Northern Health and Social Care Trust

Audit Committee
Notes

Wednesday 10th May 2023 at 2pm
Hybrid Meeting Boardroom Trust HQ/MS Teams

Present:
Mr Paul Corrigan, Non-Executive Director (Chair)
Mr Glenn Houston, Non-Executive Director
Mrs Lesley Mitchell, Independent external

In Attendance:
Anne O'Reilly, Chair, NHSCT
Mr Owen Harkin, Director of Finance
Mrs Nuala McAuley, Assistant Director of Finance
Mrs Catherine McKeown, Internal Audit BSO
Mr David Charles, Internal Audit BSO
Mr Stephen Knox, Northern Ireland Audit Office
Ms Megan West, Assistant Director of Governance
Mr Chris Young, Audit Manager, Internal Audit BSO
Mr Alan Campbell, Financial Governance, NHSCT
Mrs Una McKenna, Financial Governance, NHSCT
Mr Ruairi Pollock, Financial Assessments, NHSCT
Miss Colette Carey, Office Manager
Mrs Grainne Tosh, Senior Manager Medical & Dental Workforce
Dr Petra Corr, Director of Mental Health, Learning Disability and Community Well Being Services

1.	**Apologies** - No apologies noted. Mr Corrigan welcomed everyone to the meeting and acknowledged new attendees. Mr Corrigan reminded the members of the importance of having the meeting papers available in advance to allow committee members to review.		**ACTION** **All**
2.	**Conflicts of Interest** There were no conflicts of interest declared at the beginning of the meeting. Mr Corrigan asked members to make him aware of any conflict of interest and commented that should one arise during the meeting to make it known.		**All**
3.	**Minutes of the Previous Meeting**		
	3.1	The minutes of the meeting of 22nd February 2023 were agreed an accurate record and approved by the Committee.	
4.	**4.1**	**Action Log**	
	The action log was discussed and the updates noted by the Committee. DAC paper on the agenda for discussion.		

5.	**Directors/ AD Presentations** **5.1 Implementation of Mental Capacity Act (MCA)** Mr Corrigan welcomed Dr Corr to the Committee and thanked her for attending. Dr Corr presented the update on the Implementation of the Mental Capacity Act recommendations to the Committee. Dr Corr noted six priority 2 recommendations within the audit, the first being to develop regional timeframes (KPIs') for the completion of all aspects of the MCA process. Dr Corr advised this was discussed at the Regional Multi-Agency meeting on 9th January 2023 and agreed there is concern around putting a timeframe against certain aspects of MCA due to the variables within the 5 Trusts. Dr Corr to share a copy of minutes with Internal Audit. Dr Corr advised the timelines will be presented to MCA Programme Board on 26th June 2023. Dr Corr noted a training record has been established, with monthly returns and the new Learning Management System now have set alerts for staff when their training is due for renewal. The final recommendation is in relation to Operational Policy, Dr Corr advised this policy was agreed by MCA Leads on 2nd May 2023 and is awaiting review through the Trust policy process for sign off by September 2023. Mrs Mitchell thanked Dr Corr for the presentation and advised that the recommendations have been completed ahead of the deadlines. Mr Corrigan noted his disappointment that Internal Audit have given limited assurance. Dr Corr advised that she will continue to monitor via MCA Programme Board. **5.2 Management of Private and Change of Status Patients 2021/22** Mr Corrigan welcomed Mrs Tosh to present on behalf of Dr Watkins. Mrs Tosh noted there are ten priority 2 recommendations. Mrs Tosh advised that a review of procedures for the Management of Private Patients has been undertaken and approved by LNC and are currently working on the queries received by Policy Group. Mrs Tosh provided assurance that the policies will be implemented by the end of June 2023. Mrs Tosh advised recommendations 2.2, 2.3 and 2.4 – the Recording of Change of Status has been implemented. Mrs Tosh discussed recommendations 3.1, 3.2 and 3.3 the Annual Declarations and Job Plans, Mrs Tosh advised this is part of the code of conduct and all consultants are required to complete. Mrs Tosh awaiting final approval from policy group to allow final implementation.	**Dr Corr**

		Mrs Tosh confirmed that Diagnostics – Radiology are running quarterly reports and that all patients have been placed in the appropriate Radiology waiting list. Recommendation 4.2 is outstanding and will be implemented by June 2023. Mr Corrigan noted a number of timescales have slipped. Mrs McKeown was unaware that progress had been made in some areas and will liaise directly with Mrs Tosh. Mrs Mitchell highlighted the importance of these recommendations from the Organisation's Governance perspective and noted disappointment that the communication request for recommendation 4.2 has not yet been issued. Mr Corrigan thanked Mrs Tosh and asked that Mrs Tosh liaise directly with Internal Audit to advise of updates/completed recommendations.	**Mrs Tosh**
6.	**Internal Audit**		
	6.1	**Internal Audit Progress Report** Mrs McKeown presented the progress report to the Committee, the table of progress was noted. Mrs McKeown advised the IT paper will be deferred to the June Committee. Mrs Mitchell enquired about the delay for the E-Rostering Audit. Mr Charles explained the reason for the delay was due to input from management and that the report wasn't ready for the February Audit Steering Group (ASG) and it was since tabled at the May meeting, Mrs McKeown advised this incident was a one-off and Internal Audit were broadly content with the role of the ASG. Mrs McKeown noted findings of risks of overpayments of staff and a recommendation to run reports and cleanse data to remove staff who have left the organisation. Mrs McKeown discussed a small number of overpayments for staff who have not worked over their contracted 37.5hours. Mrs McKeown advised management have accepted all recommendations. Mr Corrigan enquired if there was an alert in the payroll system to flag staff who have not worked their contracted hours, Mrs McAuley advised this isn't available and the team are currently looking to implement controls in the E-Rostering system. Mrs Mitchell noted recommendation 2.2 and 2.3, awaiting new system in March 2025. Mrs McAuley advised a task and finish group has been established and awaiting go live before all reporting/ controls can be implemented. Mrs McKeown noted Payments to staff follow up 22/23 is limited assurance. Management of Change work was delayed due to Industrial Action. The percentage of Staff in Post (SIP) reports being returned by Budget Holders, remains low at an average of 66% compliance. Mr Houston	**Mrs McKeown**

		noted the improvement from unacceptable to limited assurance. Mrs Mitchell enquired about recommendation 4.1 and the management comment that Finance do not have the capacity to complete the exercise on off system timesheet reporting. Mrs McAuley advised the Finance Dept had considered piloting but unable to fulfil due to the level of vacancies. Mrs McKeown confirmed this is a regional recommendation and will enquire how other Trusts are taking forward. Mrs McKeown discussed Food Allergens 2022/23 and it is has made satisfactory process. Mr Houston noted the importance of patient safety and Mr Corrigan was pleased that the food ordering tablets have since been updated. Mrs McKeown noted Complex Discharges received a satisfactory assurance. Mrs Mitchell advised that for a first time audit to get satisfactory assurance is a great outcome for the staff. Mrs Mitchell enquired about recommendation 4.1 Complex Beds – Dementia Diagnosis and the management action that the Trust formally write to the DoH/SPPG highlighting this finding of the Internal Audit Inspection. Mrs McKeown noted it is important to flag this finding and Internal Audit accept the Trust cannot implement on their own. Mrs McKeown noted a limited assurance for Core Mandatory and Professional/Role Dependent Training compliance. Mr Corrigan advised Mrs Reid – Director of HR will be invited to the June Committee. Mrs Mitchell noted concerns over the Fire Safety outcome. Mr Harkin advised he is responsible for Fire and noted that Fire Warden Training is the main focus for Children's Services. **6.2 IA Follow Up 22-23 Year End** Mr Charles presented the report noting 303 (83%) of the outstanding 367 recommendations examined were fully implemented, a further 64 (17%) recommendations were partially implemented and 0 (0%) were not yet implemented. The Committee commended the Trust on this strong performance. **6.3 IA Audit Strategy & Plan 2023/24** Mrs McKeown presented the Internal Audit Annual Plan 2023/24 and discussed the proposed IA Assignments detailed on page 34. Mrs McKeown advised all outstanding audits have been cross referenced with the risk register. Mrs McKeown sought approval from the Committee. Mr Houston enquired about the proposed audit of Child Safeguarding/Statutory responsibilities. Mrs McKeown	**Mrs McKeown/ Mrs McAuley**

		advised this will be kept at high level. Mrs McKeown gave assurance the proposed assignments would be completed. The Audit Plan was approved by the Committee. **6.4 Shared Service Audits** Mrs McKeown presented the report and noted the level of assurance for Payroll Services Centre as satisfactory and 4 areas of Recruitment Shared Service Centre were limited. Mrs McKeown noted work is ongoing and a Programme Board has been established to implement EQUIP (replacement for FPL/HRPTS). **6.5 HIA Annual Assurance Report** Mrs McKeown presented the report and thanked the Committee for the support and ongoing engagement. Mrs McKeown noted the KPI's were lower than planned but did not necessarily reflect the role of the ASG. It was agreed the KPI would not be revised. Mrs McKeown noted an overall satisfactory level of assurances with limited assurance in a number of areas. Mr Corrigan noted the improvement on last year and delighted to have an overall satisfactory assurance outcome. Mr Corrigan took the opportunity to thank Internal Audit and all the team for the work in the past year. Mr Harkin noted the good working relationship with Internal Audit. **6.6 NHSCT Summary of Progress on IA Recommendations** Mrs McAuley presented the report. A total of 69 findings were identified and this resulted in BSO Internal Audit putting forward a total of 116 recommendations to the Trust (3 P1's, 90 P2's and 23 P3's). A total of 17 audit reports were finalised with BSO Internal Audit, 9 obtaining a satisfactory level of assurance, 5 limited and 3 split assurance. Mrs McAuley noted there is good progress across Directorates. Mrs McAuley advised the progress report has been shared with Directors as a monitoring tool. Mr Corrigan thanked Mrs McAuley and noted the report provides a useful breakdown of priorities. Mrs Mitchell took the opportunity to thank the team and noted it was an excellently presented report.	
7.	**External Audit**		
	7.1	**22-23 Audit Update (verbal)** Mr Knox provided an update to the Committee, Mr Knox has received the accounts and he has no concerns to raise. While work has just commenced, NIAO are on track for the	

		next Committee meeting on 19th June and for sign off at Trust Board on 22nd June. Mr Corrigan thanked Mr Knox for the update.	
8.	**Counter Fraud** **8.1 Fraud Liaison Officer Year End Report** Mrs McAuley presented the report. Mrs McAuley advised the Trust Fraud Liaison Officer (FLO) remains as a vacant post and that Mrs Una McKenna has taken on a lot of responsibilities in the interim. Mrs McAuley advised as at 31st March 2023 the number of open suspected fraud cases was 27, 14 of the 27 open cases are with the Police Service of Northern Ireland (PSNI) or the Public Prosecution Service (PPS). The oldest case remaining open dates from 2016 and is scheduled for trial in May 2023. Mr Corrigan enquired if a number of these cases could be dealt with internally within the Organisation, Mrs McAuley advised the investigation is a dual process both internally and with the PSNI. Mr Corrigan noted the need for assurance that process is being followed. Mrs McAuley agreed to set out for the committee the flow chart of the process. Mr Corrigan asked for an update on the recruitment of a replacement FLO. Mrs McAuley confirmed a recruitment was run but the Trust were unable to appoint and she is currently scoping temporary recruitment and will seek to fulfil on a permanent basis later in the year. **8.2 DoH Circular HSC (F) 15-2023 Counter Fraud** The circular was noted by the Committee**.** **8.3 NHSCT April 2023 Fraud Broadcast** Noted by the Committee.	**Mrs McAuley**
9.	**Annual Report and Accounts** **9.1 Governance Statement 2022/23** (Extract from the Annual Report) Mr Harkin presented the draft Governance Statement. Mr Harkin advised the report was in the usual format. Mr Harkin noted assurance from other organisations, Internal Audit and External Audit. Mr Harkin advised he welcomed comments from the Committee. Mr Corrigan noted this is in line with previous years statements. Mrs Mitchell enquired if the membership of Committees should be included in the report as Trust Board members are mentioned and Mrs McAuley is to confirm same. Mr Houston content with the report. Final draft to be presented at the June Committee. **9.2 Draft Annual Report & Accounts 2022/23** Mrs McAuley presented the report to the Committee. Mrs McAuley advised the foreword had been completed by the previous NHSCT	**Mrs McAuley**

	chair but will now be reviewed by Mrs O'Reilly as the new Chair. Mrs McAuley advised the report has been reviewed by directors and reviewed against last year's report. Mrs Mitchell took the opportunity to thank, Mrs McAuley, Mr Harkin and the Finance Team for the report and also noted it was completed to a high standard. Mr Houston suggested removing the table on page 33 in under 'Summary of Trust Performance against Commissioning Plan Targets'. Mr Harkin thanked Mr Houston and advised he would discuss with Mr Martin but felt it has to be retained currently. This report will be tabled at June meeting again for approval. **9.3 Draft Charitable Trust Funds Annual Report and Accounts 2022/23** Mrs McAuley presented on the report. Mr Houston advised the majority of funds were transferred to the Dept of Communities Central Investment Fund for Charities in year but had not performed as hoped, though probably better than the banks. Mrs McAuley noted 5 new CTF were opening during 2022/23 which are Directorate based and are aligned to how the Trust delivers its services throughout the Northern Trust area. Mrs Mitchell suggested photographs could be included in the report. Mrs McAuley stated a project group would be set up for 23/24 to look at the production of the annual reports and the overall presentation would be considered. Mr Corrigan thanked the team for the work involved and advised the Report would return to the June meeting for approval and then onto Trust Board.	**Mrs McAuley** **Mr Harkin**
10.	**Annual Schedule of Losses and Special Payments** The Annual Schedule of Losses and Special Payments was noted.	
11.	**Draft Audit Committee Annual Report 2022/23** Mr Corrigan presented the Annual Report, he took the opportunity to thank the team for their input. Mr Corrigan advised this will be tabled at the June meeting for approval.	
12.	**Terms of Reference** **12.1 Audit Committee** Mrs McAuley updated the membership section to 'The Committee may co-opt other members as required to ensure the appropriate skills to meet the needs of the committee'. Mrs Mitchell suggested this be re-worded to independent external members. Committee agreed the ToR. **12.2 Procurement Board** ToR noted and agreed by Committee.	

13.	**DAC Year End Report** Mrs McAuley advised a total of 47 Direct Awards have been approved during 2022-23 with an approximate value of £12.5m. From April 2022 there have been 6 DACs evaluated as Red with a total value of £1.32m. Mr Houston queried why the Perm Secretary is no longer involved in the approval process, Mrs McAuley confirmed that advice was received from PaLS that the Perm Sec will not approve retrospective DACS however these will still be required to be notified by the Chief Executive's Office. Mrs McKeown asked if Off Contract Spend was included in the DAC Report, Mrs McAuley advised this was detailed under the Agency Spend Annex.	
14.	**Circular Summary** The circular summary report was noted by the Committee.	
15.	**Proposed Timetable for Directors Attendance** The proposed timetable was noted by the Committee. Mr McMahon to be invited to present an update on Radiology at the June Meeting.	
16.	**Any Other Business** There was no additional business noted by the Committee.	
17.	**Post Audit Committee meeting with Chief Executive** Audit Committee concluded and Mrs Welsh joined for a Post Audit Committee meeting.	
18.	**Date of Next Meeting** Monday 19th June at 1pm	