

NHS Highland

Report on the 2008/09 Audit

July 2009



 AUDIT SCOTLAND

NHS Highland

Report on the 2008/09 Audit

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Key Messages

Introduction

In 2008/09 we looked at the key strategic and financial risks being faced by NHS Highland. We audited the financial statements and we also reviewed the use of resources and aspects of performance management and governance. This report sets out our key findings.

Financial statements

We have given an unqualified opinion on the financial statements of NHS Highland for 2008/09. We have also concluded that in all material respects, the expenditure and receipts shown in the financial statements were incurred or applied in accordance with applicable enactments and relevant guidance, issued by Scottish Ministers. It should be noted however that, without qualifying the opinion, we have drawn attention to the current position on potential claims against the Board in respect of equal pay.

Financial position and use of resources

The Board carried forward a £5.362 million surplus from 2007/08 and planned to fully utilise this to fund non-recurring expenditure commitments in 2008/09. During 2008/09 the Board achieved a cumulative surplus of £71,000, after utilising the surplus which was carried forward from 2007/08.

The Board's financial statements include significant provisions, particularly in respect of Agenda for Change payments, and do not reflect any potential liability for Equal Pay claims. Accounting estimates and provisions, by their nature, include a degree of uncertainty and any under-estimate of costs in 2008/09 could have a significant impact in future years.

As outlined in the Board's Financial Plan there will be tighter financial settlements in 2009/10 and future years. This will have a significant impact on long term financial planning and the control of costs.

The Board's reliance on non-recurring funding has been reduced during 2008/09 and the Board plan to eliminate their deficit on recurring income and expenditure during 2009/10. This should assist the Board in addressing ongoing challenges and emerging service developments. The 2009/10 Revenue Budget was approved at the April Board meeting and highlights that an Efficiency Programme of £16.7m is required to eliminate the deficit, fully fund inflationary pressures, and fund agreed developments appropriately.

Governance and accountability

Corporate Governance is concerned with the structures and process for decision making, accountability, control and behaviour at the upper levels of an organisation. Overall, the corporate governance and control arrangements for NHS Highland operated satisfactorily during the year, as reflected in the Statement on Internal Control.



We examined the key financial systems underpinning the organisation's control environment. We concluded that financial systems and procedures operated sufficiently well to enable us to place reliance on them.

During 2008/09 NHS Highland reviewed its current committee structure and decided to formalise the establishment of its Performance Review Group (PRG) as a sub-committee of the Board. As part of this change the PRG was renamed the Improvement Committee and the role of the committee was approved at the September 2008 Board meeting as being: 'To ensure that robust action plans have been developed to bring performance back into line with planned trajectories or to tackle any anticipated risks to delivery'.

Performance

NHS Highland has a well developed framework in place for monitoring and reporting performance. Comprehensive performance reports detailing performance against national and local targets are submitted to each meeting of the Improvement Committee who use Citistat principles to monitor and scrutinise the performance. The Improvement Committee in turn provide an assurance report to each Board meeting setting out agreed actions to be taken to address any areas of underperformance.

During 2008/09 the Board demonstrated good performance against a number of challenging HEAT targets including the 80% dental registrations of 3-5 year olds target and the 62 day cancer waiting time target. It was noted however that performance against a number of other HEAT targets requires to be addressed to ensure that appropriate action is taken to facilitate the improvements required. These include the Board's current performance in relation to the targets for Smoking Cessation and the Prescribing of Antidepressants. The Board's Improvement Committee will play a key role in ensuring that any underperformance against national targets is successfully addressed.

Looking forward

The final part of our report notes some key risk areas for NHS Highland going forward. These include the challenges of delivering HEAT targets and further efficiencies and responding to the latest developments in healthcare and treatment, all in a period of expected lower uplifts in funding allocations. National issues around Equal Pay claims and changes to accounting procedures will all provide challenges in future years.

The assistance and co-operation given to us by Board members and staff during our audit is gratefully acknowledged.



Introduction

1. This report summarises the findings from our 2008/09 audit of NHS Highland. The scope of the audit was set out in our Audit Plan presented to the Audit Committee on 18 March 2009. This plan set out our views on the key business risks facing the organisation and described the work we planned to carry out on financial statements, performance and governance.
2. We have issued a range of reports this year, and we briefly touch on the key issues we raised in this report. Each report set out our detailed findings and recommendations and the Board's agreed response. Appendix A of this report sets out the key risks highlighted in this report and the action planned by management to address them.
3. Best value duties apply across the public sector and, in the health service, best value is a formal duty on all accountable officers. Audit Scotland has adopted a generic framework for the audit of best value across the public sector and throughout this report we comment on aspects of NHS Highland's arrangements.

Exhibit 1: Framework for a best value audit of a public body:





4. Our comments are made on the basis of information made available in the course of the annual audit. We do not make an overall best value judgement because we do not have enough evidence to conclude on all relevant areas. Our intention is to build up the corporate assessment over time. This report is the first step towards that goal.

5. Another building block for our assessment of best value is the national study programme carried out by Audit Scotland on behalf of both the Auditor General for Scotland and the Accounts Commission. We mention the key findings from all relevant reports, and the implications for NHS Highland, throughout this report. Full copies of the study reports can be obtained from Audit Scotland's website, www.audit-scotland.gov.uk.

6. We would like to take this opportunity to express our appreciation for the assistance and co-operation provided by officers and members of NHS Highland during the course of our audit. This report will be submitted to the Auditor General for Scotland and will be published on our website.



Financial Statements

7. In this section we summarise key outcomes from our audit of NHS Highland's financial statements for 2008/09 and the accounting issues faced. The financial statements are an essential means by which the organisation accounts for its stewardship of the resources available to it and its financial performance in the use of those resources.

Our responsibilities

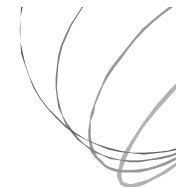
8. We audit the financial statements and give an opinion on:
 - whether they give a true and fair view of the financial position of the Board and its expenditure and income for the period in question
 - whether they were prepared properly in accordance with relevant legislation, applicable accounting standards and other reporting requirements
 - the consistency of the information which comprises the management commentary with the financial statements
 - the regularity of the expenditure and receipts.
9. We also review the Statement on Internal Control by:
 - considering the adequacy of the process put in place by the Chief Executive as Accountable Officer to obtain assurances on systems of internal control
 - assessing whether disclosures in the Statement are consistent with our knowledge of the Board.

Overall conclusion

10. We have given an unqualified opinion on the financial statements of NHS Highland for 2008/09. It should be noted however that, without qualifying the opinion, we have drawn attention to the current position on potential claims against the Board in respect of equal pay.
11. As agreed, the unaudited accounts were provided to us on 5 May 2009 supported by a comprehensive working papers package. The good standard of the supporting papers and the timely responses from NHS Highland staff allowed us to conclude our audit within the agreed timetable and provide our opinion to the Audit Committee on 25 June 2009 as outlined in our Annual Audit Plan.

Issues arising from the audit

12. As required by auditing standards we reported to the audit committee on 25 June 2009 the main issues arising from our audit of the financial statements. The key issues reported were as follows.



13. **Contingent Liabilities - Equal Pay** – A number of NHS trusts in England have received pay claims for employees in traditionally female roles and these are currently subject to legal action; similar claims have been received by Boards in Scotland. As at 31 March 2009, Scottish NHS bodies had received some 13,000 claims of which approximately 200 related to NHS Highland and these had been referred for the attention of the Central Legal Office. It is possible that these claims represent a current liability for NHS Boards generally. An unquantified contingent liability was included in the notes to the Board's accounts for equal pay and the audit opinion draws attention to this position, without qualification. Further details on this issue are included at paragraph 18 below.

Risk area 1

14. **Agenda for Change accrual:** As at 31 March 2009, £6.791 million was accrued in respect of agenda for change payments. This figure includes estimations based on NHS Highland's assumptions and refers to a range of staff posts and grades. We asked the Board for formal assurances, in a letter of representation, that the accrual, in their judgement, represents a prudent estimate of anticipated costs. Appropriate disclosure was made in the letter of representation.
15. **Pension Provision / Injury Benefit Provision:** During testing it was identified that the incorrect discount factor had been applied when calculating the provisions required in respect of Pensions and Injury Benefits. A discount factor of 3.2% was used in the calculation whereas a discount factor of 2.2% should have been applied. The required pension provision and injury benefit provision have been recalculated using the correct discount factor and the additional charge of £329,000 was made to the Operating Cost Statement for 2008/09.
16. **Scottish Public Pensions Authority data:** The download provided by the Scottish Public Pensions Authority (SPPA) in February 2009 contained a number of individuals that the Board believe transferred to NHS Greater Glasgow and Clyde following the dissolution of NHS Argyll and Clyde. NHS Highland contacted the SPPA for clarification on this issue but has not yet received any response. The decision was therefore taken not to provide for these individuals as to the best of the Board's knowledge any potential liability would not fall to them. We have asked the Board for formal assurance in the letter of representation that the provision represents a prudent estimate of anticipated costs. Appropriate disclosure was made in the letter of representation.
17. **National Managed Voice Network Contract:** During the audit of National Services Scotland (NSS) the auditors identified that NSS are carrying a creditor balance for amounts owed to Boards in respect of the opening credit for the National Managed Voice Network Contract. As part of our audit of NHS Highland we therefore sought to confirm that the Board was recognising a debtor balance at 31 March 2009 in respect of this. The amount owing to NHS Highland of £149,916 had not been included in the 2008/09 draft accounts and therefore an adjustment was required in respect of this. The financial statements were revised to include a debtor balance of £149,916 in respect of National Managed Voice Network Contract.



Equal Pay Claims

18. Article 141 of the Treaty of Rome requires member states to ensure and maintain “the application of the principle that men and women should receive equal pay for equal work”. This was taken forward by the Equal Pay Directive which made it clear that all such discrimination should be eliminated from all aspects of remuneration. In the UK the Equal Pay Act 1970 is seen as fulfilling Britain’s obligations in relation to equal pay. The National Health Service in Scotland has received a number of claims for equal pay in which additional back pay is sought, arising from the requirement for equal pay. The NHS Central Legal Office (CLO) is instructed by the Management Steering Group of the NHSScotland and co-ordinates the legal response of NHSScotland to this issue.
19. There have been some developments in this area over the past year. Some cases are being pursued that also comprise a challenge to the Agenda for Change pay evaluation system on the basis that it perpetuates discrimination. This has slowed the progress of claims. The challenge to Agenda for Change was recently heard at an Employment Tribunal. The challenge was unsuccessful and the Tribunal rejected the contention that the Agenda for Change job evaluation scheme was discriminatory. This ruling severely curtails the possibility of claims for any period after 1 October 2004. In relation to claims for the period prior to 1 October 2004, claimants will still have to establish that their jobs at that time were of equal value to the comparator jobs. The CLO have stated that claims currently submitted do not provide sufficient detail about the comparator jobs to allow an estimate to be made of the likelihood of the success of the claims or of any financial impact that they may have. The NHS Scotland Central Legal Office and Equal Pay Unit are monitoring the progress of all equal pay claims in NHS Scotland as well as developments relating to NHS equal pay claims elsewhere that may further inform the position.
20. Discussions have been held between Audit Scotland, their partner firms, the Scottish Government, the CLO and NHS Board representatives to ascertain the appropriate accounting treatment of equal pay claims in 2008/09. Given the CLO’s advice that, although some liability is probable, it is not possible to estimate the impact of the claims, it has been agreed that disclosure as an unquantified contingent liability remains appropriate for the 2008/09 financial statements of affected NHS Boards. It should be noted however that, given the potential significance of the issue, and without qualifying the opinion, we have drawn attention in the audit report to the current position on potential claims against the Board in respect of equal pay.
21. We continue to strongly encourage NHS Highland management, working with the Scottish Government Health Directorates, the CLO and other NHS Boards to form a view of the potential liabilities as soon as possible taking into account the progress of cases in Scotland and England.

Regularity

22. The Public Finance and Accountability (Scotland) Act 2000 imposes a responsibility on auditors that requires us to certify that, in all material respects, the expenditure and receipts shown in the accounts were incurred or applied in accordance with applicable enactments and guidance issued by the



Scottish Ministers. We have been able to address the requirements of the regularity assertion through a range of procedures, including written assurances from the Accountable Officer as to his view on adherence to enactments and guidance. No significant issues were identified for disclosure.

International financial reporting standards (IFRS)

23. As announced by the Chancellor in the 2008 Budget report on 12 March 2008 (Budget report paragraph C103), Government departments and other public sector bodies will report using International Financial Reporting Standards (IFRS) from 2009/10. The Scottish Government announced on 25 April 2008 that all Scottish Government Departments, Executive Agencies, Health Bodies and Non-Departmental Public Bodies would be required to produce shadow IFRS based accounts for financial year 2008/09. This was to include a restated balance sheet as at 1 April 2008.
24. In terms of the audit of the IFRS opening balance sheet at 1 April 2008, there were two key dates to achieve as outlined below:
 - **28 November 2008** – opening 2008 IFRS-based balance sheet were to be presented to auditors for dry-run audit
 - **28 February 2009** – dry-run audit of opening balances was to be completed, resulting in a letter to management highlighting the work done, auditors' findings and areas for further work.
25. The opening balance sheet and supporting documentation were submitted by NHS Highland for audit for review by the deadline date of 28 November 2008.
26. Our audit work confirmed that the Board had examined and re-stated the great majority of relevant areas in the financial statements in relation to IFRS. We also made some specific recommendations for the delivery of the next stage of IFRS reporting – the production of the shadow accounts for 2008/09, and will consider progress on these when we review the shadow accounts later in 2009. These included:
 - review of the methodology used to calculate the holiday pay accrual
 - investigation of contracts that may contain embedded derivatives
 - review of the classification and treatment of longer term lease arrangements.
27. For the preparation of the restated balance sheet no notes to the main financial statements or associated accounting policies were required but these will have to be prepared for the full set of shadow accounts. The disclosure requirements under IFRS are more onerous than for accounts prepared under UK GAAP. In particular, segmental reporting will impose a significant additional workload on finance staff in identifying appropriate segments and allocating asset values. Continued progress will be required to prepare the shadow IFRS accounts for 2008/09. NHS Highland should ensure that sufficient resources and support are available to produce the required information in accordance with the prescribed timetable.

Risk area 2



Use of Resources

28. Sound management and use of resources (people, money and assets) to deliver strategic objectives is a key feature of best value. This section sets out our main findings from a review of NHS Highland's:

- financial position
- financial management
- management of people
- management and use of information and communications technology (ICT).

The Board's financial position

Outturn 2008/09

29. NHS Highland is required to work within the resource limits and cash requirement set by the Scottish Government. The Board's performance against these targets is shown in Table 1.

Table 1
2008/09 Financial Targets Performance £ million

Financial Target	Target	Actual	Variance
Revenue Resource Limit	537.677	537.608	0.070
Capital Resource Limit	25.976	25.935	0.041
Cash Requirement	562.600	562.501	0.099

30. The Board has achieved a cumulative surplus of £70k. The Board carried forward a £5.362 million surplus from the previous year which it utilised during 2008/09 to fund a number of non-recurring expenditure commitments.

31. Table 2 below, shows how the surplus of £70,000 was achieved through a combination of recurring and non-recurring funding. Historically Boards have relied upon a measure of non recurring funding to achieve financial targets. However, with the tightening financial settlement in future years and the option of capital to revenue transfers no longer available to Boards, there is less scope for reliance on non recurring income to achieve financial balance as Boards seek to rationalise their cost base. It should be noted that the underlying deficit of £8.024m has been removed at the start of 2009/10 through the identification of the first part of the 2009/10 Efficiency Programme.

Table 2
Funding Position 2008/09



	£ Million	£ Million
Recurring income	570.439	
Recurring expenditure	588.336	
Recurring savings	9.873	
Underlying recurring surplus/(deficit)		(8.024)
Non-recurring income	14.074	
Non-recurring expenditure	12.504	
Non recurring savings	6.524	
Non-recurring surplus/(deficit)		8.094
Financial surplus/(deficit)		0.070
Underlying recurring surplus/(deficit) as a percentage of recurring income		(1.41%)

Financial sustainability and the 2009/10 budget

32. During 2008/09 there were significantly tighter funding settlements, with Health Boards receiving a minimum uplift of 3.15% compared to around 6% in previous years. This trend has continued in 2009/10 where the minimum uplift is again set at 3.15%. This will have a significant impact on long term financial planning and the control of non pay costs. In addition, in common with other public sector organisations, Boards have been set an efficiency savings target of 2% in 2009/10. Given the current economic situation and the impact of any review of national spending priorities, there is also risk that future funding uplifts will continue to be very challenging in future years.
33. NHS Highland's Local Delivery Plan for 2008/09 sets out the Board's long term financial plan covering the period 2009/10-2012/13. In preparing the plan the Board required to make assumptions about the uplift rates required in relation to the following key cost drivers: pay, prices, GP prescribing, hospital drugs and other Family Health Services (FHS). As these uplift rates represent best estimates of future cost trajectories there is clearly a risk to the Board that the actual growth rate in these costs will be greater than assumed. Monitoring and managing the actual increase in these costs will therefore present a significant challenge to the Board's Financial Plan in 2009/10 and going forward thereafter.
34. Increased prescribing costs during 2008/09 presented a significant cost pressure for the Board and this is again likely to present a challenge during 2009/10. The high sensitivity of these costs to small variations in inflation rates means they will require to be monitored closely during the coming year.



35. The other main cost pressure NHS Highland faced in 2008/09 related to the increased cost of energy due to rising prices within the energy sector. This may not present such a major problem in 2009/10 due to the anticipated continued fall in energy prices but will still require close attention to ensure it does not have a detrimental impact on the Board's financial plan.
36. NHS Highland have identified that during 2009/10, an Efficiency Programme of £16.7m is required to eliminate the deficit, fully fund inflationary pressures, and fund agreed development accordingly. In order to achieve recurring balance the Board will need to monitor the achievement of the identified efficiency savings very closely and take appropriate action to address any potential shortfalls. Delivering these efficiency savings without affecting services will also present a significant challenge for the Board.

Risk area 3

Financial management

37. Audit Scotland is developing a range of audit toolkits to cover key best value principles. These are being developed so that they can be used both by auditors and NHS bodies themselves for self-assessment purposes. The first of the toolkits, which covered financial management, was completed in NHS Highland during 2007/08.
38. Our detailed report was issued in November 2008 and drew upon examples of good practice across the NHS in Scotland. Our report concluded that the Board's overall arrangements in this area are soundly based and in 2009/10 we plan to monitor the Board's progress in developing an action plan to address the areas where performance could be improved.

People management

39. On 21 January 2009 the Cabinet Secretary for Health and Wellbeing launched '*A Force for Improvement – the Workforce Response to Better Health Better Care*'. This national workforce framework sets out the vision for the NHSScotland workforce and focuses on five key drivers for change or workforce challenges that impact on every aspect of the workforce:
 - Tackling health inequalities
 - Shifting the balance of care
 - Ensuring a quality workforce
 - Delivering best value across the workforce
 - Moving towards an integrated workforce.
40. It is the Health Directorates' expectation that Boards will review relevant policies and procedures to ensure that the key aspects of '*A Force for Improvement*' are implemented at a local level. Within



NHS Highland the Workforce Strategy Sub Group of the Highland Partnership Forum are revising the Board's existing Workforce Strategy to reflect the national workforce framework. The outcome of this work will be reported to the Board during 2009/10.

41. During 2008/09 we carried out a brief review of NHS Highland's process for the completion of its staff governance action plan. The work was carried out in response to a request from the Scottish Government to Audit Scotland for external auditors to review Boards' procedures in relation to staff governance. In the case of NHS Highland, we reviewed the procedures followed for the production of the 2009/10 staff governance action plan. The main purpose of our review was to ensure that the staff governance action plan addresses issues arising from:
 - staff survey results
 - mandatory statistics on people management
 - any outstanding issues from the previous year's action plan.
42. Our review also included checking that the staff governance action plan includes clear timescales, identify responsible officers and set out measurable actions. Overall, we noted that NHS Highland has a robust process in place for the production of its staff governance action plan.
43. The SGHD set Boards a challenging target to reduce sickness absence rates to 4% by March 2009. NHS Highland failed to meet this target for the year, with a sickness absence rate of 4.57% at the end of March 2009. The Board continues to take action to address sickness absence and improve performance against the target set for 2009/10.

Risk area 4

44. The Board, like many others in Scotland, did not achieve the original national Agenda for Change target for assimilating staff and paying outstanding back pay by the end of December 2006. The vast majority of employees have now been assimilated and received payment of the arrears owed to them but a significant number of cases still require to be revisited after staff requested their case to be reviewed. NHS Highland's main focus remains ensuring all staff are assimilated on the new Agenda for Change pay scales and that any grading reviews are concluded.



45. The Board's Local Delivery Plan (LDP) for 2008/09 included a target to ensure that all employees covered by Agenda for Change had an agreed Knowledge and Skills Framework (KSF) personal development plan in place by March 2009. Significant progress has made during the year in respect of producing KSF outlines for these staff with 93% in place by the end of the year. The Board has met the revised end of May target date for KSF Personal Development Plans (PDP's) with agreed plans in place for 97% of staff.

Risk area 4

Management and use of ICT

46. As part of the 2008/09 audit we have reviewed the following areas of the Board's management and use of ICT:
- Information Management
 - Data Handling.

Information Management

47. Audit Scotland is continuing to develop a range of audit toolkits to cover key best value principles. These are being developed for use by auditors although they may also be used by NHS bodies themselves for self-assessment purposes. The second of the toolkits, which covers information management, was completed in NHS Highland during 2008/09. The review sought to establish the Board's position in relation to:
- information governance and leadership
 - information for decision making
 - service delivery
 - compliance and control
 - knowledge management.
48. Our review established that the Board's arrangements in this area are generally soundly based but progress is required to ensure that approved policies and procedures are in place to cover all aspects of Information Management and meaningful cost data is available in relation to the production of required information. We plan to submit our detailed report in August, drawing upon examples of good practice across the NHS in Scotland and in particular drawing attention to good practice from other Board areas where we believe this could be of benefit to NHS Highland.



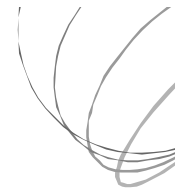
Data Handling

49. As part of the 2008/09 audit we carried out a review of the Board's arrangements for information and communication technology (ICT) data handling. Our audit focused on the three key governance themes:
- information awareness – NHS Highland's awareness of the information it hold and how it hold, secures and uses information
 - security leadership – the tone and perceptions regarding information security and supporting procedural guidance
 - operational discipline – information system design, staff training and awareness.
50. The audit established that NHS Highland hold a mixture of paper and electronic records and has put measures and processes in place that provide for the secure handling of data. However, the Board needs to further reduce its risk exposure relating to data held on mobile devices. We are currently finalising our report which will be issued shortly.

National Studies

Asset management in the NHS

51. This study examined how the NHS is strategically managing its assets to support effective service delivery. The study's objectives included assessing the extent to which the Scottish Government provides strategic direction to NHS bodies on asset management in general and the assurance that NHS estate is being used in the most economic and effective way. It also evaluated how well NHS bodies strategically manage all of their assets to ensure effective service delivery.
52. The report recommended that NHS bodies should:
- develop strategies for each type of asset and then develop a corporate asset management strategy and plan, which links with their clinical strategies
 - ensure they assess estate condition, statutory compliance, functional stability and space utilisation on a regular basis
 - ensure all information on assets is held electronically
 - review their performance management arrangements and, where required, develop performance measures and targets for assets.



Managing the use of medicines in hospitals: follow-up review

53. This review followed up the key recommendations from Audit Scotland 2005 report on '*Managing the use of medicines in hospitals.*' It also provided an overview of national developments since 2005. The report recommended that NHS Boards should ensure that pharmacy workforce plans are based on an assessment of need, which considers the appropriate numbers, skill mix and other resources such as automation, to meet future needs for dispensary, clinical and other work.



Governance and Accountability

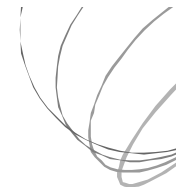
54. High standards of governance and accountability, with effective structures and processes to govern decision-making and balanced reporting of performance to the public, are fundamental features of best value. This section sets out our main findings arising from our review of NHS Highland's arrangements.
55. Increasingly services are being delivered across the public sector through partnership working, sometimes involving complex governance and accountability arrangements. Best value characteristics also include effective partnership working to deliver sustained improvements in outcomes.

Overview of arrangements

56. This year we reviewed:
- patient safety and clinical governance
 - partnership working arrangements
 - key systems of internal control
 - internal audit
 - arrangements for the prevention and detection of fraud and irregularity, including standards of conduct.
57. Our overall conclusion is that arrangements within NHS Highland are sound and have operated through 2008/09.

Patient safety and clinical governance

58. The Scottish Patient Safety Alliance (SPSA) was set up by the SGHD in 2007 bringing together the Scottish Government, NHS Quality Improvement Scotland, health Boards and special Boards, professional bodies, patient safety experts and other groups. The SPSA launched the Scottish Patient Safety Programme (SPSP) in 2007 and this has now been introduced at NHS Highland. The aim of the programme is to make healthcare in Scotland safer by using evidence-based tools to enable hospitals to improve the safety of treatment for patients.
59. NHS Highland is committed to achieving the objectives of the Scottish Patient Safety Programme within the acute care setting and in order to assist in this process and ensure that robust performance data is available the Board are currently developing a reporting tool known as the 'clinical dashboard'. The development and application of this tool will require the involvement of eHealth at both a local and national level. Consideration is also being given as to how to ensure appropriate patient and public involvement in the programme.



60. The Board has also implemented a Healthcare Associated Infection (HAI) Strategy, which targets high impact areas and contributes to meeting the associated HEAT target: *to reduce all staphylococcus aureus bacteraemia (including MRSA/MSSA) by 30% by 2010*. The Board also has a HAI team in place to work with the appointed anti-microbial pharmacist to prevent the overuse of antibiotics which can make patients more susceptible to HAIs such as MRSA and C-Difficile.
61. Despite the measures put in place by the Board to help tackle the prevalence of healthcare associated infections, latest guidance from Healthcare Protection Scotland (HPS) suggests that NHS Highland is unlikely to achieve the 30% reduction required in the HEAT target by 2010. HPS recommended that the Board review its data locally to identify areas for improvement in order to increase the chances of achieving this target. This was done in conjunction with HPS and a revised MRSA/MSSA action plan is being implemented which focuses on venflon (tube inserted into the body for the delivery or removal of fluid) and CVC (catheter placed into veins) management. Performance against the HEAT target will continue to be reported to the Improvement Committee on a quarterly basis.

Risk area 4

Partnership Working

62. Partnership working in the NHS covers a number of areas, including partnerships with staff groups, local authorities, the voluntary sector, private healthcare providers and regional planning with other NHS Boards.
63. The NHS routinely works in partnership with other organisations to deliver health services and to meet its aims and objectives. The need to work collaboratively is set out in both the Partnership Agreement and in Partnership for Care, which states that improvements in the health of the people of Scotland cannot be achieved by the SGHD or NHS Boards alone.
64. The Board has established Community Health Partnerships (CHPs) to provide care and public health services in a local setting to meet the needs of the local population. It is also the intention that CHPs will contribute to one of the key principles set out in the Scottish Government's Better Health, Better Care publication which emphasises the need for 'ensuring better, local and faster access to health care'.
65. NHS Highland's four CHPs continue to develop and face a significant challenge to demonstrate to stakeholders that they are effectively shifting the balance of care from acute settings to community based settings while delivering improved services within the set budget and timeframes. Each CHP is held to account through both their own governance committee and the Board's Improvement Committee which seek assurance that they are operating effectively and consequently improving the patient experience. Progress in this area will continue to be monitored.



66. The Scottish Government has introduced Single Outcome Agreements (SOA) with each of the 32 Scottish local authorities. One of the key aspects of the SOAs was the removal of ring-fenced funding for local government bodies. This meant that councils could allocate funding to different services based on the priority given by the local authority to that service. The possibility that local authorities could reduce funding of services which are not considered priorities is perceived as a risk by NHS Highland. The effect of the removal of ring-fenced funding is still to be fully realised but during 2008/09 NHS Highland did not suffer any significant detrimental impact due to changes in funding streams for areas of joint working.
67. As part of the Scottish Government's response to the parliamentary audit committee's 2008 report into governance issues at NHS Western Isles, the Health Secretary announced in July 2008 that a formal working partnership was to be set up between NHS Western Isles and NHS Highland with the purpose of assisting NHS Western Isles in strengthening their key management functions.
68. NHS Highland now has a service level agreement in place with NHS Western Isles and the arrangements are also consolidated within the Board's Local Delivery Plan (LDP) for 2009/10. The agreement forms the basis for the partnership between NHS Highland and NHS Western Isles and this will be updated annually as part of the LDP preparation process. A key aspect of the agreement is that while the partnership arrangements require NHS Highland to provide support to NHS Western Isles, accountability for their performance remains with their own Board.

Systems of internal control

69. Key controls within systems should operate effectively and efficiently to accurately record financial transactions and prevent and detect fraud or error. This supports a robust internal control environment and the effective production of financial statements. In their annual report for 2008/09 Deloitte, the Board's internal auditors, provided their opinion that, based on the internal audit work undertaken during the year, there was reasonable assurance on the adequacy and effectiveness on the systems of internal control.
70. As part of our annual audit we reviewed the high level controls in a number of NHS Highland systems that impact on the financial statements. This audit work covered a number of areas including cash income and banking, creditors, debtors, fixed assets, ordering and payroll.
71. The auditor evaluates the significant financial systems and the associated internal controls, both for the purpose of giving an opinion on the statement of accounts, and in order to report to the health Board on the adequacy of such systems and controls. Our overall conclusion was that NHS Highland has adequate systems of internal control in place. We did identify a number of areas where controls could be strengthened and agreed an action plan of improvements with management. This will be followed-up at a future date to confirm that improvements have been made.
72. In addition we placed formal reliance on aspects of internal audit's systems work in terms of International Standard on Auditing 610 (*Considering the Work of Internal Audit*) to avoid duplication of



effort. This work provided us with additional assurances on the adequacy of the internal control environment within NHS Highland.

Statement on internal control

73. The Statement on Internal Control (SIC) provided by NHS Highland's Accountable Officer reflected the main findings from both external and internal audit work. This recorded management's responsibility for maintaining a sound system of internal control and sets out NHS Highland's approach to this. The SIC included details of the Board's Accountability Arrangements, Risk and Control Framework and approach to Best Value and complied with the guidance issued by the SGHD on 25 March 2009.

Internal Audit

74. The establishment and operation of an effective internal audit function forms a key element of effective governance and stewardship. We therefore seek to rely on the work of internal audit wherever possible and as part of our risk assessment and planning process for the 2008/09 audit we assessed whether we could place reliance on Deloitte, NHS Highland's internal auditors. We concluded that the internal audit service operates in accordance with the Government Internal Audit Manual and therefore placed reliance on their work in a number of areas during 2008/09, as we anticipated in our annual audit plan.

Prevention and detection of fraud and irregularities

75. NHS Highland has in place a number of measures to prevent and detect fraud, including Standing Financial Instructions, Standing Orders and supporting policies and procedures. The Board has a formal programme of internal audit work, which, although not designed to detect fraud, does provide assurance on the operation of the control systems which are designed to prevent fraud. The Board has also agreed a formal protocol covering a programme of Payment Verification checks with the Practitioner Services Division of NHS National Services Scotland. In 2008/09 these checks included verification against patient records, requesting patients to confirm treatment by letter, visits to practices and examination of patients.

NFI in Scotland

76. In 2008/09 NHS Highland took part in the National Fraud Initiative (NFI) in Scotland. The SGHD and NHS Counter Fraud Services have strongly supported the involvement of health bodies in the exercise, which is undertaken as part of the audits of the participating bodies. NFI brings together data from health bodies, councils, police and fire and rescue Boards, and other agencies, to help identify and prevent a wide range of frauds against the public sector. These include housing benefit fraud, occupational pension fraud and payroll fraud. Health bodies provided payroll data for the exercise. The NFI has generated significant savings for Scottish public bodies (£40 million to date)



but, if fraud or overpayments are not identified, assurances may be taken from internal arrangements for preventing and detecting fraud.

77. The NFI 2008/09 results (data matches) were made available to health bodies on 11 February 2009 via a secure web-based application. Participating bodies follow up the matches, as appropriate, and record the outcomes of their investigations in the application. We monitored the Board's involvement in NFI 2008/09 during the course of the audit.
78. The current NFI process is still at an early stage but the Board require to ensure that sufficient time and resources are made available to fully investigate the data matches relating to NHS Highland employees in accordance with the prescribed timetable. As part of this process a local action plan should be developed detailing each stage of the NFI process and it is the expectation that key officers from Human Resources and Payroll will be allocated specific responsibilities to review and investigate the matches.

Risk area 5

National Studies – Review of the new General Medical Services contract

79. This report considered how the new General Medical Services (GMS) contract, which is UK wide, was implemented in Scotland. The review focused upon the approach taken by the Scottish Government and NHS Boards to plan and implement the contract, the cost and effect of the contract on patients and GPs and the wider NHS arrangements for monitoring and managing the contract.
80. The report recommended that the Scottish Government and NHS Boards should:
 - monitor the investment by NHS Boards in enhanced services to make sure that they achieve value for money as well as meeting local needs
 - collect comprehensive data on local GP and GP practice staff numbers to support workforce planning at a national and local level.

Performance

81. Public audit is more wide-ranging than in the private sector and covers the examination of, and reporting on, performance and value for money issues. Key features of best value include:
 - setting a clear vision of what the organisation wants to achieve, backed up by plans and strategies to secure improvement, with resources aligned to support their delivery
 - a performance management culture which is embedded throughout the organisation and a performance management framework which is comprehensive and supports the delivery of improved outcomes for citizens.



82. In this section we comment on:

- the Board's corporate objectives and risks to their achievement
- performance against targets
- performance management arrangements.

Vision and strategic direction

83. NHS Highland have set out the Board's overall aim as being to:

“Work with you to make Highland the healthy place to be.”

In order to achieve their overall aim the Board have set 3 specific aims:

- “To have a community that is well informed, motivated and interested in its own health”
- “To have good, accessible and flexible health services in place when people are in need of them”
- “To have well trained, supported and valued staff to support the community's health and healthcare needs”.

84. To enable NHS Highland to achieve these aims, and the delivery of the targets set out in their Local Delivery Plan the Board have set out 11 corporate objectives which are divided between:

- outcome focussed objectives – those objectives leading to direct improvements in health
- supporting or enabling objectives – those objectives that ensure the organisational mechanisms are in place to enable direct improvements in health.

Managing risk

85. There a number of key challenges and risks for the Board in achieving its corporate objectives. To manage these the Board has put in place robust systems for the identification and management of risk including the adoption of a single corporate risk register. The corporate risk arrangements are supported by local risk registers and risk management arrangements for each CHP and Raigmore hospital. The challenge for the Board in the future remains to embed a risk aware culture within the organisation for the management of existing and emerging risks in the medium to long term.

86. The main risks facing the Board, as identified in our annual audit plan, include:

- **Financial Management and Affordability** – As has been noted earlier in this report, one of the significant challenges that the Board faces relates to its ability to fund a sustainable level of service and implement major service developments, in particular the requirements of delivering safe and sustainable services within a rural and remote setting. This issue remains a significant challenge to the Board.



- **Effective Partnership Working** – The ability of the Board to work in partnership with other boards, local authorities, central government agencies and the voluntary / private sectors has been demonstrated in the various partnership structures established by the Board. For example: Joint Leadership and Performance Group, CHPs, Highland Council Partnership, Argyll and Bute Health and Care Strategic Partnership, Joint Committee for Children and Young People, etc. The Board also has a formal partnership agreement in place to provide support to NHS Western Isles. Partnership working will play an increasingly important role in proposed service developments and enabling the Board to demonstrate the shift in the balance of care and improving access to services.
- **Performance Management** – The importance of having robust systems of relevant, accurate and understandable information has been recognised by the Board. Performance management arrangements have received particular attention during the year with the ongoing development of the Balanced Scorecard. This is considered at the Improvement Committee (previously called the Performance Review Group) which is now a formal sub-committee of the Board and provides an assurance report to each Board meeting on the action being taken to address any areas of underperformance. It is recognised that this is an ongoing process and we will continue to monitor progress in future years.
- **Capacity to Deliver** – With the current level of service redesign, investment in new and innovative services and organisational change required, there is an inevitable increase on the demands of senior officers of the Board in terms of knowledge and skills to manage the individual service priorities. The Board will require to take account of this as part of their overall planning process.

87. These risk areas are complex and comprise multiple issues which will require careful management to resolve. We have continued to monitor the Board's progress in each of these areas over the course of the year.

Service Development

88. Our annual audit plan also highlighted that NHS Highland faces particular issues in relation to the rurality and remoteness of the geographic area it covers, NHS Highland faces a unique challenge in providing safe and sustainable services to their resident population.

89. During 2008/09 it was noted that a number of innovative service developments have been implemented that aim to assist the Board in coping with the day-to-day challenges presented by their rurality and remoteness, these included:

- **Ear, Nose and Throat (ENT) Tele-endoscopy Clinic** – An ENT endoscopy clinic has been set up via tele-link with patients on the Western Isles.
- **Epilepsy Video Link Pilot** – NHS Highland, in partnership with social care charity Quarriers and the Scottish Epilepsy Centre ran a telemedicine pilot for epilepsy services using a video

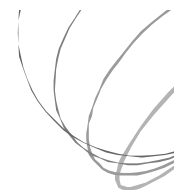


link between New Craigs hospital, Inverness and the Scottish Epilepsy Centre at Quarriers Village.

90. In addition to the initiatives detailed above NHS Highland also introduced a number of other more traditional service developments during the year. These included:

- **Community Casualty Unit at Campbeltown hospital** – New unit with its own dedicated entrance for the public complete with reception and waiting areas was officially opened in April 2008.
- **Healthcare Centre in Lochalsh** – A purpose-built Healthcare Centre in Lochalsh was officially opened in August. The centre includes a GP practice and two dental surgeries and 50 staff are employed on site.
- **Patient Focused Booking and Text Remind Service** – Highland patients with diabetes are benefiting from improvements to the outpatient appointment service that allows them to book appointments at a convenient time for them and also reminds them by text message of when the appointment is.

91. The impact of all service developments require to be closely monitored by the Board going forward to ensure that they continue to contribute to improving the patient experience on an ongoing basis.



Performance Overview

92. NHS Highland has a well developed framework in place for monitoring and reporting performance. Comprehensive performance reports detailing performance against national and local targets are submitted to each meeting of the Improvement Committee who use Citistat principles to monitor and scrutinise the performance. The Improvement Committee in turn provide an assurance report to each Board meeting setting out agreed actions to be taken to address any areas of underperformance.
93. During 2008/09 the Board demonstrated good performance against a number of very challenging HEAT targets including the 80% dental registrations of 3-5 year olds target and the 62 day cancer waiting time target. It was noted however that performance against a number of other HEAT targets requires to be addressed to ensure that appropriate action is taken to facilitate the improvements required. These include the Board's current performance in relation to the Smoking Cessation target (8% of smoking population successfully quitting from 2008/09 to 2010/11) and the Prescribing of Antidepressants target (reduce the prescribing rate (DDD per capita) of antidepressants to 26.1 by March 2010). The Board's Improvement Committee will play a key role in ensuring that underperformance against national targets is successfully addressed.
94. In addition, as at the end of March 2009 the Board reported a zero figure against the number of patients delayed discharge from hospital in excess of six weeks. While this represents a significant achievement for the Board and their partner organisations it was noted that at times during 2008/09 NHS Highland has had as many as 13 patients whose discharge from hospital had been delayed for a period in excess of six weeks. This highlights the extent of the challenge facing the Board in maintaining this figure at a zero level.

Risk area 4

Performance Management

95. NHS Highland has a strong performance management culture and has continued to use both the Balanced Scorecard and Highstat for assessing and improving performance. Performance is reported to each Board meeting and areas of underperformance are also scrutinised by the Improvement Committee who provide an assurance report to the Board setting out agreed actions to be taken to address the areas of underperformance.
96. The Minister for Public Health as part of the Annual Review of NHS Highland highlighted areas where specific action would be required to ensure that certain performance targets are achieved. These included progress in increasing dental registrations and tackling waiting times for breast cancer to maintain progress towards meeting 31-day target. An Annual Review action plan has been compiled which identifies the Board officer responsible for progressing actions agreed with the Minister for Public Health.



Efficiency

97. In 2008/09 the Board had a cost savings target of £16.4 million. They met this through a range of cost savings initiatives which resulted in the achievement of £9.9 million of recurrent savings and £6.5 million of non-recurrent savings.
98. NHS Highland have identified that during 2009/10, it must deliver an Efficiency Programme of £16.7m in order to eliminate the deficit, fully fund inflationary pressures, and fund agreed developments appropriately. In order to achieve recurring balance the Board will need to monitor the achievement of the identified efficiency savings very closely and take appropriate action to address any potential shortfalls.
99. Service redesign has contributed to the overall ability of the Board to derive savings and efficiencies from its activities. This affects a range of both clinical and support functions. Moving forward, NHS Highland will need to ensure that service redesign and other cost savings initiatives, while delivering required efficiencies, are not having a detrimental effect on patient experience.

National Studies

A review of palliative care services

100. The study examined a number of issues including access to, and quality of, palliative care services for adults with long term conditions. The report recommended that NHS Boards should:
 - have an up-to-date strategy for delivering palliative care based on an assessment of the current and future needs of their local populations
 - work with the voluntary sector to develop and agree protocols for primary care staff and non-specialist hospital staff to refer patients to specialist palliative care services
 - apply service improvements such as the Gold Standards Framework Scotland, Liverpool Care Pathway and Do Not Attempt Resuscitation policies in all care settings and ensure these are used appropriately.

Day surgery in Scotland – reviewing progress

101. This study highlighted that ten years after the first review of day surgery in Scotland, Audit Scotland has found that the rate of day surgery continues to rise but there remains wide variation in performance among NHS Boards. Performing more operations as day cases, which involve no overnight stay in hospital, could potentially free up about £8 million a year.



102. The report included some important recommendations:

- there is urgent need for the Scottish Government Health Directorate, NHS Boards and ISD Scotland to agree how best to ensure accurate and complete recording of surgical procedures undertaken in an outpatient setting
- all NHS Boards should adopt the British Association of Day Surgery (BADS) Information System and make effective use of this system.

Review of NHS diagnostic services

103. This review examined the efficiency and effectiveness of radiology, endoscopy and laboratory services. It focused mainly on the eight key diagnostic tests covered by the national waiting times target and examined the four main disciplines within laboratory services. The new 'referral to treatment' waiting times target states that, by the end of 2011, the time between any referral and a patient starting treatment should be no more than 18 weeks. This target covers all stages of a patient's care including diagnostic tests and will, in effect, replace existing targets relating to different parts of NHS services, such as outpatient, inpatient and diagnostic services.

104. The report made a number of significant recommendations for the Scottish Government, NHS Boards and ISD Scotland. In particular, it recommended that the Scottish Government work with NHS Boards and ISD Scotland to improve data collection systems for all diagnostic services as a matter of priority and also ensure that robust benchmarking data are available to allow NHS Boards to compare efficiency. Further, the report recommended that ISD Scotland work with the Scottish Government and NHS Boards to improve the quality and consistency of national data sets that include diagnostic services, particularly the Cost Book.

Drug and alcohol services in Scotland

105. The aim of this study was to identify how much of the public sector spends on 'labelled' drug and alcohol services as well as the impact the money has had. The report recommended that public sector bodies should:

- ensure that all drug and alcohol services are based on an assessment of local need and that they are regularly evaluated to ensure value for money
- ensure that service specifications are in place for all drug and alcohol services and set out requirements relating to service activity and quality
- set clear criteria of effectiveness and expected outcomes for the different services that they provide and undertake regular audits to ensure services adhere to expected standards.

Overview of mental health services in Scotland



106. This report provides an overview of mental health services and its main aim was to highlight areas for improvement and identify priorities for future audit work. The study covered mental health services provided by the NHS, councils, prisons, the police and the voluntary sector and examined the accessibility, availability and cost of services. The report recommended that the Scottish Government and local partners should, amongst other things:

- ensure that they work together to deliver services for people with mental health problems which are joined up and that appropriate services are provided on the basis of need
- collect information about services in the community to enable better planning and development of services
- work together to identify and address any gaps in services, including services for children and adolescents and the availability of psychological therapies
- ensure that data on waiting times for mental health services are collected and reported routinely. Action should be taken to address services with long waiting times.



Looking Forward

107. NHS Highland faces a number of challenges in 2009/10, which include:

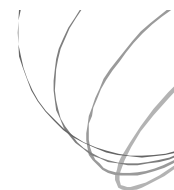
- **Financial management and affordability** – The financial settlement in 2009/10 provides a minimum uplift of 3.15% which may be at least equally challenging in 2010/11, given the current economic situation and the impact of the UK Government budget in April 2009. This will have a significant impact on long term financial planning and the control of non pay costs. NHS Highland have also identified that during 2009/10 it must deliver an Efficiency Programme of £16.7m in order to eliminate the deficit, fully fund inflationary pressures, and fund agreed developments appropriately. Delivering these efficiency savings without impacting on services presents a significant challenge for the Board.
- **International Financial Reporting Standards (IFRS)** – Officers are required to prepare shadow accounts under IFRS for 2008/09 by September 2009. The move to full compliance in 2009/10 will require significant staffing resource and it will be important that these issues are addressed early in 2009/10.
- **Scotland Performs** – The Scottish Government is continuing to develop its approach to performance management based on a National Performance Framework and outcome agreements. The National Performance Framework is based on the outcome based ‘Virginia-style’ model of performance measurement and reporting. In support of this the Scottish Government has developed a new electronic tool and website to communicate to the public on Scotland’s progress. This will include progress on overall delivery of the administration’s purpose for Government, the five strategic objectives for Scotland and other aspects of the outcomes based National Performance Framework. We will consider how NHS Highland is addressing this developing area as part of the 2009/10 audit.
- **Efficiency, future funding and economic developments** – Budgets for 2009/10 and the immediate future will need to be managed within a tighter funding regime. This includes significantly less scope for the application of end of year flexibility until the next Spending Review and the impact of the introduction of International Financial Reporting. The challenge for NHS Highland is to prioritise spending, identify efficiencies and review future commitments to ensure delivery of key targets and objectives. This will be even more challenging in the context of the current economic downturn which may impact on a number of elements of the Board’s operations including both its resources and the demand for its services.
- **Equal Pay** - The Equal Pay Directive has made it clear that pay discrimination should be eliminated from all aspects of remuneration. NHS Highland has received approximately 200 of the 13,000 claims received nationally on this matter. Significant ongoing uncertainties have been identified by the CLO resulting in an unquantified contingent liability disclosure in



2008/09. However, Board management, working with the Scottish Government Health Directorates and other NHS Boards, will require to form a view of the potential liabilities as soon as practicable, taking into account the progress of cases in Scotland and in England.

- **Best Value** - The concept of Best Value is seen as a key driver of modernisation and improvement in public services. Audit Scotland is committed to extending the Best Value audit regime across the whole public sector and significant development work has taken place over the last year, particularly in the area of Use of Resources. NHS Highland will wish to respond to this important initiative as it develops.
- **Swine Flu (H1N1 Influenza)** – In terms of clinical activity a key risk going forward is the potential impact of H1N1 Influenza. Although the full extent of the swine flu situation is still emerging, all boards require to ensure plans are in place to deal with the local impact of the developing situation.

108. The Board recognises these challenges and is taking steps through its planning processes to address them. We will continue to monitor the progress that the Board is making on these key issues.



Appendix A: Action Plan

Key Risk Areas and Planned Management Action

Action Point	Risk Identified	Planned Action	Responsible Officer	Target Date
1	NHS Highland as with other Boards has not been able to quantify the extent of its liability for Equal Pay claims. There is a risk that these liabilities will have a significant impact on the Board's financial position.	The Board is following national guidelines in this area and will continue to review the position as further national information becomes available	Director of HR	Ongoing
2	Continued progress is required to prepare the shadow IFRS accounts for 2008/09 in accordance with the prescribed timetable. There is a risk that NHS Highland will be unable to commit sufficient resources to produce the shadow accounts by the deadline.	A workplan is being followed to deliver the necessary output within the finite staffing resources available.	Director of Finance	September 2009
3	During 2009/10 £8.3 million of recurrent efficiency savings are required to remove the Board's reliance on non-recurring funding and to achieve recurring balance. Delivery of these efficiency savings may present a risk to the quality of current services.	The Board will continue to exercise close control over the delivery of the agreed Efficiency Programme with detailed coverage in internal financial reports and in Monthly Monitoring Returns to the Scottish Government Health Department.	Director of Finance	Monthly
4	<p>The Board may fail to meet the following targets:</p> <ul style="list-style-type: none"> ▪ Achieve a sickness absence rate of 4% ▪ All employees (100%) covered by Agenda for Change have an agreed KSF personal development plan ▪ Reduce cases of staphylococcus aureus bacteraemia (including MRSA/MSSA) infection by 30% ▪ Delayed discharges – to have no clients waiting over 6 weeks. 	<p>The Board is revising its approach and actions to reduce sickness levels.</p> <p>The Board has already delivered the agreed target of 95% by the end of May 2009</p> <p>The Board has a programme to reduce infection rates under the guidance of the Infection Control Committee – these are reported to the Board regularly</p> <p>The Board is working with local authority partners to achieve and maintain this rate – this is reported to the Improvement Committee.</p>	<p>Director of HR</p> <p>Director of HR</p> <p>Director of Nursing</p> <p>Director of Community Care</p>	<p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p>
5	There is a risk that potential occurrences of fraud highlighted in the NFI data matches are not fully investigated by the Board.	The Board has a programme to investigate and action NFI cases on a prioritised basis.	Director of HR	Ongoing