Northern Health and Social Care Trust

Audit Committee
Notes

Wednesday 22nd February 2023 at 9:30am
Hybrid Meeting Boardroom Trust HQ/ Zoom

Present: Mr Paul Corrigan, Non-Executive Director Chair
Mr Billy Graham, Non-Executive, Director

In Attendance: 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
Mrs Martina Bradley, Boardroom Apprentice
Mrs Jacqui Reid, Director of HR
Mrs Suzanne Pullins, Director of Nursing
Ms Megan West, Assistant Director of Governance
Ms Tracey McCloskey, Financial Governance NHSCT
Mr Conor McCambridge, Financial Governance NHSCT
Mr Sean Heneghan, Internal Audit
Mrs Sinead Laverty, Office Manager

1.	**Apologies** Mr Glenn Houston, Non-Executive Director		**ACTION**
2.	**Conflicts of Interest** 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.		
3.	**Minutes of the Previous Meeting**		
	3.1	The minutes of the meeting of 17th October 2022 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.		
5.	**Directors/ AD Presentations** **5.1 Fit Testing** Mr Corrigan welcomed Mrs Reid to the Committee and thanked her for attending. Mrs Reid presented the update on the Fit Testing recommendations to the Committee. Mrs Reid noted eight priority 2 recommendations within the audit, the first in relation to how did we know which staff required fit		

	testing. Mrs Reid advised that a task & finish group has been set up to work through these recommendations and while there are no concerns about meeting the deadlines she noted the complexities of maintaining staff lists with the number of new starts and leavers. Mrs Reid noted that all staff who had been identified as not having fit testing have now been completed, with the exception of 1 individual with specific needs and this has been raised to Director level. Mrs Reid highlighted the updated Governance arrangements now in place noting where this now sits in the assurance framework. Mrs Reid believes this now has robust governance arrangements in place. Mrs Reid provided an update on the Trust Fit Testing team and staffing that had been now funding and recruitment was underway. Mrs Reid noted that there is now a Standard Operating Procedure in place which covering the validation of invoicing. Mr Corrigan enquired about the external contractor and how this works along with internal team, Mrs Reid advised this is for any staff the internal team can't cover and potentially any other surge that would require more staff testing over a short period of time. Mr Harkin confirmed that the contract only paid for services provided. Mr Corrigan thanked Mrs Reid for the update and thanked the team for their work to date. **5.2 Trust Adult Support Living Facilities 2022/23** Mrs McAuley presented the update on recommendations to the Committee. Mrs McAuley felt that this had come about due to staff illness rather than actions in the team not being picked up. Mrs McAuley advised that she felt all recommendations were all now closed off and the Committee noted the update report. Mr Corrigan commented that this was useful as we would have a similar issue again with staff illness and how do we pick this up again. Mrs McAuley advised that the financial governance team are happy to assist when they are aware of absences; the teams have been made aware to raise these issues. **5.3 Management of Client Monies in Independent Sector Homes** Mrs McAuley presented the update to the Committee. Mrs McAuley confirmed that this was an on-going police investigation	

	currently in relation to the Model. Mrs McAuley advised the lessons learned report would be discussed later on the Agenda Mrs McAuley provided an update on the Clanrye home where there was limited assurance. Mrs McAuley noted that the recommendations were all now closed barring the update of the Service Users Finances Policy, to which Finance have input updates but are not the policy owners. **5.4 Dysphasia Update** Mrs Pullins joined the meeting and talked the Committee through her Dysphasia update. Mrs Pullins advised the Committee that this remains one of the biggest challenges in our facilities. Mrs Pullins noted that you can see from the briefing paper that we are working towards meeting all the recommendation. Mrs Pullins highlighted the 'safety pauses' work that has taken forward advising that this is now been accepted for one of this year's IHI conference and has been rolled out across the region as an example of good practice. Mrs Pullins highlighted one of the risk areas currently, agency workers, Mrs Pullins advised that the current CAG does not include this training as part of their mandatory requirements. Mrs Pullins advised that the safety pause work was put in place to manage this risk. The Regional PHA group has now accepted to work across the life span of dysphasia which is a major step forward, especially for ED staff. Mr Graham noted this is obviously a very complex area, but enquired if what we as a Trust have put in place is sustainable, he enquired can this become business as usual or will this always need detailed oversight. Mrs Pullins feels that this area will always require detailed oversight. Mr Corrigan also felt this is an area that will always require work and will always have a risk associated with it. Mr Corrigan enquired at what point would it be useful to invite Internal Audit in to review practices. Mrs Pullins felt that we would need to have fully implemented the actions that we currently have and have time to embed and test practices. Mrs Pullins stated that while we still have 43 recommendations the Trust have managed to strengthen practices and are managing the risk every day.	
6.	**Internal Audit**		
	6.1	**Internal Audit Progress Report** Mrs McKeown presented the progress report to Committee.	

		The report began by seeking approval to defer the SAI/Incident Management audit from 2022/23 to 2023/24 given the RQIA report and that this timing was no longer helpful. Mrs McKeown also noted a change to the audit scope, which will now focus on the adverse incidents with a specific theme across the organisations. Audit Committee approved this request. Mrs McKeown noted that the team were presenting four reports today with three remaining in draft format, which will be tabled at the May Committee. Mrs McKeown presented the Non-Pay – Community Care Division 22/23 Audit, she advised this gained a satisfactory level of assurance. The Committee noted a couple of key findings; Mrs McKeown confirmed that management accepted all the recommendations. Mrs McAuley confirmed that there will be an update report on DAC tabled at the next Audit Committee and noted that an operational group will meet to review DAC reporting processes and take on the recommendations from the Audit. Mrs McKeown then presented the Patient Private Property report for Acute and MH wards and finance departments. It was noted the audit gained a satisfactory level of assurance with no significant findings. A number of key findings were noted by the Committee and management accepted all the recommendations. Mrs McKeown then presented the Mental Capacity Act 22/23, The Committee noted a Limited level of assurance with 1 significant finding. A number of key findings were also noted and management accepted all the recommendations. Mr Corrigan noted his disappointment at a Limited assurance but noted this is new legislation, which is very complex so the Committee were not overly surprised by this outcome. Mr Harkin commented on the regional need to agree some of the technical issues, for example when the clock starts as some Trust are counting differently currently. Mrs McKeown noted that there has been a similar outcome regionally to this audit. Mr Corrigan commented that it was helpful to know that Northern were not an outlier. Mrs McKeown then presented Radiology Audit 22/23 and noted a split-level of assurance in this audit. Management of WLI Payments satisfactory level of assurance and limited	*N McAuley*

		on the plain film X-Ray in EDs and MIU and Procurement of WLI related spend. Two significant findings where noted by the Committee one in relation to training and one recommendation with regards to DACs and commissioning of services with Independent sector. Management accepted all the recommendations. **Internal Audit Plan for 202324** Mrs McKeown noted this is going to Executive team this week and will be tabled at May Committee for agreement. **Internal Audit Progress Summary** Mrs McAuley presented this to Committee and this was noted by the Committee.	
7.	**External Audit**		
	7.1	**External Audit Strategy 2022/23** Mr Knox presented his report to the Committee. The Committee discussed the below points and provided assurance to the NIAO that there were no issues to be disclosed: • whether our assessment of the risks of material misstatement to the financial statements is complete; • whether management has plans in place to address the risks identified by NIAO and whether these plans are adequate; • our proposed audit response to address these risks; and • whether they have knowledge of any actual, suspected or alleged fraud affecting the Trust; or • instances of non-compliance with laws and regulations that could be expected to have a fundamental effect on the operations of the Trust; or • actual, suspected or alleged irregularity affecting the Trust; and communicate details to the audit team. Mr Knox noted the planned timetable for the accounts and draft RTTCWG. Mr Knox pointed out the appendixes and raised the issue of the Holiday Pay Accrual. A regional decision has been implemented where the backdated holiday pay will be reclassified from the accrual position previously adopted to a provision. Mr Corrigan noted the NIAO approach which was similar to other years, and confirmed that Audit Committee is content	

		with this approach. Mr Corrigan will formally respond to Mr Gray's letter. Mrs McAuley noted we would have a number of changes in the Audit Office team next year.	
	7.2 7.3	**Regional Summary 21/22 Recommendations** Mrs McAuley presented the summary report for information, the Committee noted this. **Update against 2021/22 RTTCWG** Mrs McAuley presented the summary report for information, the Committee noted this, and Mrs McAuley confirmed that these recommendations would be followed up with relevant Directors.	
8.	**Anti-Fraud Guidance** **8.1 Departmental Counter Fraud Strategy 2022/23** Noted by the Committee for information, Mrs McAuley provided an overview of the changes of interface. **8.2 Conduct of Preliminary Enquiries in Respect of Allegations of Potential Fraudulent Activity** Noted by the Committee for information. **8.3 NHSCT Anti-Fraud and Bribery Policy** Noted by the Committee which had been tabled for their information. Mrs McAuley advised on upcoming training - 800 homecare workers who will be trained this year. As well as normal year, end conflicts of interest etc.		
9.	**Direct Awards** 9.1 DAC Summary report The Summary report was noted by the Committee. Two retrospective DACs noted that would be considered as irregular spend.		
10.	**Independent Homes Assurance** 10.1 Model Home Closure Lessons Learned Mr Corrigan noted the draft had already been through Audit Committee, Mrs McAuley confirmed this was the final report for noting prior to final approval and submission to DoH. Mrs McAuley provided a short update to the Committee concerning the recommendations and highlighted the changes from draft report to this final document, which will now be shared with Senior Management as the final report. The Audit Committee agreed this final report. 10.2 Independent Homes Assurance Update Mrs McAuley presented the updated assurance template that each home will be required to complete yearly.		

	Changes were noted including a section where each home is now required to advise of any clients' funds held over £2k. Appendix B Financial Governance Visit template was noted by the Committee.	
11.	**Circular Summary** The circular summary report was noted by the Committee.	
12. **13.**	**Proposed Timetable for Directors Attendance** The proposed timetable was noted by the Committee. **Any Other Business** There was no additional business noted by Committee.	
14.	**Date of Next Meeting** ***Friday 26 May 9.30am***	