



**TRUST BOARD
SUBMISSION TEMPLATE**

MEETING	Trust Board	Ref No. 8
DIRECTOR	Chair, Audit Committee	Date 7 July 2022
Audit Committee		
Purpose	Minutes of 8 February approved at Audit Committee meeting on 26 April 2022	
Corporate Objective	<ul style="list-style-type: none">• Safety, Quality and Experience• Service Delivery• People and Culture• Strategy and Partnerships• Resources	
Key areas for consideration	For information	
Recommendations	<ul style="list-style-type: none">• For noting.	

**Minutes of the Audit Committee Meeting
8 February 2022, 10 am
Virtual via TEAMS due to COVID-19 Restrictions**

Present:

Mr Gordon Smyth, Non-Executive Director – Chair
Professor Martin Bradley, Non-Executive Director
Mrs Nuala McKeagney, Non-Executive Director
Mrs Miriam Karp, Non-Executive Director

In Attendance:

Mrs Maureen Edwards, Director of Finance, Estates and Capital Development
Dr Brian Armstrong, Director of Acute and Unscheduled Care
Mrs Fiona Cotter, Co-Director Financial Services
Mrs Nicola Williams, Head of Governance and Client Accounting
Ms Charlene Stoops, Director Performance, Planning and Informatics
Mrs Catherine McKeown, Internal Audit (BSO)
Mr Jason McCallion, External Audit (ASM)
Mr Brian Clerkin, External Audit (ASM)
Mr Stephen Knox, External Auditor (NIAO)
Ms Jennifer McCaw, Internal Audit (BSO)
Ms Eimear Hanna, Service Manager, Fostering and Adoption Services
Ms Sarah Christie, Board Apprentice
Miss Marion Moffett, Minute Taker
Mrs Eileen Carson, PA, Minute Taker

Apologies:

Dr Patrick Loughran, Non-Executive Director

Mr Smyth welcomed everyone to the meeting and introduced Mr Jason McCallion and Mr Brian Clerkin the new external auditors from ASM.

AC1/22 Minutes of the previous meeting

Members considered and approved the minutes of the previous meeting held on 12 October 2021, subject to Min AC35/21 Page 2 reference “the potential damage to the Trust” being amended to “the potential reputational damage to the Trust”.

Proposed: Mrs McKeagney Seconded. Professor Bradley

AC2/22 Matters Arising/Action Log

a. Min AC38/21c – IT Audit – ICT Project Management 2021/22

Ms Stoops provided an update on the development of an annual IT report for Trust Board covering cyber security and potential IT risks. Ms Stoops suggested that a Digital Awareness session would be included in the April Trust Board Workshop.

In response to a concern from Professor Bradley regarding the Board's ability to provide an independent view of the Trust's strategy in this area, Ms Stoops suggested this could be reviewed after the workshop awareness session. She referred to the Cyber Awareness Session in 2019 organised by the Cyber Programme Board and proposed asking them to run it again as it was useful for Trust Board members to attend.

Action: Ms Stoops to prepare the awareness session for the TB Workshop in April.

Ms Stoops left the meeting.

b. Min AC/39/21- Audit Committee Self-Assessment of Effectiveness 2020/21.

Mrs Williams advised she would be organising a meeting with Audit Committee members in relation to the Self-Assessment of Effectiveness report for 2021/22.

Action: Nicola Williams.

AC3/22 Chairman's Business

a. Conflicts of Interest

No conflicts of interest noted.

AC4/22 Reports of Internal Auditor

a. Progress Report

Mrs McKeown began by seeking approval for 2 deferrals requested by Trust management to the 2021/22 Internal Audit Plan:

- Governance and Assurance Framework audit be deferred to 2022/23 due to ongoing review and amendments to the Assurance Framework;
- Whistleblowing audit to be deferred to 2022/23 to allow further implementation of recommendations. The Limited assurance opinion relating to Whistleblowing will carry forward into the 2021/22 HIA Annual Report.

The Audit Committee agreed to defer the two audits.

Mrs McKeown referred to the Covid Payment Validation Work and advised that the work would be carried out on behalf of the DoH and the report will be shared with the Trust for information.

i. **Children's Directorate Risk Based Audit – Kinship Foster Care Placements 2021/22**

Mrs McKeown provided limited assurance in respect of the Kinship Foster Care Placements 2021/22 – Internal Audit found that there were significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved. Management accepted all recommendations.

In response to various questions from the Committee Ms Hanna, provided a synopsis of kinship foster care placements, the issues and risks, what is entailed around the kinship assessments and the length of time set to complete them (approx 12 weeks). She stated that Covid and staffing pressures have had a major impact on the result of the audit assessment. Also children with much more complex needs were coming into the system. Other contributing factors have included the need to secure waivers for those carers with historical convictions.

In response to Mrs Karp's question regarding safeguarding any risks before final assessment, Ms Hanna explained that social work visits are carried out weekly rather than monthly with close partnership between the field social work and the assessing social worker which help identify any emerging risks. She also advised the Kinship Assurance Committee meets once a month to review all the unregulated cases.

Ms Hanna agreed with Professor Bradley's comments that the 12 week period was perhaps not realistic as it was exceeded so often.

Members of the Committee thanked Ms Hanna noting she had provided assurance that the system was working, was well mitigated and understood the pressure it is under. Mr Smyth asked with the limited assurance provided how this would be addressed going forward.

In response, Ms Hanna was hopeful that some level of improvement would be made within the timescale set but the most significant challenge was the major staffing issues due to high levels of sickness and vacancies.

Mrs Edwards undertook to raise the concerns with Executive Team for discussion on the way forward.

Action: Mrs Edwards

Ms Hanna left the meeting.

ii. **Management of PPE Stock and Compliance with Respiratory Protective Equipment (RPE) Fit Testing 2021/22.**

Mrs McKeown provided limited assurance in respect of Respiratory Protective Equipment Fit Testing and satisfactory assurance in respect of PPE Stores. Management accepted all recommendations.

Dr Armstrong provided a background summary of fit testing before and during Covid along with the challenges faced. He advised the Committee that a Trust wide master database is being developed that will contain records of all staff who have been fit tested. This piece of work will take about 3 to 6 months to validate and become operational.

Dr Armstrong agreed with Professor Bradley's comment that the Trust is culpable if someone brings a subsequent claim under health and safety.

Dr Armstrong assured the Committee that he is confident that going forward staff will be safe with the fit testers properly trained and qualified.

iii **Payments to Staff 2021/22**

Mrs McKeown provided limited assurance in respect of Trust-wide processes re Payments to Staff and satisfactory assurance in respect of Nursing and User Experience Directorate processes. Management accepted all recommendations.

Mrs Edwards advised that following last year's outcome she had brought the staff in post report to Executive Team quarterly. She commended Miss Creaney and her Nursing and User Experience colleagues in achieving a 100% verification of the staff in post this year.

Mrs Edwards also referred to the recent development of a financial dashboard within the QMS process, which will result in Directors being held to account.

Mrs Cotter advised that the timesheet issue is being reassessed regionally. A regional piece of work is ongoing in terms of tightening up the processes. All monthly paid staff are now using the monthly timesheet if they need to claim enhancements. Weekly and Fortnightly timesheets rollout has been delayed as some technical adjustments need to be made due to different allowances around weekend payments. 50% of those weekly staff come from nurse banks therefore wouldn't use timesheets. Timesheets that have been identified as unauthorised have actually been approved correctly but have been sent through by unauthorised staff therefore technical adjustments

need to be made to make them time and expenses approved. This work should be implemented within the next 6 to 9 months.

Action: Mrs Edwards to continue to report to Executive Team.

iv. Non Pay Expenditure 2021/22

Mrs McKeown provided satisfactory assurance in respect of Non Pay Expenditure. No significant findings were reported. Management accepted all recommendations.

v. Asset Management 2021/22

Mrs McKeown provided satisfactory assurance in respect of Asset Management. No significant findings were reported. Management accepted the recommendations.

vi. Mental Capacity Act Implementation – Deprivation of Liberty 2021/22

Mrs McKeown provided satisfactory assurance in respect of the Mental Capacity Act Implementation - Deprivation of Liberty. No significant findings were reported. Management have accepted all recommendations. She noted that of the three Trusts audited only the Belfast Trust achieved satisfactory assurance.

The Committee welcomed the satisfactory assurance and commended Mrs Kearney and her team for the amount of work put in to implementing the Trust MCA Action Plan, with the exception of one outstanding action, in such a short time.

Mrs Edwards advised of the difficulty in getting the HSCB to commit to recurrent funding. To date there has there is only commitment for approximately a third of what is required for 2022/23 with no recurrent funding.

Action: Mrs Edwards to feedback to Mrs Kearney the Committee's comments.

vii: Complaints Management 2021/22

Mrs McKeown provided satisfactory assurance in relation to Complaints Management, which had been a regional audit. No significant findings were reported. Management have accepted recommendations.

Professor Bradley welcomed the satisfactory assurance and advised the Service User Feedback Group (SUGF) would consider the report in detail. He noted the Trust treats a range of people from across the region and the complaints can become complex with delays due to

trying to find practitioners in other Trusts to make a contribution to the resolution of some complaints.

Professor Bradley noted more high profile complaints require sign off by the Chief Executive, particularly Ombudsman cases.

Mrs Karp stressed the need for complaints to be addressed with empathy and with the correct attitude and tone when responding to people. She also expressed concern that there was no formal training for investigators.

In response to Mrs Karp's concerns Professor Bradley advised that this training issue would be taken forward by the Complaints' Department overseen by the Medical Director and also through the SUFG.

Mrs McKeagney added that although Complaints have improved and this should be recognised, it is a difficult area to get right due to the nature of the complaints particularly around someone bereaved.

In response to Mr Smyth's concern regarding the Trust revisiting 20% of its closed complaints, Professor Bradley advised that on occasions the Complaints Department accept the response from the clinical area which results in the complaint coming back in again needing clarification. He advised there has been renewed emphasis in the last year around peer to peer review in relation to a more independent clinical eye on some of the clinical practices.

Mrs McKeown reassured the Committee that in regard to the audit's sampling of complaints including tone and completeness of the responses they were content and did not identify any issues.

Mr Smyth on behalf of the Committee thanked Mrs McKeown for her presentation of the Reports asking her to pass on the Committee's recognition and appreciation for the effort and support Internal Audit have provided in these difficult times.

Proposed: Mrs Karp

Seconded: Professor Bradley

AC5/22 External Audit Strategy for 2021/22

Mr Knox noted that ASM had recently been appointed as the External Auditor.

Mr Clerkin provided a summary of the External Audit Strategy for 2021/22 Accounts.

The Committee approved the strategy and Mr Smyth thanked Mr Clerkin adding that the Committee looked forward to working with ASM.

Proposed: Mrs McKeagney

Seconded: Mrs Karp

AC6/22 Direct Award Contracts April to December 2021/22

Mrs Cotter provided a summary of the Direct Award Contracts approved for the period 1 April to 31 December 2021. She noted the reason behind the increasing number of Category E – Pending Tender Exercise DACs - was due to legal challenges to contracts awarded. PaLS and DLS are progressing these legal challenges with updates provided at the Trust and Regional Procurement Boards.

In response to a question from Professor Bradley, Mrs Cotter advised that the RAG rating Red of £138,760 “EU Threshold” is still the same but undertook to review the terminology in light of Brexit.

Action: Mrs Cotter

Mrs Cotter advised that in light of a challenge usually the incumbent supplier will be extended for the period of time it takes for the legal challenge to be resolved.

Mr Knox undertook to check regularity and retrospective issues regarding those DACs needing Permanent Secretary consideration and approval that may be approved in advance or slightly after.

Action: Mr Knox to feedback to the next Committee meeting

AC7/22 Fraud Update

a. Ongoing and New Frauds reported to Finance

Mrs Williams provided a summary of on-going and new fraud investigations.

Mrs Williams advised that the older fraud case of 2015/16 is sitting with Counter Fraud and should hopefully be closed in the next few months. Some fraud cases are sitting with CFS. Others are sitting with the PSNI. She agreed to highlight the older cases and seek to have them closed when she meets with Counter Fraud in the next few weeks and report back.

Action: Mrs Williams

In response to Mrs Karp’s concern with proportionality with regard to the range of fraud cases Mrs Williams advised the Committee that the Trust has a duty under the DoH to report all allegations of any fraud activity to Counter Fraud. Mrs Williams agreed to relook at how these are listed.

Action: Mrs Williams

Mrs Williams advised the Committee that there is a new fraud awareness training programme being developed on e-learning which contains examples of frauds that have taken place across the region including examples of staff working whilst off on sick leave. The Trust will be promoting this to staff and the e-learning will be available on the new hub.

Mrs Williams undertook to liaise with HR who have previously published outcomes of fraud disciplinary cases and consider how to highlight the issues on the hub and other areas.

Action: Mrs Williams

AC8/22 Any Other Business

No items raised.

AC9/22 Date of Next Meeting

Members noted the next meeting was scheduled for Tuesday 26 April 2022 at 10 am.