Northern Health and Social Care Trust

Audit Committee
Notes

Monday 19th February 2024 at 9.30am
Hybrid Meeting Boardroom Trust HQ/MS Teams

Present: Ms Kathy Mackenzie, Non-Executive Director (Chair)
Mr Glenn Houston, Non-Executive Director

In Attendance: Mr Owen Harkin, 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
Ms Christine Hagan, ASM, Chartered Accountants
Dr Petra Corr, Director of Mental Health, Learning Disability and Community Well Being Services
Mrs Audrey Harris, Director of Medicine & Emergency Medicine
Dr Dave Watkins, Director of Medicine
Mrs Jacqui Reid, Director of Human Resources
Mrs Suzanne Pullins Director of Nursing, Paediatrics, Women's Services & Corporate Support
Mrs Diane Spence, Director of Community Care
Mr Neil Martin, Director of Strategic Planning, Performance and ICT
Mr Paddy Graffin, Director of Infrastructure
Mrs Nuala McAuley, Assistant Director of Finance
Ms Patricia Blair, Senior Accountant, Finance
Miss Colette Carey, Office Manager

Observers: Ms Orla Mc Govern, Accountant, Financial Accounting Services
Mr Mircea Urda, Finance Officer, Financial Accounting Services
Mr Alan Campbell, Financial Governance, NHSCT
Mrs Una McKenna, Financial Governance, NHSCT
Mr Ruairi Pollock, Financial Assessments, NHSCT

1.	**Welcome & Apologies** Mrs Mackenzie formally welcomed everyone to the meeting. Apologies noted for Mrs Colette Kane, Director, Northern Ireland Audit Office and Ms Carol Bee, DoH Sponsorship Branch.		**ACTION**
2.	**Conflicts of Interest** There were no conflicts of interest declared at the beginning of the meeting.		**All**
3.	**Minutes of the Previous Meeting**		
	3.1	The minutes of the meeting of 18th October 2023 were agreed as an accurate record and approved by Mr Houston. Mrs	

		Mackenzie asked that Mr Corrigan (the former chair of Audit Committee) also review. **Post meeting note:** Mr Corrigan approved the minutes of the previous meeting as an accurate record.	***Ms Carey***
4.	**4.1**	**Action Log**	
	The action log was discussed and the updates noted by the Committee.		
5.	**Directors/AD Presentation** **5.1.1 Payments to Staff and Job Planning** Mrs McKeown advised an audit of Payments to Staff for 2023/24 was completed, it focused on payments to medical staff and management of medical job planning. The outcome of the audit was of a limited assurance on the basis that there are a significant proportion of Consultants/SAS Doctors that do not have up to date job plans in place. Mrs McKeown noted an improvement in respect of the Staff in Post (SIP) process with a compliance rate of 93% as at September 2023. **5.1.2 Directorate Update** Dr Watkins provided an update on the audit recommendations, there was one priority 1 recommendation and seven priority 2 recommendations. Dr Watkins advised a review of job plans and the job planning process is underway and a total of 80% have been signed off. He noted communication has been issued to all Consultant/SAS medical staff to notify them of the commencement of the 24/25 job planning round. Dr Watkins will provide a further update to Assurance Committee in June and the Audit Committee in October 2024. Ms Mackenzie enquired why job plans were not in place once Consultant/SAS medical staff commence their new role, Dr Watkins advised some adjustments need to be made to the job plan depending on the needs of the Consultant and the job role. Ms Mackenzie thanked Mrs McKeown and Dr Watkins for their detailed update. Ms Mackenzie enquired if the new measures in place have been effective, Dr Watkins confirmed the streamlined process and controls have been beneficial. Ms Mackenzie invited Dr Watkins back to Audit Committee in October 2024 for a further update. **5.2.1 Recruitment 23/24** Mrs McKeown advised an audit of recruitment processes received a limited assurance and noted the key findings of the audit report. Mrs McKeown discussed the recommendations to develop an action plan to improve timeliness of all stages of the recruitment journey and to establish targets. Mrs McKeown also highlighted a recommendation that panel members must complete e-learning every 3 years. **5.2.2 Directorate Update** Mrs Reid provided an update to the Audit Committee; the recruitment audit had three priority 2 recommendations across two findings. In	**Dr Watkins**

	light of the HSC Recruitment Programme and the EQUIP system replacement, Internal Audit did not make any recommendations against the HSC Recruitment Operating Challenges. Mrs Reid advised the Committee the Trust is on target to implement recommendation 2.1 through the development of processes and reports to improve recruitment times. Mrs Reid noted works are ongoing to determine if panel member training compliance data can be extracted however in the interim a spot check process has commenced, Mrs Reid advised the findings of these spot checks are reported through HR Governance Forum. Mrs Reid also noted a range of HR clinics are scheduled for Q1 in 24/25 and a refreshed Recruitment and Selection training progress is being developed by HSC Leadership Centre. Ms Mackenzie acknowledged the significant work involved to implement the recommendations. **5.3.1 Unplanned Reattenders in ED** Mrs McKeown noted the audit report provided limited assurance on the basis of poor reporting and monitoring of ED reattendances which risks underlying causes not being consistently identified and addressed. She advised that effective monitoring and management of ED reattenders could assist with ED capacity and lead to better patient experience and treatment. While providing limited assurance, Internal Audit noted positive action, albeit at an early stage to develop processes and controls in this area, including, for example the establishment of a High Frequency High Attenders Group. **5.3.2 Directorate Update** Mrs Harris and Dr Corr provided an update to the Committee. Mrs Harris welcomed the audit findings and acknowledged the thirteen recommendations. Mrs Harris explained the barriers with the Symphony System to link episodes of reattenders, this is currently completed by admin staff however she advised the launch of encompass will provide linkages automatically. Mrs Harris discussed the reporting process for ED reattenders from Homes, she advised a suitable reporting mechanism to identify and report repeat attenders, a baseline scoping exercise is currently underway using a range of hospital information systems. This process will be supported by the aligned Named Workers, with educational programmes facilitated by REACH and the Falls Prevention Team and other clinical experts. Dr Corr discussed MHLS capacity and advised an analysis of capacity and demand across ED and Acute Wards will be completed. Mr Houston enquired about recommendation 2.2 ‘recommence reporting against the 2-hour target in respect of the MHLS at an appropriate level within the assurance framework’. Dr Corr advised this was always monitored however it was not previously reported at assurance level.	

	5.4.1 Management of Dysphagia 2023/24 Mrs McKeown advised the audit report provided limited assurance; she noted this is the first time that an audit has been performed in this specific area to follow up progress against the recommendations from independent review The limited assurance is provided on the basis that controls to manage dysphagia risk and the safety pause did not consistently take place in 1 of the 10 sampled wards. **5.4.2 Directorate Update** Mrs Pullins noted the audit had one priority 1, four priority 2 and two priory 3 recommendations. Recommendation 1.1 noted an urgent review of controls, Mrs Pullins advised strengthened controls have been undertaken and that unannounced observations of practice in relation to dysphagia management will be completed by the end of April 2024. Mrs Pullins noted learning from this audit will be shared across the Trust and work is ongoing to standardise training records. Guidance for food ordering will be drafted and other alternative options for the ordering tablet will be explored. Ms Mackenzie sought assurances from Mrs Harris and Mrs Pullins. They advised training and improvement plans have been put in place however they acknowledged it is a busy, challenging environment. **5.5.1 Independent Sector Homes Contract** Mrs McKeown advised a limited assurance was provided for the Management of Contracts with Independent Nursing and Residential Homes audit. Mrs McKeown noted a need to strengthen controls in relation to cost above tariffs and standardise the coding of enhanced care packages. **5.5.2 Directorate Update** Mr Martin updated the Committee on the recommendations and progress made to date. Mr Martin advised regional work is ongoing (Workstream 8 of the SCCF) to develop a new care homes contract which will be available by March 2025. Mrs McAuley advised that recommendation 1.2 is progressing and a draft paper has been shared with regional colleagues for approval. The recommendation to standardise coding for enhanced care packages is part of a regional project to replace the current Abacus system. Mr Martin advised an Enhanced Care protocol is being established and will prove a useful control measure. Mrs Spence discussed recommendation 4.1, and the ongoing work within Community Care Renewing Our Vision (RoV) to develop a Care Home Support and Governance Framework. The group is aiming to complete a Business Case by the end of March 2024. Mrs McAuley noted the regional project to replace the current Abacus system will address the remittance returns recommendation (6.1). Standardisation of the remittance process is being reviewed across Trusts and an agreed position will be reflected in the DoH contract revision.	

	Mrs Spence advised the Committee that a working group has been established to review and fully populate the database used to measure the implementation of the COPNI recommendations (recommendation 7.1). Mr Martin discussed recommendation 8.1 and advised a meeting schedule for all homes has been completed. Mr Houston noted concerns around the findings of the audit and enquired about the governance arrangements in place. Mrs Spence reassured Mr Houston re his concerns and advised of the ongoing work within Community Care RoV work and the good practice processes in place. Mr Houston sought clarify on the performance of Independent Sector Homes, Mrs Spence advised the Trust works closely with RQIA and are notified of any risks or concerns. Mrs Spence noted that in a case where there are issues within a home, an alternative placement will be sought. Mrs Spence to check if there are any legal implications with DLS colleagues. **5.6.1 Planning Management of Medical Devices** Mrs McKeown advised the audit report provided limited assurance on the basis that the Trust currently does not have a fully up to date, accurate listing of assets in use. **5.6.2 Directorate Update** Mr Graffin noted the audit had ten priority 2 recommendations and one priority 1 recommendation. Mr Graffin advised the Clinical Engineering Team have completed a review of all assets on the register. The information will transfer to the new EQUIP system and a further validation exercise will be completed by the end of October 2024. He also advised the current process of manual recording of changes will continue until the new EQUIP software release is deployed and tested with i-pad/laptop connectivity. This means that the asset register cannot be considered to be accurate and up to date in “real time”. Mr Graffin discussed recommendation 6.1 that medical devices including leased or loaned are placed on the asset register. He confirmed a scoping exercise will be completed to identify any gaps and a full review of all medical devices will be concluded by October 2024. Ms Mackenzie enquired if a patient can come to any harm if a medical device cannot be allocated and/or serviced. Mr Graffin confirmed yes, however a review of all high/medium priority equipment is tracked and acknowledged the new electronic system will streamline the tracking and maintenance process. Mr Houston thanked Mrs McKeown and Mr Graffin for their update, he acknowledged the comprehensive audit and the management responses. Mr Houston queried how devices are reallocated in the event of a ward closure, Mr Graffin confirmed all devices will be reused.	**Mrs Spence**

	Satisfactory reports for information: **5.7 Budgetary Control** Mrs McKeown advised the Budgetary Control audit is tabled for noting only. She advised satisfactory assurance has been provided on the basis that the Trust has appropriate budget management controls in place; these include regular monitoring of expenditure against budget and progress against savings plans. Mr Harkin welcomed the audit findings. **5.8 Violence and Aggression Incidents** Mrs McKeown advised the Violence and Aggression Incidents audit is tabled for noting only. She advised satisfactory assurance is provided on the basis that incidents sampled were appropriately graded, approved and had been reviewed/investigated.	
6.	**Internal Audit**	
	6.1 Progress Report Mrs McKeown began her update by discussing the key performance indictors and noted these will be completed by year end. **6.2 IA Strategy and Annual Plan 24/25** **6.2.1 Cover note** Mrs McKeown advised that the Trust is entering the 3rd year of the agreed 3 year Internal Audit Plan (2022/23 to 2024/25) which is reviewed annually to ensure it remains aligned to the organisation's risks and audit needs. Mrs McKeown highlighted the impact of encompass implementation/go-live. In light of this the Management of Patient Flow/Journey audit will be moved to 2025-26. **6.2.2 Strategy and Plan 23/24 NHSCT Progress Report** Mrs McKeown presented the Strategy and Plan for 23/24 and sought approval from the Committee. Mr Houston was content to endorse. Mr Harkin also approved the strategy and reassured the Committee that the potential impact of encompass has been included as a corporate risk.	
7.	**Progress report against Outstanding Internal Audit Recommendations** **7.1 P1 and P2 Recommendations** Mrs McAuley, welcomed Mrs Blair, Senior Accountant, Finance to the Committee. Mrs Blair provided an overview the mid-year and year end position for the P1 and P2 recommendations. Mrs Blair advised the Financial Governance team is liaising with divisions to progress outstanding recommendations. **7.2 P3 Recommendations** Mrs Blair discussed the P3 Recommendations: 14 recommendations have been fully implemented, 6 satisfactory and 8 limited. She explained a number of the audits have a regional impact and the timeline for completion has been adjusted.	

	7.3 Salary Over Payments Recommendation Mrs McAuley provided an overview of the progress to date, she advised a number of the recommendations have been completed and others are ongoing. Mrs McAuley sought approval from the Committee to close the 'development of payroll checks' task; Mrs McAuley advised it is resource intensive and cannot progress without an additional resource within the team. The Committee sought assurances that additional controls are in place. Mrs McKeown noted she is liaising with Shared Services to ensure there are adequate controls in place. The Committee approved the closure of the recommendation and asked Mrs McKeown to flag any future issues. Mrs Mackenzie thanked Mrs McAuley and her team for their detailed reports.	
8.	**External Audit Items Annual Report and Accounts**	
	8.1 Audit Strategy Mr Knox provided an overview of the audit approach and advised ASM Ltd has been appointed as the external auditor. Mr Harkin provided the assurance that he was content with the report and accepting of this risks. It was then approved by the Committee. **8.2 Regional RTTCWG Summary** Ms Hagan began her report by highlighting the significant risks, she noted the audit timetable and good practice guides. Mr Houston thanked Ms Hagan for the clear strategy and timeline. **8.3 Update against 22-23 Report to Those Charged with Governance** Paper noted by the Committee. The Committee took the opportunity to acknowledge and thank Mr Knox for his support throughout the years and offered him best wishes for his retirement.	
9.	**Risk Assurance Mapping**	
	Mrs West provided an update on the Assurance Mapping: 9 principal risks were identified and shared at Risk and Assurance group; 1 risk has been completed. Mr Houston thanked Mrs West for the update and the progress made.	
10.	**Direct Award Contracts**	
	10.1 DAC Register 2023-24 The DAC register was noted by the Committee. **10.2 Pharmacy DAC Register 2023-24** The Pharmacy DAC register was noted by the Committee.	
11.	**Counter Fraud Activity**	
	11.1 Trust Fraud Risk Management Approach Mrs McAuley provided a detailed overview of the Fraud Management Approach highlighting the risks from both internal and external	

	sources. Mrs McAuley identified key preventative measures and the actions taken within the organisation. Mrs McAuley asked the Committee to confirm they are content with the organisations approach to Fraud and the reporting schedule proposed in respect of fraud. Mr Houston thanked Mrs McAuley for her report and was happy to endorse the proposal. **11.2 Update on National Fraud Initiative (NFI)** Ms Blair provided background on the NFI; she advised it's a data matching exercise which is run by the Cabinet Office every two years to detect fraud and error. Ms Blair gave an update on the progress of the 2022-23 exercise, noting there are 2 key data sets under review and the full review will be completed by March 2024.	
12.	**Circulars Summary** The circular summary report was noted by the Committee.	
13.	**Proposed Timetable for Directors Attendance** Dr Watkins will be invited back to Audit Committee in October to provide an update on Payments to Staff and Job Planning.	
14.	**Any Other Business** **Muckamore Abbey** Ms Mackenzie asked Dr Corr to provide an update on Muckamore Abbey Hospital, Dr Corr advised this was progressing and provided an brief update on the leadership and governance recommendations.	
15.	**Date of Next Meeting** Monday 13th May 2024 at 2pm	**All**