team (SLT) with an appropriately raised awareness of the current management of cross-system.

### **Proposal**

- The CRM continues to meet on a weekly basis Monday 09.00 -10.00. This will be chaired by the Clinical Leads from the Clinical Directorate Control Room (CDCR).
- The focus for the meeting will be adverse events and clinical risks, particularly those identified as COVID-19. In addition key areas of risk and clinical governance that have been identified from the CDCR will be discussed and actions agreed.
- A report on all CRM business will continue with decisions made by the group on what continues, what paused etc. at each weekly is meeting. This will be recorded on the action tracker.
- The CRM report will be collated from the CDCR and sent to all Bronze Control Rooms for information and, where appropriate action. The CDCR will coordinate any response required on action from the Bronze Control Rooms.
- The CDCR will send the collated report to the Board Control Centre for information and, where appropriate action and/or decision support.

- On guidance from the Board Control Centre the CRM will propose when additional phasing is required for the management of both adverse events and complaints handling. This will be coordinated and communicated by the CDCR.
- The CRM report will be shared with SLT so there an appropriately raised awareness of the current management of cross-system clinical risks.
- A monthly update report will be provided for the NHS Grampian Board.

#### **b. Clinical Quality and Safety SLT Subgroup**

The subgroup meets six weekly with cross system representation to ensure that operational clinical and care governance matters are addressed, thus establishing and reflecting a system wide assurance process. The subgroup report to SLT following each meeting with a consolidated report, including the CRM data each quarter.

Following approval this paper is submitted to the NHS Grampian Clinical Governance Committee with supporting evidence of the discussion, key actions and the emerging quality and safety of care risk profile. The work of the subgroup is currently focused on clarifying clinical and care governance arrangements cross-system particularly to enable NHS Grampian to enact its accountability to the Integration Joint Board (IJB) for relevant healthcare services.

#### **Proposal**

- To maintain communication the subgroup Leads will be copied into the weekly CRM report for information and, where appropriate action required from a clinical governance viewpoint.
- Accountability will be retained through existing Clinical and Care Governance arrangements within NHSG and the Health & Social Care Partnerships. The Clinical Governance Leads should direct items they require discussed or escalated to the CDCR.
- The next subgroup meeting is scheduled for 15.04.2020. It is proposed that this date is kept but the meeting will be planned digitally. The focus will be:
  - To allow the subgroup to share information and provide effective support for cross-system clinical and care risk management, improvement and assurance.
  - To record decisions made by the group on what is continuing and what has been paused in terms of clinical governance activity within their local arrangements.
  - To coordinate any response required from the subgroup on action from or to the Silver or Bronze Control Rooms.
  - Agree a decision re the next subgroup meeting scheduled for 03.06.2020.

### c. NHS Grampian Clinical Governance Committee (CGC)

The Clinical Governance Committee oversees quality and clinical governance for the Board and ensure that quality standards are being set, met and continuously improved, and effective arrangements for supporting, monitoring and reporting on quality and clinical governance are in place and working effectively across NHS Grampian.

#### Proposal

Following discussion with Silver and Command it is proposed that the NHS Grampian Board meet on a weekly basis with a focus on:

- **COVID-19.** Position update and decisions from the Strategic Response Group/Gold Command and the Tactical Response Group/Silver Command;
- **Governance.** Each week, on a rotational basis one of the Governance committees will be asked to present an update position and provide assurance to the Board. The Associate Director, Quality Improvement and Assurance will work with the Chair of the Clinical Governance Committee to complete the monthly report to provide both assurance and to escalation of any concerns to the Board. In discussion with the Chair of the Clinical Governance Committee the agenda, proposed for the meeting on 15<sup>th</sup> May has been reviewed to include focus on an overview report from the Clinical Directorate Control Room. Reporting to the Board will include:
  - The CRM exception report on adverse events, quality and safety of care risk profile and in particular related to COVID-19;
  - Summary of key areas of work and actions taken in relation to clinical governance;
  - Healthcare Associated Infection Reporting Template (HAIRT) report. A high level statement from Infection Prevention and Control highlighting any area that the Board should be aware of from a clinical governance viewpoint;

## **Appendix 3: Staff Governance – proposed arrangements**

### **Context**

Staff Governance provides a system of corporate accountability for NHS employers to ensure that that staff are managed fairly and effectively. It clarifies for staff their rights and their responsibilities and underpins the quality strategy of safe, effective and person centred care.

The Staff Governance Standard has 5 components for Boards and their staff:

1. Well informed;
2. Appropriately trained and developed;
3. Involved in decisions;
4. Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and,
5. Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

During the COVID 19 pandemic, the continued achievement of the standard will be essential but may be flexed to meet the pace and demands and require greater agility of staff in order to meet the requirements of the service.

Monitoring and assurance will continue to sit with the Staff Governance Committee (SGC), however, this may meet in alternative ways and adjust the agenda to suit the circumstances the Board is facing.

### **Assurance Required**

Assurance to the SGC and the Board will be against the 5 components of the standard and the two additional requirements on mental health from Clare Haughey, Minister for Mental Health, being:

1. Boards will already have local arrangements in place for supporting staff health and wellbeing. It is vital that these support structures are maintained and enhanced. Boards should clearly signpost their workforce to support that can be accessed including through trade unions and professional bodies.
2. To ensure consistency and focus, a designated lead for staff wellbeing should be identified locally. The staff governance committee should take on the lead responsibility for positive mental health and wellbeing of the workforce, including practical support (for example on food and accommodation).

The Staff Governance Committee of NHS Grampian will provide assurance on a monthly basis including some underpinning data on workforce up-skilling, deployment and absence. Suggested data sets:

- Known absence for NHS Grampian at organisation level, detail to be agreed
- Update increased capacity
- Update on support to staff including Occupational Health Service (OHS) contacts
- Update on contact and HR activity including Q&A
- Staff working from home
- Up-skilling and developments
- Numbers deployed

## **Appendix 3: Performance Governance and Audit Committee – proposed arrangements**

### **Performance Governance**

As Scottish Government have removed the requirement of Boards to meet national performance standards for a number of services, we are proposing that the focus of the Performance Governance Committee should be of overseeing the financial performance of the organisation, in particular being assured on the arrangements in place for the additional COVID-19 expenditure.

All expenditure incurred in response to the COVID-19 plan is being approved if critical to the plan and charged to a separate financial code. The senior finance team are providing advice and support to enable budget holders to operate with an appropriate financial framework and to ensure that additional expenditure is only incurred where necessary and essential to the Board COVID response.

A finance manager has been dedicated to monitor this expenditure and ensure that there is appropriate supporting and authorised documentation as required by the Board standing financial instructions. Scottish Government have agreed to fund all additional and legitimate expenditure in support of the implementation of the mobilisation plan. We welcome the support being made available to source the necessary goods and services.

### **Audit Committee**

The Audit Committee was scheduled to meet in June 2020 to consider the Board financial statements and recommend approval to the Board.

Discussions are ongoing regarding the timetable for the external audit of the Board financial statements. We await guidance on this and will advise the Board accordingly. Once we are clear on the year end arrangements we will convene a meeting of the Audit Committee as required.

The Chief Internal Auditor confirmed to the Audit Committee that the programme for 2019/20 was sufficiently completed to enable the Internal Audit Annual Report to be prepared. All internal audit work in relation to 2020/21 financial year has been paused during the period of the COVID-19 response in light of the Government direction for all individuals only to travel when essential.