

# **SHETLAND NHS BOARD**

## **Minutes of a Meeting of the Audit Committee held on Wednesday 24<sup>th</sup> June 2020 virtually by Microsoft Teams**

### **Present**

Mr. Lincoln Carroll (Chair)  
Mr. Colin Campbell, Non-Executive Director  
Mrs. Natasha Cornick, Non-Executive Director  
Mrs. Jane Haswell, Non-Executive Director

### **In Attendance:**

Mr. Michael Dickson, Chief Executive  
Mr. Colin Marsland, Director of Finance  
Mr. Chris Brown, Scott-Moncrieff  
Ms. Stephanie Hume, Scott-Moncrieff  
Mr. Paul Kelly, Scott-Moncrieff  
Mr. Syed Ahmed, Deloitte  
Mr. Conor Healy, Deloitte  
Mr. David Morgan, Information Governance Manager & DPO, agenda item 8  
Ms. Lisa Watt, Primary Care Manager, agenda item 10  
Ms. Jo Robinson, Interim Director of Community Health & Social Care, agenda item 9 & 10  
Miss. Leighanne Robertson, Minute taker

### **1. Apologies:**

Apologies were received from Miss. Edna Mary Watson and Ms. Karlyn Watt

### **2. Declaration(s) of Interest**

No declarations of interest

### **3. Draft Minutes of meeting held on 26<sup>th</sup> November 2019**

The minutes from the meeting held on the 26<sup>th</sup> of November were approved, highlighting the meeting date in March was postponed.

Mrs Cornick highlighted the comment regarding the disappointment of the lack of attendance in the previous meeting however during the previous meeting before it was discussed most could not attend and the date was changed however later advised the original meeting date was to remain. Mr Marsland could not recall back to last November however would investigate this. Mrs Haswell believed the meeting date had also been changed and mentioned the discussion was regarding attendance around the whole committee and raising this.

#### **4. Action Tracker**

Action 117 – Piece of work undertaken by Information Governance and there is now a group in place going forward reporting to ESIG. Discussed the action being long standing and perhaps now out of date, Mr Carroll ask Mr Dickson if he could take this forward to see if this can now be removed or dealt with appropriately. Mr Dickson will verify if this action is still relevant and discuss this at the next meeting. Mrs Haswell commented this is now on the business plan to come through the CCPGC.

Action 134 – Mr Marsland explained the workforce plan currently out for discussion. Mr Dickson suggested to move workforce being considered as part of NHS Shetland recovery plan following COVID-19.

Action 148 – Business plan on agenda

Action 149 – Action was to discuss at the Board Development in March however this has not taken place yet due to COVID-19

#### **Internal Audit**

#### **5. Internal Audit Report: Progress Report Q3 2019-20**

Mr Brown explained this is the progress at time of the March Audit Committee and all of the work for the year has now been completed. It was agreed with Management quarter 4 was not to take place due to COVID-19.

#### **6. Internal Audit Report: Follow-up Report Q3 2019-20**

Ms Hume presented the plan explaining they have followed up 16 actions, 6 have been marked as completed and 1 non applicable. Ms Hume highlighted the outstanding actions are at the lowest point in a number of years for the Board and non are at the highest grade and commented on the level of engagement received.

Mrs Cornick discussed how pleasing it was to hear of the improved level of engagement and hope for it to continue going forward.

Mrs Cornick highlighted the need to have more sufficient updates on the actions and feel they need to be more detailed to provide the Committee with the sufficient assurance required to provide to the Board.

Mr Carroll asked for the way forward to link between management and the Audit committee, Mr Dickson felt this was a work in progress and agreed with Mrs Cornick going on to highlight that we are fundamentally moving in the right direction however as an organisation there is work to do.

Mr Brown explained for new members of the Committee one of the largest issues has been to tackle the unacceptable high numbers of outstanding actions, this issue has not been fixed however there is improvement and would welcome any recommendations to encourage further engagement required.

## **7. Internal Audit Report: Risk Management**

Mr Brown presented the Risk Management report to the Committee highlighting the number of improvements taken to improve the arrangements for risk management. Mr Brown is pleased to see the steps being taken however feels there is still improvements to be made, explaining some standards being used by NHS Shetland have been superseded although the new standards are based on the standards being used.

Mr Campbell commented on the proposal of the Risk Management Group report coming to the Audit Committee every 6 months and asked if the Audit Committee should be receiving the minutes of the Risk Management Group.

A discussion took place regarding Audit and Risk coming together and the risk Management Group in part of a wider review and was agreed there is work to do to bring Risk and Audit together.

## **8. Internal Audit Report: Information Governance**

Mr Kelly presented the report to the Committee, going through the 4 control objectives highlighting this was from the later part of 2019 and summarising the key findings and recommendations as detailed within the report.

A discussion took place on the review of the timescales following on from COVID-19 and the capacity to undertake the work required, Mr Morgan explained they are currently working through a recovery plan which will address timescales and capacity.

A discussion took place regarding the 9 times the Board has been reported for breaches in data protection, concerns were raised if the Committee wasn't fully sighted and it was highlighted this is included in the annual accounts. Mr Morgan explained NHS Shetland are taking a proactive, open and transparent approach to others and although 9 might be seen to be a high they are currently waiting from a response from the ICO on NHS Shetland's position to other Boards

Mr Campbell discussed the information governance training available and suggested pulling off a report to identify who has not undertaken the training, Mr Morgan explained before COVID-19 they had begun to provide departments with this information

*Mr Kelly and Mr Morgan left the meeting*

## **9. Internal Audit Report: Mental Health**

Ms Hume presented the report to the Committee highlighting the four specific areas and summarising the key findings. Ms Hume discussed areas rated amber, commenting on training being undertaken by some staff where there has been no evidence found how this training links into the objectives of the team and how the absence of this staff will be supported.

Ms Hume went on to discuss Management information within objective 2 following on from a report presented at the IJB however there was no evidence of discussions held within Management meetings and went on to discuss the request of management information from Trak-Care being declined due to staff shortages and the deadline of submission of mental health indicators not being communicated.

Mrs Cornick raised concern over the mental health report and did not feel the Management responses are addressing the risks highlighted. A discussion then took place agreeing to Mrs Cornick's concerns and it was felt further information would be required to provide the Committee with assurance the requirements will be met.

***Action Request Improvement Plan from Mental Health**  
Ms Robinson left the meeting*

## **10. Internal Audit Report: Out of Hours (taken before 9)**

Ms Hume presented the report to the Committee discussing the 3 areas and the key findings, highlighting the positive working taking place within the service.

Ms Hume commented on the areas for improvement, ensuring GP out of hours training is documented and NHS24 quality summary reports are provided to the appropriate governance committees.

Ms Watt wanted to thank Maria for the help provided during the audit and went on to explain the signing off of GP training is in place and there is GP to GP training. The reports from NHS24 will be going to the JGG, going on to explain due to COVID-19 this has not taken place yet however this will go to the next JGG.

Mrs Haswell felt it would also be useful for Board members to receive NHS24 summary report.

Ms Watt discussed the proposed model for a new way of working for out of hours, Ms Robinson mentioned due to staffing this might not be in the position to take to the July IJB.

Mrs Haswell asked Ms Robinson if unable to go to the July IJB if this will affect the recovery plan and Ms Robinson thought to a degree and will email Mrs Haswell out with the meeting.

Mrs Cornick wanted acknowledge the positive report.

*Ms Watt left the meeting*

### **11. Chief Internal Auditors Annual Report**

Mr Brown presented the report to the committee explaining it is the summary of all work completed within the year. The work was undertaken pre COVID-19 and changes have taken place which haven't been reflected.

### **12. Internal Audit Report: Draft Internal Audit Plan 2020/21**

Mr Brown presented the draft plan, explaining they had only had the opportunity to discuss with the Chief Executive directly before this meeting so they will reflect on comments given from Mr Dickson and also capture the Audit Committees views on the proposals.

Mr Brown highlighted the areas for 2021 in appendix 1, page 7 to the Committee and explained although the entire plan did not need to be agreed at this moment they would need enough to be able to start undertaking the work and asked the Committee for any questions and comments.

Mrs Haswell confirmed to include Clinical Governance in the plan however would get back to Mr Brown on the area.

Mrs Cornick queried the requirement for two days regrading property transaction monitoring and Mr Marsland commented there had been no properties sold and Mrs Cornick highlighted the two days could be removed from the plan.

Mrs Cornick sought clarification on the four days for internal audit contact management and Ms Hume explained these are used for the initial setup and discussions with Management and highlighted they will only use the days required to be used.

Mr Brown highlighted the need of the plan being approved which could be done virtually and discussed at the next Audit Committee.

## **Audit Scotland**

### **13. The 2018/19 Audit of Fife Integration Joint Board: Report on significant findings**

Mr Healy presented the paper to the Committee and highlighted the report makes it clear Fife is not alone and pointed out it could quite have easily been Shetland IJB. There has been some improvement this year but there is still big challenges to face.

Mrs Cornick discussed the Liaison Group meetings that had started however where currently on hold due to COVID-19.

## **External Audit**

### **14. No Submission**

Mr Healy provided a verbal update in regards to NHS Shetland accounts. Mr Healy explained due to COVID-19 there has been an extension put in place until September to have the accounts signed. NHS Shetland are attending to sign the accounts in August.

## **Standing Items**

Mr Marsland explained the standing items are for comment and due to the time of the meeting running out if members have comments or questions to please e-mail Mr Marsland directly.

### **15. Local Fraud Update Annual Report 2019/20**

### **16. CFS Fraud Performance report Q4 2019/20**

### **17. CFS Patient Exemption Checking 2019 – Analysis of Fraud/Error**

### **18. CFS Head of Service Annual Review and Flash Report 2019/20**

### **19. NSS Payment Verifications Annual Medical Services Report**

### **20. NSS Payment Verifications Pharmacy Services Report Q3 2019/20**

## **Other Items**

### **21. Fixed Asset Procedure**

Mr Marsland explained the background why this was with the Audit committee to sign off however the process has been reviewed and approved by the Executive Management

Team and the Capital Management Group and now seeking the approval of the Audit Committee for this to be managed by the Capital Management Group. The Committee approved.

## **22.National Fraud Initiative**

Mr Marsland explained the yearly process and highlighted the conclusions attached are for the committee to be aware of.

## **23.Audit Committee Annual Report**

Mrs Cornick suggested to change the narrative regarding Management actions as there has been improvement.

Mr Marsland suggested to include the issues discussed in regards to Mental Health and Mr Carroll and Mrs Cornick agreed.

***Action** amend report to reflect the changes discussed*

## **24.Best Value Statement**

Mr Marsland explained the process of Best Value Statements and is for the Committee to agree it is content it correctly reflect the committee. No comments were received and it was agreed the committee was content.

## **25.Business Plan 2020/21**

Mr Marsland highlighted the Business plan may change in terms of dates and explained the objective of the Committee is whether there are any amendments required and effectly sign off. Mr Carroll asked if this was on the agenda for August and Mr Marsland confirmed

Mr Campbell commented on the Fraud training available on TURAS and highlighting the low numbers of staff who have undertaken this.

Mr Campbell then suggested to the Committee to have all actions on a singular action tracker with different sections to ensure progress can be monitored and be able to hold the relevant action owners to account. A discussion then took place on Mr Campbell's suggestion and it was felt this could be explored further during the review of governance.

**Date of next meeting:** Audit Committee Meeting is 10 August 2020 at 2pm virtually through Microsoft Teams