

SHETLAND NHS BOARD

Minutes of the Meeting of the Audit Committee held at 10:00 on Tuesday 30th March 2021 via Microsoft Teams

Present	
Mr Colin Campbell [CC]	Non-Executive Director (Chair
Mr Lincoln Carroll [LC]	Non-Executive Director
Mrs Natasha Cornick [NC]	Non-Executive Director
Mrs Jane Haswell [JH]	Non-Executive Director
Miss Shona Manson [SM]	Non-Executive Director
In Attendance	
Mr Chris Brown [CB]	Azets (Internal Audit)
Mr Craig Chapman	Head of Information & Digital Technology (item 6(i))
Mr Conor Healy [CH]	Deloitte (External Audit)
Ms Stephanie Hume [SH]	Azets (Internal Audit)
Mr Colin Marsland [CM]	Director of Finance
Mr James McConnachie	Business Continuity & Resilience Officer (item 6(ii))
Mrs Pauline Moncrieff	PA to Director of Finance (minutes)
Mr David Morgan	Information Governance Manager & Data Protection Officer (item 6(iv))
Dr Mary Roberts	Consultant Clinical Psychologist (item 6(iii))
Mrs Erin Seif	Corporate Services Administrator

1. Apologies

Apologies were received from Michael Dickson and Karl Williamson.

2. Declaration(s) of Interest

There were no declarations of interest.

3(i) Management Action Follow-up 2020/21 – outstanding action updates

- (IT Healthcheck Security) IT Policies and Procedures

Craig Chapman explained that it had been decided to extract the technology based aspects from the extant Information Security Policy into a separate policy and to do that on a regional basis. This work had then lapsed due to the pandemic and not been taken forward by the governance and technology leads in the north. It had recently been agreed to resume work and continue with the regional approach, but with a dead stop of May 2021 as this is when the local policy is due for refresh. The plan is to complete the technology piece locally regardless of the position regionally due to considerable delay to date. Mr Chapman assured members that the organisation was not in a place of risk and it was unfortunate that it was not possible to do this work in a more joined up way.

Mr Campbell thanked Mr Chapman for attending and advised that the committee would invite him back to a meeting later in the year to provide a further update. **ACTION: CC**

Mr Chapman apologised that the updates had not reached the committee in the past, but assured members that these would be submitted on time going forward.

4. Draft Minutes of meeting held on 24th November 2020

The minutes from the meeting held on 24th November were approved as an accurate record.

5. Matters Arising

There were no matters arising from the previous minutes.

6. Action Tracker

- (153) Ongoing and Mary Roberts is attending today's meeting to provide an update.
- (158) Meetings held with Non Execs and information needs agreed. PMO will attend the Board Development Session in May 2021 to talk about efficiency savings. This related to item 12 on today's agenda.
- (159) Discussion held with the Board Chair and action now complete
- (161) Discussion held with the Chief Executive and there is a commitment for executive directors to attend when capacity allows.
- (162) JH stressed the importance of information governance assurance as CPGC was still stood down. Now looking at a Clinical Care Governance committee which is due to stand up in May. NC was unsure what paper she was asked to forward, but CM said it related to outstanding actions and the issues would be covered by Craig and David's updates
- (163) CM has raised the issue with IGSG and will ascertain from Mr Chapman what progress has been made since the last meeting as much of the work is technical
- (165) CB said this formed part of the discussion on Board Assurance Frameworks which was on the agenda for today's meeting.
- (166) JH reported that the IJB had agreed the light touch review of their Terms of Integration and part of that was moving from having a specific joint governance committee (the CCPGC was that joint governance committee for the IJB). A meeting will take place with the Board Chair and Chief Exec in mid-April to discuss NHS assurance and the outcome will be shared with the Audit Committee. CCPGC it will not step up again, but the Clinical Care Governance Committee should have its first meeting in May. Members were assured that the Board had had sight of where the governance had taken place while CCPGC has been stood down. This item should remain on the tracker till the first meeting has taken place and the ToR are finalised.

CM advised that the ToR were required to come to the board in order to formally approve the change to the governance structure of the organisation because at present the CCPGC still exists until such times as the board changes the governance structure.

3(ii) Management Action Follow-up 2020/21 – outstanding action updates

- (Business Continuity Planning) Business Impact Analysis
- (Business Continuity Planning) Recovery Strategies
- Business Continuity Plan

James McConnachie gave a presentation explaining how he had consolidated the above actions into the Business Continuity Cycle (BCI Good Practice Guidelines) which is the cornerstone of what is being implemented. The key planned pieces of work include:

- The self-assessment report prepared in light of the NHSS Organisational Standards is being converted into a step-by-step action plan which looks at 43 different organisational standards.
- In the first month the main thing being looked at is Programme Management and the assignment of responsibility within the organisation in respect of moving business continuity ahead.
- A Resilience Working Group is being set up and will be proactive in moving the action plan forward with objectives set for each of the pieces of work to be done.
- An e-learning package for all staff on business continuing awareness and there will be a business continuity authors' package on Turas.
- A Business Impact Assessment (BIA) which is colour coded, simple to use and identifies each of the services it impacts and sets the maximum tolerable period of disruption.
- The overarching plan is for a more generic Business Continuity Plan which will be managed by James.
- Individual departments would concentrate on BIA keeping the document live and from that falls out appendices which will generate colour coded action cards, call-out lists etc required to recover functions with a methodology for decision making.

JH asked how risk is captured in the BIA and then fed back to the board, eg. if recruitment failed to fill a vacant post. James explained that if it was already an existing long standing risk then it would be in the Corporate Risk Register. Business Continuity was more geared to one-off disruptions rather than long term issues. There is an escalation process managers could use for significant corporate risks eg. staffing risks.

CC thanked Mr McConnachie for attending and said the committee felt assured this work was now progressing and advised that the committee would invite him back to a meeting later in the year to provide a further update. **ACTION: CC**

CB said internal audit felt confident that the issues raised in internal audits reports will be addressed, but that there was a need to link with the Risk Register and with the Risk Management Framework because of the issues most relevant to small boards.

In response to comments from CB and SM, James added that there is a Community Risk Register which is maintained by the Fire & Rescue Service that is more for external threats. The Corporate Risk Register is for external and internal ongoing threats, risks and opportunities eg. the ongoing pressure of locums, aging premises, climate change.

James assured members that going forward, the Business Continuity & Resilience Working Group would have representation from executive level and would be reporting to EMT on a quarterly basis and to the Board on an annual basis.

3(iii) Management Action Follow-up 2020/21 – outstanding action updates

- **(Mental Health Services) Management Information**
- **(Mental Health Services) Objectives and Training Plan**
- **(Mental Health Services) Psychological Therapies W/Times**

Dr Mary Roberts presented the Psychological Services Waiting Times Improvement Plan which was a response to Brian Chittick's report dated 19/8/20, and the Psychological

Services Outpatient Referral crib sheet. Dr Roberts highlighted some positive points and also where the assistance of the Audit Committee would be welcome.

- Referral criteria have been drawn up and Dr Roberts has been involved in implementing a more stepped care approach to the psychology service, bringing in training for staff as well delivering regular training for staff.
- One concern was the vacant posts and progress which requires the input from Director of CH&SC and the Adult Mental Health Manager. Some clarification was sought on the number of vacancies, what the level of funding is, and an update on the plan for recruitment to these posts.
- There is a need for investment in additional admin staff to support the good delivery of services within the department. This issue has been flagged to the AMH Manager but the matter should be treated with more urgency.

The committee thanked Dr Roberts for her very informative report which was well written and also thanked her for being candid with members regarding her concerns. The report clearly highlighted a way forward to the board in real pragmatic steps regarding how the situation could improve. The committee shared Dr Roberts' concern regarding progress in recruitment to vacant posts which was now a matter of urgency.

NC reported that part of the paper had been presented to IJB the week before and remained unchanged. With the knowledge of the perceived blockers identified, the Audit Committee must take action to unblock them and do everything to get move progress forward by holding management to account.

CM informed the committee that in terms of 2021/22, SGov had announced £20M for mental health services of which £15M had been allocated to address the backlog including psychological therapies. Based on the NRAC share this would equate to £72k for NHS Shetland which would be available through the IJB as part of the Commissioning Plan. CM offered to follow-up with Dr Roberts outside the meeting to discuss the funding available.

ACTION: Mr Marsland

CH said he had been external auditor for NHS Shetland for the last 3 years and this has been an issue each year. There had been various reassurances that there were plans in place and performance would improve when in reality each year performance had declined. In 2019/20 external audit's report had stated its concern quite strongly and more specifically the requirement to follow-up on this year. CH offered to contact Dr Roberts after the meeting to see how external audit could assist to independently look at ways to focus on leadership and expectations around it.

ACTION: External Audit

NC stated that she was a member of the Audit Committee as a Non-Executive Director of NHS Shetland but she was also IJB Vice Chair. She and the IJB Chair meet with the Director of CH&SC on a weekly basis so would raise these concerns around mental health at their next meeting. NC reassured Dr Roberts that there was a governance process of accountability and would be moving forward with that too.

– **(Information Governance) Training and Awareness**

David Morgan gave an update on mandatory information governance training compliance figures for the period to 25/3/21. There had been improvement in compliance from 42% up to 51% by the beginning of March which was encouraging and with consistent messaging from managers and engagement with HoDs, compliance had further improved to 59%.

David explained the trend in figures over time saying jump between January and February 2020 was due to IT accounts for staff who had left the organisation still counting towards the figures,. This has been rectified and the trajectory is now improving.

The two main directorates where improvement is required are the Medical Director's directorate (Estates & Facilities and Hotel Services staff) and the Chief Executive's office. The significant challenge faced by these staff groups is access to the online training. The Information Governance team is liaising with Lawson Bisset and Staff Development to explore ways to improve accessibility and other learning options. One way being considered is 'One to Many' and a short video is being prepared that covers all the material that staff can access on their mobiles or in their office space.

JH said that SQA assessors are trained in professional discussions and could be the way to verify their knowledge in a professional discussion. JH and David agreed to discuss this further outwith the meeting.

ACTION: Mrs Haswell/Mr Morgan

SM said that as Whistleblowing Champion one of the things being discussed is the roll out of Turas training that exists for both managers and staff. An emerging theme is the challenge to improve and create platforms for staff to enable open conversations. David said he was in discussion with Staff Development who are already aware of this issue so there is increasing awareness across the organisation.

In response to a question from CC, David Morgan agreed that using a risk based approach was would help put information governance into practice and encourage managers to look at staff on the bank and ensure their training is up-to-date.

David explained another area that Internal Auditor had highlighted was the development of an escalation process for mandatory training and the introduction of a sanction or consequence for choosing not to comply. An escalation process has been agreed by the IG Sub Group and, after approval by EMT in the next fortnight, the plan is to communicate to staff the consequences of non-compliance with statutory training. It was hoped all caveats can be explored and implemented before the end of April.

- Information Governance Strategy

David Morgan presented the timetable for the Information Governance Strategy explaining that the timescale had been delayed due to the pandemic. The key point for the committee to note was that SGov have published an overview of the Information Governance landscape for NHS Scotland and feedback is due by the middle of April. There is a clear action plan for all stages of production of the first draft and consultation sign off in time for the next budget setting exercise so any necessary costs will be known by the finance team.

JH said there was advantage in the local authority and NHS coming together to highlight the issues that both organisations face (particularly within IJB) including information governance. David said he would ensure that was referenced in the annual report.

ACTION: Mr Morgan.

CC thanked David Morgan for attending and said the action plan provided the committee with assurance that progress will be taking place this year. The committee would invite him back to a meeting later in the year to give a further update.

ACTION: CC

3(iii) Management Action Follow-up 2020/21 – outstanding action updates (cont.)

- **(Mental Health Services) Management Information**
- **(Mental Health Services) Objectives and Training Plan**
- **(Mental Health Services) Psychological Therapies W/Times**

There was a lengthy discussion on the Adult Mental Health Service and how the audit committee wished to proceed.

Members said that rather than waiting till the next scheduled Board Meeting on 27th April, the issue was of sufficient urgency that a special meeting of the Audit Committee should be arranged and the Board Chair, Chief Executive and the Director of CH&SC be invited to attend. This should be arranged for as soon as possible after 12th April (when everyone was back from annual leave).

Members agreed there needed to be clear lines of responsibility and accountability and answers as to why vacant posts have not been filled and little apparent progress on the action plan since the last update.

CB said one of Grade 3 Management Actions was around the Mental Health Strategy and Training Plan which should be considered a red flag for the committee. Internal Audit's advice to members would be to follow the correct escalation route for significant issues of concern, which to the board of NHS Shetland. It was acceptable to have a pre-meeting in advance of presenting a paper to a formal Board Meeting in accordance with the formal governance structure.

Despite signs of progress in some areas, Audit Committee members said they did not feel assured that there was evidence of sufficient progress on the action plan since it was originally presented in September 2020.

CM informed members that this issue must be included in the governance statement narrative within the board's annual accounts and so wording needed to be agreed prior to presentation to the Audit Committee on the 23rd June and the final document going to the Board Meeting on 25th June.

CH informed members that as part of the recent wider scope audit work being conducted by External Audit, the impression was that there was no appreciation of the severity of the issue within the management team. External Audit support the proposal to discuss with the Board Chair and Chief Executive in the first instance followed by the Executive Management Team in order to understand the true picture in terms of progress.

After further discussion, it was agreed that a Special Audit Committee meeting should be convened as soon as possible after 12th April involving all members of the Audit Committee, the Board Chair, Chief Executive and the Director of CH&SC to discuss the issues will be raised and concerns arising from Dr Roberts' presentation. Following this meeting, the issue can be escalated to the Board at its April meeting.

ACTION: Colin Campbell/Pauline Moncrieff

[12:15 *Comfort break*]

Internal Audit

1. Internal Audit Report: Progress Report Q3 2020-21

Ms Hume informed the committee that internal audit reviews were progressing well and the only remaining piece of work is the follow-up Q4 report which is presented to the Audit Committee in May 2021. Also to be presented in May are the Annual Internal Audit Report and the Final 2021/22 Internal Audit Plan.

There were no questions and the committee noted the report.

2. Internal Audit Report: Follow-up Report Q3 2020-21

Ms Hume said some updates had already been discussed in the meeting and there had been special follow-up on Grade 3 risks reported in the February. There were 17 items on the tracker at the time and 12 of these are not yet due as a result of shifting the due dates following discussion in February. Four are still awaiting a response, but an update for a Grade 2 Risk management item has been received since the report was published so this is now assessed as a partially complete action. The one item that was marked as 'No Longer Applicable' which relates to IT governance, and relates to the plan to take a more national approach to the policies and procedures, and so supersedes the action in the report. Ms Hume advised the committee that it would be a good idea to invite the IT Manager to provide an update on progress despite it not being on the tracker.

The committee had no questions and the committee noted the report.

3. Internal Audit Draft Plan 2021/22

Ms Hume said the plan outlined the feedback received from the Audit Committee in November and also a meeting Internal Audit had with the Chief Executive to discuss priorities for the year. In the plan is a financial systems healthcheck covering several different areas eg. financial ledger, expenditure and income and is good practice to conduct a 6 month audit of these. The committee will also receive assurance on these areas from the work External Audit conducts on an annual basis.

Also in the plan is Bank/Agency Staff on-boarding which is something requested by the Chief Executive be in the plan in order to get assurances in this area and to get an accurate picture of the situation within the organisation.

Another area being looked at by Internal Audit is Infection Control which was a piece of work originally planned for before the pandemic and since then has become a more significant risk to all NHS boards.

The last substantial audit in the plan Business Continuity Planning which was as a result of previous conversations held at Audit Committee in light of not receiving updates for the BCP audits. Updates provided by James at this meeting were positive to see and internal audit are keen to see the work that he will do.

Not included in the plan at present, is a piece of work suggested by the Chief Executive around recovery feedback and lessons learned from dealing with covid across multiple health boards. The scope of the audit is still under discussion but could potentially be added to the plan for 2021/22. Members agreed it would be useful to understand what other boards were doing in terms of long terms impacts and remobilisation. Members are also welcome to suggest anything they feel should be added.

ACTION: Members of Audit Committee invited to submit suggestions

In response to a comment from CC regarding tracking progress of Grade 3 actions, SH suggested Internal Audit could perhaps conduct the audit on Business Continuity Planning in Q3 or Q4 next year thus providing James almost a year to work on the action plan. If there was a requirement for more than 80 days time in order for Internal Audit to conduct additional audits in order to achieve the level of assurance required by the committee, this can be delivered at a financial cost which could be explore with DoF.

CM reported that according to the action tracker there were 2 items to the included in the Internal Audit Plan for 2021/22 which are not in the scope for next year. If members are content to agree the current version of the draft plan, are they also happy to close these actions without their inclusion in this year's plan. Mr Campbell asked Internal Audit to look into this.

ACTION: Internal Audit

4. Internal Audit Statutory & Mandatory Training Report

SH explained this was a review conducted to look at the processes and controls in place for statutory and mandatory training within the organisation in terms of whether it is clear what staff should be doing and whether staff are undertaking the training.

There is one Level 4 (red) risk within the report which is fundamentally due to the fact that this refers to statutory training and when these are not undertaken it is a breach of statutory requirements. SH described how the audit was carried out across a sample of 24 staff and across 3 key statutory and mandatory modules and the findings to thereof.

The recommendation from Internal Audit is that management look at the completion rates across the whole organisation and try to develop a plan to ensure staff are undertaking training within a realistic timeframe. There is already positive progress and management responses suggest that they are planning to have it all completed by October 2021.

The Level 3 (amber) risk relates to reporting and Internal Audit have identified that there is no reporting into the governance structure of the organisation on the completion rates of statutory and mandatory training. The recommendation is that this must begin and staff had started looking at this as part of their Covid recovery plans and by developing a quarterly report. At the time the fieldwork was carried out for this audit, it had not yet been developed and was still in the planning process.

There was discussion around the reported number of staff who have not received regular annual appraisals. Internal Audit advised that if this was considered by the committee to be a significant risk then the report should be forwarded to Staff Governance Committee on a quarterly basis for action on completion rates. **ACTION: Staff Development Dept**

There was discussion on the potential financial risk associated with non-compliance with statutory and mandatory training, for instance a risk of negligence claims. CM explained that the Information Commissioner's office can fine the organisation as can the Health and Safety Executive. CH informed the committee that in this year's External Audit Plan, there was a requirement to report on non-compliance with those regulations which could have a potential financial impact and External Audit would also expect to see this in the governance statement.

CM advised the committee that there was not yet an automatic electronic reminder facility on the Turas system which could go some way to improving training compliance. Managers are also still to be trained on the use of the dashboard where there is a facility to run a management report to see the percentage of their staff on the system. Training for managers should to be expanded and form part of the Staff Governance action plan.

There was discussion on whether there would be any assistance available to the Staff Development team to tackle the backlog of training caused by the pandemic. CM explained that Covid-19 funding was allocated on the understanding it was to provide services to patients rather than staff training. Responsibility for ensuring that statutory and mandatory training is done sits with each individual manager within the organisation.

5. Internal Audit Procurement Report

SH presented the paper which looks at procurement processes within the organisation. Following comments in the External Audit report last year relating to procurement, Internal Audit have picked up on all of these as part of the audit and these three are all Grade 2 risks (yellow). There was much evidence of good practice outlined in the report, and the 3 actions that related to the External Audit findings were:

- All boards are required to publish a list of transactions of expenditure over £25,000 and a description of that expenditure. At the moment NHS Shetland's report does not include that explanation meaning that the board is not compliant with the legislation. This is very minor point of non-compliance and the description just needs some more detail. Also, on the board's website there were different versions of the Procurement Strategy so the procurement information for the organisation should be located in a single place and a single version so staff and the wider public to avoid confusion.
- Second finding is in relation to value for money – Internal Audit looked at 31 transactions within a year and identified 5 issues. The suggested recommendation is a review of the purchasing routes and how this is documented to ensure that staff have a clear understanding of what is required. The board should develop risk based and proportionate training and ensure that staff have access to a list of all national contracts, investigate if there are any cost effective controls which minimise off-contract spends.

- The Procurement Strategy is not explicitly linked to the organisational strategy and objectives making it difficult to identify the link. The recommendation is that there is clear link in place and that indicators are reported in a meaningful way.

6. Internal Audit Financial Management and Reporting

Mr Brown presented the paper explaining that the report was a combination of reflecting stakeholders views and also the opinions on Internal Audit about the ways of improving financial management and reporting. The 2 amber findings in the report relate to the clarity of financial reporting and ensuring that reports are focused and targeted to the needs of the audience who are receiving the reports.

- With regard to the reporting that goes to the board, the recommendation is that the Director of Finance should speak to Board Members about what format of reporting would work for them and then to get regular feedback in order to refine the report over a period of time.
- The second issue relates to budget setting which currently goes internally to Executive Management Team. The recommendation is that the finance team understands the information needs of different stakeholder groups at different points in the year and then to address the reporting and information flows to meet those specific needs.

In response to a question from NC regarding budget setting for 2021/22, CM said the issue this year was that board had not yet agreed the budget (normally done in February) due to the uncertain cost pressures. As indicated at the budget setting meeting, there is an issue affecting the budget for the 5 year plan, in that there is a gap in funding for this year due to the fact that there is a 1.5% increase not 3%. The budget setting cycle begins in August each year at which point the individual budget managers are sent out their own budget statements and as part of the process are asked about service development cost pressures and in terms of what efficiency savings plans they may have in development.

CM informed the committee that the management action to conduct a consultation with the Non Exec Directors and the executive directors had been completed and they have been receiving monthly reports. The other issue referenced in the report relates to a Finance Governance Committee which does not exist at present but the governance committees of the board must review and approve this proposal before establishment of this group.

Audit Scotland Report

7. Audit Scotland: NHS in Scotland Annual Report 2020

CM said this report forms part of the annual report that Audit Scotland produce annually. There is no Non-Executive Director checklist to be completed this year as part of the report. Primarily the report covers Covid-19 but also the fact an investment in staff is needed as part of the recovery. Members were invited to view an online video which gives some of the Auditor General's views and also to read the presentation given to the Directors of Finance which highlighted the issues disclosed in the report. Part of the rationale is that the NHS Shetland and the IJB should learn and take into account the guidance and issues that are contained in the report.

External Audit

8. External Audit Plan 2021/22

CH presented the paper adding that this should have been Deloitte's final year, however Audit Scotland have confirmed there is a one year extension as the board's auditors.

CH talked the committee through the plan in detail.

[13:20 Chris Brown leaves the meeting]

In response to a question from CC, CH said the final External Audit Report will come to the committee before the end of June. However, if members wish External Audit to provide an update on findings at an earlier stage, the committee is welcome to invite them to do so.

There was further discussion on the proposal to escalate any significant concerns around progress on the Mental Health Service action plan to the Auditor General (Section 22 reports). The recommendation from External Audit is that this should only be the route where there is an issue of severe concern to external audit and where there is insufficient probability within knowledge to address this issue themselves. External Audit support the committee's intention to proceed with a Special Meeting of the Audit Committee in the first instance.

[13:30 Conor Healy leaves the meeting]

Standing Items

9. Audit Committee Business Plan

CM reported that the main difference in the report this year is that the KPIs have been updated following discussions CC had with relevant people. It sets out when the meetings take place and the decision that the Fraud Report and PSD reports will be annual reports. The dates of the training sessions are still be to agreed but work is in progress.

CC proposed that the committee proceed with these new KPIs and review them at the same time next year.

Other Items

10. Audit Committee Self-Assessment & Annual Performance report

CM reported that the attendance for today's meeting will be updated in the report. The report is a summary of members' views in terms of the performance of the Audit Committee and highlights the issues which go to the Joint Chairs and Audit Committee meeting in May and those which should be considered by the Chief Executive as Accountable Officer when reviewing the governance statement of the organisation.

CC suggested adding concerns around the mental health action plan. **ACTION: CM**

11. Audit Committee Terms of Reference

CM said the Audit Committee had not updated its Terms of Reference for a number of years due to the awaited publication of NHS Scotland's review of board governance including a single template for guidance for boards to use in terms of what structures and

responsibilities should be in place for each committee. Audit Committee also has a handbook which members have received training on from Internal Audit. Committee members can amend the ToR if they so view it is needed in the interim.

There was discussion around point 1.2.9 in the ToR (joint reporting with IJB for joint services. NC said she was concerned this was not taking place and proposed that the committee accept the ToR but look into this during the coming year.

SH suggested that the IJB Audit Committee may not be willing to approve report not conducted by their own auditors, but it would be expected that reports could be presented for information in the case of issues which create a risk for the IJB (or IJB auditors find it creates a risk for the NHS). Internal Audit agreed to ascertain what other clients are doing to try to address this in order to inform discussion with IJB. **ACTION: Internal Audit**

JH asked that the word 'Chair' to be used instead of 'Chairman' in paragraphs 1.2.2 and 1.2.10 in the ToR.

12. AOCB

There was no other further competent business.

13. Date of next meeting: The next meetings of the Audit Committee would be:

- A Special Meeting to discuss the Mental Health Action Plan (provisionally mid-May)
- Joint Audit and Committee Chairs meeting on Tuesday 18th May 2021 at 10:00am
- Audit Committee on Wednesday 23rd June 2021 at 10:00am

All meetings will take place virtually through Microsoft Teams platform if social distancing measures are still in place.

The meeting concluded at 13:45