APPROVED – 23 JUNE 2021

SHETLAND NHS BOARD

Minutes of the Special Meeting of the Audit Committee held at 12:00pm on Thursday 15th April 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 Brian Chittick [BC]	Director of Community Health & Social Care
Mr Michael Dickson	Chief Executive
Mr Colin Marsland	Director of Finance
Mr Gary Robinson	Board Chair
Mrs Pauline Moncrieff	PA to Director of Finance (minutes)

1. **Apologies**
   There were no apologies for absence.

2. **Declaration(s) of Interest**
   Mr Carroll declared an interest in any CAMHS discussion.

CC welcomed everyone to the meeting and thanked them for attending.
He explained that the role of the Audit Committee is to provide the Board with assurance that risk is mitigated. There are 3 levels of achieving assurance for the Audit Committee as set out in the Audit Handbook:

- Management Assurance from the front line ie. written updates
- Oversight of management activity eg. management information and performance indicators
- Independent oversight and objective assurance ie. Internal Audit

These 3 levels are also referred to as:

- Tell Me
- Show Me
- Prove me

It was at the first level of assurance that the Audit Committee had received mixed messages at its previous meeting on 30 March 2021. The external auditors could invoke a section 22 referral to the Auditor General if the committee is unable to provide assurance of progress. Members were reminded that the role of an audit committee is not to interfere with, or dictate on, operational matters; that is the responsibility of the Executive Management Team. The Audit Committee's remit is to assess risk and provide the Board with assurance that risk is mitigated.

3. Internal Audit Report 2019/20 Mental Health Services: Recovery Plan Update
(Paper AUD 21/43)

Mr Chittick presented the *Mental Health Service Recovery Plan Action Tracker (at 13/4/21).* The report is split into explicit and implicit actions:

- Explicit have come via the audit report from Internal Audit
- Implicit are proposed follow on actions from those that are explicit

Members were updated on progress with the following internal audit recommendations:

- Objectives and Training Plan
- Personal Objectives
- Directions for IJB strategic planning process
- Monthly Management Meetings
- Roles and Responsibilities

In response to a comment from LC regarding management ownership of the recovery plan, BC reassured the committee that he was accountable for taking the plan forward. He added that he would use this as a piece of learning for service managers about what the expectation may be if they were asked to report from an audit perspective. It was acknowledged that at the beginning the plan probably fell within the remit of the Service Manager but BC had subsumed that accountability at an early stage to take this forward hence why had he been available to brief Audit Committee at their last meeting then that concerns may have been allayed.

NC said she felt some of the specific concerns raised at the last Audit Committee meeting fell within the grade 2 risk raised by the internal auditors in their report in November 2019 around defined routes for escalation and therefore sought assurance this was being mitigated. BC said he was surprised to learn that there was a feeling that some management were inaccessible and managers make themselves available to allow conversations to happen. BC said there may be different understanding of modes of escalation when issues are not explicitly expressed and managers may not be sighted on internal concerns. It was expected that as a senior member of the team that the membership of the Executive Management Team should also be responsible for some of the development work moving forward so if there was a feeling that something needed to be escalated then there are now multi-factorial routes to do so.

BC will pick this up with the management team moving forward, adding that the agenda is set in such a way that we can govern any issues including if it were an escalation and then consider how to it should be formally recognised, who becomes accountable for that escalation, the actions and the plan that will come from that. **ACTION: Mr Chittick**

CC said communication was the critical challenge and technology enabled meetings such as huddles to be achievable, a minute recorded and communicated to the non-attendees.

MD expressed his disappointment that today's meeting was taking place. There was learning to be taken in terms of the scheduling of the previous Audit Committee meeting which took place in the holiday season. He said that he would have expected, during the

course of the previous meeting, for the executive director to step in and say the meeting was stepping outside the boundaries and responsibilities of the audit committee in how it was approaching the situation. MD added that he was unhappy with what the External Auditors indicated to the members of the Audit Committee and he would be discussing this with them directly. **ACTION: Mr Dickson**

MD said he and BC meet regularly regarding the issues being escalated and the progress being made and there are still challenges in connection with this. Members were urged to be mindful of what aspects of the Scott Moncrieff report did the Audit Committee need to go back to because it did not receive those assurances. With that in mind plus BC not being available, it would have been better to not progress with the previous meeting, or during the meeting as it became clear that discussion was expanding into a set of circumstances outside the remit of the committee, it should have curtailed and the meeting progressed at a different time.

Miss Manson said she felt assured by what had been said in acknowledgement of the complexity of clinical and line management adding that whistleblowing plays into that structure too. With focus on all these areas, members could feel assured that BC and his team progress with the recovery plan.

Mr Robinson said it was unfortunate that the previous meeting had fallen in the holidays and suggested that, as a rule, the organisation does not push either Board Meetings or standing committee meetings into what are traditionally holiday periods. GR and MD had explicitly said that BC should not come back off leave to attend the Audit Committee. It should also be considered who attends meetings and in what capacity they attend. As BC is the lead on this, if anyone else were to come to a meeting then they can speak about their area of work but they should not be asked to report on the strategic review.

GR said was reassured by what BC had reported and added that he was disappointed that this Psychological Services paper had been presented to IJB before it came to the Audit Committee. GR explained that he had hoped that the paper would be discussed, but as it was an appendix to the performance report it was not discussed. It had been GR's suggestion to CC that the appendix paper be presented to Audit Committee for noting in the absence of the Mental Health Recovery Plan paper. Due to BC's workload, allowing this to slip into the next cycle of meetings is not unreasonable in the circumstances and that could see a full report going to the Audit Committee in May and then the Board in June.

LC said he felt more assured of the progress with the recovery plan and added that it may be useful for members to have a conversation before the next audit committee to ensure mutual understanding. LC said he had recently met with Amanda McDermott who explained there was training for nurses extending more broadly to CPNs through the Open University so this may be something that in the longer term will be helpful to train people locally.

In response to a comment from LC, BC said staff have been supported by one of the best organisational development companies in the UK. Through this work, they have the opportunity to change the narrative, the perspective and the future of mental health service provision in Shetland. BC said he was keen that teams also develop and have an input in

where they are heading and that has been part of process so far so teams have been supported from an internal and external aspect.

In response to GR's point regarding IJB, BC said he had requested that the Psychological Therapies attachment to the performance report to go to IJB due to the external pressure that the mental health service is under. It was intended to demonstrate through the narrative what improvement had taken place and the plan is that same report will be presented as part of performance report to the next board meeting. It was BC's understanding that it would be this annex paper that would be presented to the last audit committee to give some reassurance to members that there had been a performance change in the psychological therapies as part of the improvement plan.

In response to comments from LC concerning appropriate referrals, BC said the Mental Health Strategy will be looking not just at mental health services but the whole spectrum of mental health and wellbeing. BC suggested that, when the review was complete and potentially some changes made, it would be appropriate to have another internal audit of the service conducted perhaps in 2022/23 to benchmark what progress has been and to understanding that it has been not only a high risk area but it's also a high profile area.

GR said the board needs to look at mental health services in the round because the issue appears to be worse in Shetland than many comparable boards with more people having complex problems. It is crucial to understanding the wider causes and reasons around this including the community, societal issues such as housing, jobs, money etc. It was suggested at Community Planning Partnership what the risks associated with the pandemic should be included in the risk register as a risk for the foreseeable future. The Board must engage more than ever with local partners to try address the ever increasing issue of too many people coming to the system for us to be able to cope with, then hopefully when we get back to normal times we have a service that can cope into the long term.

JH said she was assured by what had been presented today and that there are mechanisms in place for the Audit Committee eg. Turas, GR's overview of NEDs roles, annual appraisal systems and the escalation route as described by BC. JH suggested that there could be a mechanism whereby GR had the authority to cancel a meeting if a similar situation to the last Audit Committee arose again.

CC thanked everyone for their contributions and acknowledged that it shouldn't have been necessary to have had this meeting, but the committee can draw assurance from what we have heard.

Looking ahead CC proposed:

- Feedback on progress to the Sept Audit Committee meeting
- An audit of the Mental Health Service is conducted by our Internal Auditors in the 2022/23 financial year.

There was no other further business and the meeting concluded at 1.00pm.