

SHETLAND NHS BOARD

Minutes of the Meeting of the Audit Committee held at 10:00 on Tuesday 28th September 2021 via Microsoft Teams

Present	
Mr Colin Campbell [CCa]	Non-Executive Director (Chair
Mr Lincoln Carroll [LC]	Non-Executive Director
Mrs Jane Haswell [JH]	Non-Executive Director
Miss Shona Manson [SM]	Non-Executive Director
In Attendance	
Mr Colin Marsland [CM]	Director of Finance
Mr Craig Chapman [CCh}	Head of IM&T (minute ref. 3(iii))
Mr Brian Chittick [BC]	Director of Community Health & Social Care (minute ref. 3(i))
Mrs Emma Garside [EG]	Clinical Governance and Risk Lead (minute ref. 4)
Ms Stephanie Hume [SH}	Internal Audit
Mr David Morgan [DM]	Information Governance Manager (minute ref. 3(ii))
Mr Gary Robinson [GR]	Board Chair (<i>present till 11:20</i>)
Mrs Pauline Moncrieff	PA to Director of Finance (minutes)

1. Apologies

Apologies were received from Natasha Cornick, Michael Dickson and Karl Williamson.

2. Declaration(s) of Interest

There were no declarations of interest.

3. Internal Audit: Management Actions Follow-up 2019/20 – outstanding action updates

3(i) (Mental Health Services) Recovery Plan Update

BC presented the Mental Health Recovery Plan update (paper AUD21/15) set out an updated action tracker which informed members in detail of the progress against the original action plan recommendations made by Internal Audit in 2019/20.

LC asked what the potential implications were for the service in light of the national consultation on the National Care Service. BC said the points raised by the Internal Auditors were fair and had given the team a framework to work to and progress established against it would put the service in a better position to absorb change. There is still an opportunity to complete any outstanding actions before any change may come affecting internal processes and structures.

BC gave a verbal update on the Psychological Therapy service. Points highlighted included:

- Improvement in the numbers on the waiting list for psychological therapies
- Improvement in realising the 18 week referral time
- Leadership within the team has embraced the Improvement Plan and implementation of significant changes which will have a positive effect on the direction of travel

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- Good uptake of people registering to access computerised cognitive behavioural therapies (59 people have accessed 'Beating the Blues', 72 accessing 'Silver Cloud' and 17 people on ISO).
- Ways to include Community Link Workers are being explored as a way to support people through digital CBT programmes and to self-maintain themselves.
- The Clinical Psychologist has implemented a 'Survive and Thrive' course which is a group intervention for individuals who have experienced complex inter-personal trauma. The course runs from Sept-Nov and an aim of the first course is also to review the qualitative and quantitative data around this method of collective support for individuals with a form of psychological need or treatment.
- The new posts of Occupational Therapist and Clinical Associate Psychologist are out for advert and it is hoped recruiting to these posts will add to the resilience within the team and continue to address the number of patients on the waiting list for psychological therapies.
- The national challenge of recruitment and retention of staff has been acknowledged by SGov with additional funding being allocated plus the possibility of using international recruitment as a way to attract staff to the team.
- The Consultant Psychologist has developed improved referral criteria to achieve better placement of clients with the correct professional, on the appropriate pathway, at the appropriate place at the appropriate time.

CCa asked whether the OD intervention had improved morale within in the team. BC acknowledged that morale may be unchanged, but was more multi-factorial than when initially assessed with workforce elements, increasingly complex patients, and the emotional toll of maintaining the service all impacting on morale. There was no increase in sickness rates within the team and the Workforce Plan will be presented to IJB this week. The Head of Service for mental health is also a Wellbeing Champion for the NHS so close links exist to support networks that individuals might need.

3(ii) Information Governance Strategy

DM explained that the timetable for the strategy had been paused due to the expected publication of the national information governance report. That report will impact on shaping the IG strategy, but the hope is to present an initial draft and action plan to the Board by Feb 2022. The intention is that the strategy will look at the baseline in the organisation against the ICO and NHSScotland standards in developing the action plan. The next stage will then be a rolling programme of audits and reports to establish progress on implementing the strategy. The final part will be reconfiguring information governance and records management functions to take account of the changing environment from MS 365 and then be able to support the board's paper light and digital first agenda.

(Information Governance) Training and Awareness

DM gave a verbal update highlighting the following progress:

- Good progress on staff training compliance, but continues to be on a slow trajectory in regard to the number of staff groups who find the existing modules difficult to access.

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- Work continues with Staff Development and IT teams to explore the possibility of recruiting a Digital Skills Officer to support staff training for those who find it more challenging to access the online platforms.
- DM is in discussion with the Medical Director and Staff Development to develop a more appropriate resource for GPs.
- Another set of modules have been identified that are more appropriately targeted for the hotel services and estates staff. It will be possible to insert this information into the board's compliance figures.

In response to a question from JH, CCh explained that the Digital Skills Officer post was still at the Business Case stage. The aim would be to deliver training around core digital skills rather than clinical system skills plus a resource around the creation of training materials.

3(iii) (IT Healthcheck Security) IT Policies and Procedures

CCh reported that the IT policies including the Digital Security Policy had been written and were progressing through the governance process of submission to ISG and will be presented to the Clinical Governance Committee on 7 December.

Formal Compliance Monitoring

CCh said a number of tools had been put in place and the IT team are working with the newly established Centre for Cybersecurity Excellence which is part of NSS. It was hoped that by the end of 2021 it would be possible to formalise a response to close off this outstanding action.

4. Risk Management process and RMG action notes

EG described in detail the stages of the risk management process to members for information including submission and review of risks, reporting and training.

As an Audit Committee, members were satisfied that the risk management process meets the responsibilities in terms of the committee's Terms of Reference.

5. Draft Minutes of the Audit Committee meeting held on 23rd June 2021

The draft minutes from the meeting held on 23rd June were approved and there were no matters arising.

6. Action Tracker

(163) CM reported that a report on cybersecurity had been published and the governance of this sits under the Clinical Governance Committee (CGC). The report will be presented there before coming to the Board and it was agreed that this action be transferred to the CGC.

(166) JH reported that a meeting would be held on 4/10/21 to finalise the ToR and it was hoped to have the first CGC meeting in December. Work is progressing to look at the IJB but the CCPGC is no longer reporting directly to the IJB.

(175) SH said she planned to speak to a colleague from GG&C to ascertain what this board does. Indications from boards are that there is no defined process but there is quite

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a consistent approach. SH will collate the responses from other boards and update members at the next meeting. **ACTION: S. Hume**

(179) CM had emailed all NEDs for feedback and based on responses received, the status quo appears to be the preferred option by the majority.

Internal Audit

7. Internal Audit Progress Report 2021-22 (*Paper AUD 21/10*)

SH reported that since the last meeting, internal audit had completed one review which is the follow-up report on today's agenda. Internal audit have also issued the draft report for Bank Agency Staff On-boarding Review which is currently with the Chief Executive to provide management responses so the report can be presented to the November meeting.

Due at the November meeting is the 2nd follow-up report, the early draft of the Internal Audit Plan and the views of the Audit Committee and senior managers will be sought and fed into an overall audit plan. The Business Continuity Plan still sits as 'to be confirmed' and the internal audit team are confirming with the sponsor to determine the deadline for this, but there are no concerns that this will not be provided before May 2022.

Decision: the committee noted the findings in the Internal Audit Progress report 2021/22.

8. Internal Audit Management Follow-up Report Q1 (2021/22) (*Paper AUD 21/11*)

SH explained Internal Audit had sent out requests to all managers with actions which were due for response.

- Only 2 actions had no response, 6 actions closed as fully complete, 9 are partially complete, 2 are incomplete and 7 are not yet due. 4 actions are no longer applicable which relate to the mental health actions covered in the updated Mental Health Recovery Plan action tracker.
- One positive area in the report is that the highest number of risks are now sitting in the moderate Grade 2 rather than the high risk Grade 3 as seen previously.
- Appendix 2 gives a breakdown of the responses received for the outstanding grade 3 and 4 actions including those that are not yet due. A few were for the Business Continuity actions where a revised timescale was not received so this has been set at November 2021 and an update will therefore be provided at the next meeting.

SH explained that the actions with no response relate to a grade 2 risk concerning documented procedures and training sign off where it was found there was no overarching procedural document setting out the process for GP Out-of-Hours. The OOH Business Continuity Procedure contains some of the information but does not refer to other core aspects such as training. The recommendation was that NHS Shetland should 'produce an overarching GP OOH procedure ensuring that all aspects of the service are covered' and a sign off mechanism should be provided to evidence that GPs have undergone the training session for the NHS 24 process and GP OOH.

CM said that the 4 actions closed off as 'no longer applicable' all relate to the mental health service and Internal Audit have indicatively planned to conduct an audit in that area next year. Members confirmed they were content with these being closed off and BC to continue to produce update reports as requested by the committee at a previous meeting.

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In response to a question from JH, SH explained that the 4 actions were not itemised in the follow-up report and were superseded by the Mental Health Recovery Plan update which encapsulates all of the recommendations raised by Internal Audit plus those from the external review done at the same time. JH said it was appropriate for the committee to know the narrative around these 4 actions.

Decision: the committee noted the Internal Audit Management Follow-up Report Q1 21/22.

External Audit

No further reports

Audit Scotland Report

No further reports

Standing Items

9. Audit Committee Business Plan 2021-22 (*Paper AUD 21/12*)

CM said this was a standing item on the agenda that gave members the opportunity to review the business plan and indicate any changes they wish to make to it. The training dates have yet to be confirmed for this year and thus not included on the business plan.

Decision: the committee reviewed the plan and agreed there were no changes required.

Other Items

10. Counter Fraud Services Year End Report 2020-21 (*Paper AUD 21/13*)

CM explained the report highlights the activities undertaken as part of the CFS role as the central body for stimulating education and training plus undertaking fraud actions.

One activity of note to NHS Shetland was the suspension for 9 months of the primary care checks for ophthalmic and dental services which is the reason why the value of the amount retrieved from those services is down on prior years.

During the pandemic, CFS have issued weekly newsletters and emails which have been shared with all staff as part of encouraging the board's culture of anti-fraud.

CCa asked if the members of the Audit Committee could have access to the fraud awareness training provided by CFS. CM said the fraud training session was recorded and may still be available online. JH added that there is fraud awareness training available for staff through TURAS.

Decision: the committee noted the content of the Counter Fraud Services report 20/21.

11. The National Fraud Initiative in Scotland 2020-21 (*Paper AUD 21/14*)

CM explained this was a UK wide initiative which in Scotland, Audit Scotland are responsible for. As part of the process, checks are conducted on organisations to identify any areas of potential fraud, duplication of payments, issues and errors. The report details what was considered to be fraud within NHS Shetland.

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There were no other fraud issues identified which gives assurance to the board that fraud appears to be low, however the greatest amount of fraud in NHS Shetland occurs through the primary care contractors. In the recently launched Staff Wellbeing Hub there is a section for staff to access the Citizens Advice Bureau links on managing finances, budgeting and planning.

Decision: the committee noted the conclusion of the National Fraud Initiative exercise.

12. Any Other Competent Business

Members discussed the format of future meetings of Audit Committee and the return to face-to-face meetings.

CCa said NHS Scotland are working remotely until June 2022 and it was anticipated there would be a similar expectation for boards to do the same. CM said that at present NHS Shetland had not changed its policy of conducting governance and Board Meetings via MS Teams. Once meetings return to face-to-face, there will remain the opportunity to attend virtually because it was not always possible to attend in person and staff should make use of technology wherever possible to avoid travel.

CM added that the Bressay Room at Montfield is not currently being used as a meeting room and this will remain the case till 31/3/22 so there will be no physical space for face-to-face without hiring a room elsewhere.

13. Date of next meeting: The next meeting of the Audit Committee would be: Tuesday 30th November 2021 at 10:00am.

[SH left the meeting]

PRIVATE SESSION

14. Re-Procurement of Internal Audit

CM explained that in terms of audit procurement, the current contract expires on 31/3/22. NHS Shetland have previously entered into a joint procurement exercise with NHS Western Isles, NHS Orkney and NHS Highland. NHS Highland are the lead organisation in the procurement exercise and plan to extend the contract by one year. One reason for this is workload priorities associated with Covid19 and the second is that Audit Scotland will be a year late in assigning auditors.

NHS Highland are planning to offset the inflation uplift on the current fee, by reducing the number of days commissioned. NHS Shetland must decide whether or not to stay in a joint procurement exercise or whether to start a procurement exercise this year to replace our current internal auditors. The result may be a more expensive price because the joint procurement exercise had enabled the 4 boards to negotiate on a sufficiently large contract to agree an acceptable price.

Members agreed to extend the contract for an extra year and then consolidate it next year with NHS Western Isles, NHS Orkney and NHS Highland.

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15. Finance training for board members

CM explained that all Executive and Non-Executive Directors must go through an annual appraisal process and as part of that any training needs required concerning finance should be identified. The audit report had highlighted that some members had indicated their wish for more finance training, but did not identify who the individuals were or what they required. There is an online NES training course for NEDs on both finance and also the Audit Committee, but members may still wish more focused sessions or resources.

Members reported that specific finance training needs had not been discussed in their appraisal meetings, but agreed that they possessed the necessary resources and tools to discharge their duties as Non-Executive Directors (and members of Audit Committee).

CM said he would follow-up with the Chief Executive to ascertain the training needs for the Executive Directors in order to sign off this action.

Members agreed that the Audit Committee was making good progress and thanked CM for his good executive leadership.

The meeting concluded at 11:40