

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

Minutes of a meeting of the Audit Committee held on Thursday 3 May 2018 at 12.00 noon in the Board Room, Trust Headquarters, Ulster Hospital

- PRESENT:** Mr N Brady, Non-Executive Director (Chairman)
Dr M Briscoe, Non-Executive Director
Mrs H Minford, Non-Executive Director
- IN ATTENDANCE:** Mr N Guckian, Director of Finance & Estates
Miss I Low, Board Secretary & Assistant Director, Risk
Management & Governance
Mr B Grimley, Assistant Director, Financial Services (Acting)
Mrs C McKeown, Head of Internal Audit, BSO
Mrs G Jest, Audit Manager, BSO
Mr D Lynn, Director, Northern Ireland Audit Office
Ms B Bourke, Director, Grant Thornton
- APOLOGIES:** Mrs J O'Hagan, Non-Executive Director
- OBSERVER:** Mrs J Davison, Head of Contracts/ Social Care Procurement
and Commissioning
- ABSENT:** None

CHAIRMAN'S BUSINESS

Mr Brady welcomed everyone to the meeting and, in particular, Mr Denver Lynn, Mrs Bronagh Bourke, Mrs Jest and Mrs Davidson (attending as an observer) and advised that due to the volume of business on today's agenda the pre-briefing session would be covered via the 'walk through' of the annual report and accounts at section 4.4 below. Mr Brady encouraged members to submit suggestions for future briefing sessions to Miss Low.

1.0 DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA

Mr Brady invited members to declare any items of potential conflict of interest with business items on the agenda. None were received and the business of the meeting proceeded.

2.0 MINUTES OF THE PREVIOUS MEETING HELD ON 15 FEBRUARY 2018

The minutes of the meeting held on 15 February 2018, having been previously circulated, were taken as read and agreed as a true and accurate record subject to the following amendment to item 7.0 – Report on Incidents of Theft/Fraud and Whistleblowing and NFI Matches:-

ACTION

ALL

- Paragraph 3, last line, replace with ... - *further investigation confirms that the clients were deceased and money recouped.*
- Paragraph 5, last line, replace with ... *confirmed that the clients were deceased.*

3.0 **MATTERS ARISING FROM THE MINUTES**

For action /discussion

3.1 **Update – Controls Assurance Programme – alternative assurance arrangements**

Miss Low updated members in respect of the above matter and outlined the proposed alternative assurance arrangements that would replace the Controls Assurance Programme as per recent DoH communication dated 30 March 2018. There are a few areas that still require clarification in terms of documentation to be completed in – year and these should be sorted shortly. Members noted that regular updates on the position are also provided to the Corporate Control and Governance Assurance Committees. Miss Low will keep members updated on progress.

IL

For information/noting

3.2 **Update – definition of ‘Continuing Healthcare’**

Members were advised that there was no further update from the DoH in respect of the definition of Continuity Healthcare. Mr Guckian will keep members updated as and when there are developments in this matter.

NG

3.3 **IT Audit – Cyber Security 2017/18**

Members noted that Internal Audit had amended the above report in the light of discussions at the last meeting held on 15 February 2018.

4.0 **NEW BUSINESS ITEMS**

For Approval and/or Discussion

4.1 **BSO Draft Governance Statement 2017/18**

Members received, for information, a copy of a letter dated 26 April 2018 from Mr McIvor, Chief Executive, BSO, regarding BSO Provisional Assurance for 2017/18 which also included a copy of their draft Governance Statement for the same period. Members noted that the document was in draft form and is subject to amendments until formally approved as part of the

annual report and accounts of the organisation in mid- June 2018. At that point in time, they will issue the final governance statement, as final assurance for the 2017/18 year. Members also noted that the letter assured the Chief Executive that BSO would continue to address any identified weaknesses and pursue continuing improvements to their systems of internal control in 2018/19.

A short discussion ensued. Mr Guckian confirmed that BSO assurances are reflected in the Trust's Governance Statement and responded to members' queries raised in respect of this statement. Mr Lynn added that this report would be picked up in the BSO Shared Services report provided by Internal Audit.

4.2 Head of Internal Audit Annual Report 2017/18

Members received, for information, a copy of the Head of Internal Audit's Annual Report for the year ended 31 March 2018 which had been circulated in advance of the meeting. In presenting the report, she highlighted the key sections contained therein as detailed below:-

- Introduction;
- Independence;
- Summary of work undertaken;
- Quality Assurance;
- Performance Indicators;
- HIA's opinion on the effectiveness of the system of internal control; and
- Year end follow up on Internal Audit recommendations.

In summary, Mrs McKeown said that the overall opinion for the year ended 31 March 2018 was that there was a satisfactory system on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.

However, it was important to note that Limited Assurance in relation to a number of areas most notably Payments to Staff, Fire Safety and several elements of Cyber Security. The report also noted that the Trust had fully implemented 78% of its outstanding audit recommendations and 20% were partially implemented.

4.3 Draft Governance Statement

Members received, for consideration, a copy of the draft Governance Statement which was submitted to the Department on 25 April 2018. The discussion on this item is detailed in item 4.4 below.

4.4 **Draft Annual Report & Annual Accounts**

Members received, for consideration, a copy of the draft Annual Report and Annual Accounts for the year ended 31 March 2018 which had been circulated with the papers for the meeting. A detailed briefing paper was also provided to members via email and Board Papers to assist members in their understanding of the papers and to provide more detailed explanations, as required.

In presenting the report, Mr Guckian said that the draft annual report and accounts are to be submitted to NIAO on Friday 4 May 2018. The Annual Accounts are now consolidated with the Charitable Fund Accounts. The Trust is also required to submit a separate set of draft Charitable Fund Accounts for 4 May 2018. He also reminded members that the Trust was a £676m organisation; spending £387m on staff and £252m on non-pay costs.

At this juncture, Mr Brady wished to place on record the thanks and appreciation of Committee members to Mr Guckian and, in particular, Mr Grimley and his team on the production of the accounts and asked that this message be conveyed to the relevant staff.

NG/BG

Annual Report

With regard to the Annual Report, Mr Guckian advised that the format of the report was similar to previous years' and contained the following:-

- Chairman & Chief Executive's Statements;
- Performance Report – contributions from each Directorate;
- Accountability Report – including Governance Statement, Directors' Report, Remuneration and Staff Report, Finance Report and Statement of Losses;
- The Annual Accounts – the Financial Statements and Notes to the Accounts.

Accounting Issues

Mr Guckian reported that there were no significant changes in accounting policy or treatment for 2017/18. Consolidation of the Public and Charitable Fund Accounts do not affect the Trust's breakeven performance.

Items requiring Estimates/Judgements

Mr Guckian outlined the main areas of judgement in the accounts.

- Employees Benefit Accrual;
- Agenda for Change;
- Underpayment of allowances on Sick and Annual leave;
- Clinical Excellence Awards (lower grade);
- Statutory days on maternity leave;
- Sleep in allowance;
- GP OOH Liability;
- RTA Debtor;
- Car Leasing NIC on P11D;
- Employers' Superannuation;
- Provisions (Note 15 – Directorate of Legal Services);
- Voluntary Redundancy/Retirement; and
- Bad Debt Provision.

A number of queries were raised by members in respect of the above items and Mr Guckian responded accordingly. These included a query by Mr Brady in respect of Clinical Negligence payments and the arrangements in respect of structured settlements and a query by Dr Briscoe in relation to payments to General Practitioners and Clinical Excellence Awards.

Governance Statement

Members noted that this part of the report is in a prescriptive format and includes Control Assurance compliance (all substantive with the exception of Medical Devices, Head of Internal Audit Assurance (satisfactory), Internal Control Divergences – update on prior years. There were no new divergences listed for 2017/18.

Four Primary Statements

- Statement of Comprehensive Net Expenditure;
- Statement of Financial Position;
- Statement of Cash flows; and
- Statement of Taxpayers Equity.

All main statements are supported by a number of supplementary notes that provide additional information. For clarity, the figures referred to are in the consolidated columns of the appropriate notes.

Statement of Net Expenditure

- Surplus of £76k (Surplus of £54k in 2016/17)
- Net expenditure increased by £22m
 - S&W increased by £23m
 - Cash non pay expenditure increased by £10m
 - Non cash expenditure increased by £11m

- Depreciation/amortisation of fixed assets similar as 2016/17
- Revaluation/Impairments of fixed assets increased by £20m
- Movement in provisions increased by £10m
-
- Income increased by £1m.

The net increase in spend is the result of increase in cash and non-cash related expenditure.

Appendix 1 (of the paper) provided explanations of the larger movements in expenditure (as detailed in note 3 of the accounts) and appendix 2 for movements in income (as detailed in note 5 of the annual accounts).

Statement of Financial Position

Overall the Trust's balance sheet increased in value by £2.8m. A table detailing the breakdown was provided. The increase in the balance value is attributable to the increase in property, plant and equipment tangible assets, offset by an increase in liabilities (creditors and provisions).

Statement of Cash flows

Members noted that this is a primary statement of the Annual Accounts. It carries out an important reconciliation that proves that all relevant items have flowed correctly through the bank account. It reconciles to the movement between the opening and closing bank account.

Taxpayers Equity

This statement replicates the value of the Trust balance sheet and has also increased in value by £2.8m. Two reserves are used:-

- Revaluation Reserve – records revaluation of property, plant and equipment;
- SOCNE Reserve (formerly General Reserve) – all other transactions flow through this statement.

Key Notes

Members noted that the primary statements are supported by a number of key notes (notes 1 to 24.3) to the accounts which provide the reader with additional information/disclosure. Mr Guckian responded to members' queries and request for points of clarification. Finally, Mr Brady acknowledged reference to the Apprenticeship Scheme which provided a great opportunity for the Trust in terms of publicity via its social media sites.

Members supported Mr Brady's comments. It was suggested that this scheme could be covered at a future Trust Board workshop. With regard to the draft Annual Report, Dr Briscoe said that she enjoyed reading this comprehensive document and commended the format/production of the document. She raised one query in relation to the expenditure by programme of care and, in particular 6% in relation to Mental Health, which she considered was quite low. Reference was also made to Learning Disability services. Dr Briscoe asked for further details in terms of a trend analysis and Mr Guckian undertook to provide this information post meeting.

IL

Mr Guckian confirmed that the draft documents presented today were ready for audit review and the final versions would be submitted to the next Audit Committee on 6 June 2018 for final approval and onward transmission to the Trust Board on the same day.

NG

4.5 Draft Charitable Funds Accounts

Members received, for information, a copy of the draft Charitable Funds Accounts which had been circulated in advance of the meeting. Mr Guckian advised that these draft accounts will be presented for detailed consideration at the next meeting of the Charitable Funds Committee on 6 June 2018.

NG

4.6 Revisions to the Committee's Terms of Reference and Programme of Work

Members received, for consideration and approval, copies of the Terms of Reference and Programme of work in tracked changes format. Following a short discussion, both documents were approved and it was agreed that these should be forwarded to the Trust Board for endorsement at its meeting on 30 May 2018.

IL

4.7 Draft Report on the Effectiveness of the Committee

Members received, for consideration and approval, a copy of the draft report on the Review of the Audit Committee's Terms of Reference, Programme of Work and overall effectiveness as at 31 March 2018.

In presenting the report, Miss Low briefly summarised the content of the report and highlighted the key sections. Following discussion, members approved the draft report subject to inclusion of the key dates and queries highlighted in the report and any further amendments submitted by

members. It was noted that this report would be submitted to the next Trust Board meeting to be held on 30 May 2018, for information.

IL

4.8 Draft Annual Report of the Audit Committee

Members received, for consideration, a draft report on the work of the Audit Committee for 2017/18 which had been circulated in advance of the meeting. In presenting the report, Miss Low highlighted the key sections including the summary and conclusion. She welcomed any further comments/amendments from members within the next 7 days.

ALL

A brief discussion ensued and subject to confirmation of dates/draft notes contained in the report and any further comments on the draft, members approved the content of the draft report. It was agreed that Miss Low would amend the report accordingly for submission to the Trust Board at its meeting on 6 June 2018. Mr Brady thanked Mr Grimley and Miss Low for a short, succinct yet comprehensive report.

IL

4.9 Audit & Risk Committee new Self-Assessment Checklist

Members received, for consideration and approval, a draft copy of the completed new NIAO Self-Assessment Checklist for Audit Committees which had been completed and circulated in advance of the meeting. Members were advised that the first draft had been completed by Mr Brady and Miss Low with input from Mr Grimley and Mrs McCaw, Internal Audit. It was noted that the draft version had been issued both by email and Board Papers however the latter document had not uploaded to the site. It was agreed that Miss Low would re-circulate to members post meeting, for information.

IL

A short discussion ensued and members approved the draft document which Miss Low will now convert to a final document.

IL

For Information/Noting

4.10 Notes of the Bi-lateral meeting with Internal Audit – 15 February 2018

Members received, for information, a copy of the note of the Bi-lateral meeting with Mr Brady and Mrs McCaw (obo Mrs McKeown) held on 15 April 2018. There were no areas of concern requiring the attention of members.

4.11 Notes of the Bi-lateral meeting with External Audit – 15 February 2018

Members received, for information, a copy of the note of the Bi-lateral meeting with Mr Brady and Mr Knox and Ms Maginnis held on 15 February 2018.

There were no areas of concern requiring the attention of members.

4.12 Update – Bilateral meeting with the Chairman of the Trust Board – 9 April 2018

Miss Low confirmed that the bi-lateral meeting between Mr McKenna, Chairman of Trust Board and Mr Brady, Chairman of Audit Committee had been held on 9 April 2018.

Mr Brady then gave a brief résumé of the items covered at that meeting.

4.13 Circular HSC (F) 05/18 – Timetable for 2017/18 Annual Accounts

Members received, for information, a copy of the revised Circular HSC (F) 05/2018 which detailed the final timetable for the production and certification of 2017/18 Annual Accounts

4.14 Letter from HSC Sponsorship Branch dated 21/3/2018 regarding Audit Committee Attendance and Provision of documentation

Members received, for information, a copy of a letter dated 21 March 2018 from Ms Hilda Hagan, HSC Sponsorship Branch regarding Audit Committee Attendance and Provision of Documentation. The letter confirmed that following attendance as an Observer (at one Audit Committee per year) she was satisfied that the Trust has appropriate Audit Committee systems in place to help achieve compliance with good governance standards. Based on discussions witnessed at these meetings, ALB Committee members are fulfilling requirements in relation to their roles and responsibilities.

The letter also advised that HSC Sponsorship Branch representative will attend the Audit Committee scheduled for 4 October 2018. In addition, the letter further outlined the documentation to be provided to HSC Sponsorship Branch in line with Appendix 1, Management Statement/Financial Memorandum. The new named contact point within the branch is Ms Kerry Hudson (replaced Mr Jerry Mulholland).

Miss Low advised that following this letter, Ms Hagan and Ms Hudson arranged to meet with Miss Low and Mrs Moore on 18 April 2018 in respect of documentary requirements outlined in the Management Statement / Financial Memorandum and to introduce new staff member/s within the HSC Sponsorship Branch.

4.15 HSC (F) 16/2018 – Audit and Risk Assurance Committee Handbook

Members received, for information, Circular HSC (f) 16/2018 – Audit and Risk Assurance Committee (NI) Handbook 2018, which had been circulated with the papers for the meeting. The circular advises of updated guidance available to Audit Committee. The refreshed Audit and Risk Committee (ARAC) Handbook supersedes all previous versions. Whilst the underlying principles remain the same, additional areas of whistleblowing and cyber security are now incorporated as areas for consideration. The previous handbook issued in 2014 is now withdrawn.

A short discussion ensued and no areas of concern were noted.

4.16 Report to the NI Assembly by the Comptroller & Auditor General 2017 – Financial Auditing & Reporting

Members received, for information, a copy of the Report to the NI Assembly by the Comptroller & Auditor General 2017 released on 13 March 2017 in relation to Financial Auditing and Reporting which had been circulated with the papers for the meeting. The report covered the C&AG's results of financial audit work undertaken by NIAO, primarily on the 2016/17 accounts of government departments and other public sector bodies but also on specific topics such as Direct Award Contracts and Voluntary Exit Schemes.

The primary aim of the NIAO's financial work was to provide objective information, advice and assurance on the use of public funds. It was noted that throughout this general report that *“central government bodies continue to make efforts to improve their control systems, but that further work is needed to resolve weaknesses. It was critical that bodies ensure basic controls are in place and operating effectively to prevent the misuse of public funds”*.

5.0 REPORT FROM INTERNAL AUDITORS

5.1 Progress Report to Audit Committee dated 3 May 2018

Members received, for consideration, the Progress Report to Audit Committee dated 3 May 2018 which had been

circulated with the papers for the meeting. In presenting the report, Mrs McKeown highlighted pages 1 to 4 of the report which detailed Key Performance Indicators, Audit Assignment, current status, date of consideration by the Audit Committee and overall level of assurance.

Mr Brady congratulated Mrs McKeown and the Internal Audit team on completion of the programme in a timely fashion and on KPI performance which had improved during the year. The following reports were reviewed and discussed during the meeting:-

5.1.1 Fire Safety – Limited Assurance

Mrs McKeown provided a high level summary of the findings contained within the above report which had limited assurance and five significant findings in the audit, which impacted on the assurance provided. Mr Guckian then highlighted the key management actions currently underway in respect of the undernoted key issues:-

- Nominated Fire Officers;
- Fire Risk Assessments;
- Fire Safety;
- Mandatory Training; and
- Governance

Mr Guckian said the Nominated Fire Officer issue had been identified pre the audit and we had already sought to train more staff in this area. However, it is recognised that it is very difficult to get staff out of the wards for 2 hour training sessions. Meetings are being held with Hospital Services to try and resolve the training issue.

With regard to Fire Risk Assessments, these have been prioritised and work is ongoing in this matter. Fire Safety compliance – we are doing regular walk rounds and issues highlighted are being currently addressed. In respect of mandatory training, we have trained over 5000 staff (47%) to date. It was also recognised that it would be impossible to train 100% of staff due to other work pressures and it is hoped that in the next year the training will be recorded electronically.

Finally, with regard to the Governance issues identified in the report we have reviewed the structure and determined no changes are required. However, the reporting and escalation arrangements for the Fire Safety Committee have been revisited and the chair of the sub committee will now ensure that these are now properly adhered to.

A short discussion ensued and Mr Guckian responded to members' queries, in particular, about the level of attendance at Fire Safety Sub Committee meetings and the escalation process.

5.1.2 Domiciliary Care 2017/18 – Limited Assurance

Mrs McKeown presented a high level summary of the findings contained within the above report which had limited assurance and three significant findings in the audit, which impacted on the assurance provided. It was noted that one finding had been rejected by management in relation to Procurement/Contracting for Domiciliary Care Services.

Mr Guckian then outlined the perspective from management in respect of this report:-

Time Inspection / Verification work – this is limited to time and task. The Trust believes if the tasks are completed it would be unproductive work to chase the provider for the last minute/two minutes of the work. This is often a paperwork issue. We have checked that staff are paid for same hours as we paid for: this is a significant control.

Management of care packages – 12% of sampled clients had no care manager (on long-term sick or a vacancy). Management will be addressing record keeping issues.

Procurement – Mr Guckian said that there are 3 risks in procurement. Regularity – the risk was very low, as we are adhering to Department of Health's guidance called "the Light Touch Regime". The risk of challenge was also low because all Providers registered with RQIA are invited to provide. All new hours are openly offered to all Providers. Finally, the risk of poor Value for Money – the hourly rates paid are much less than in-house rates and UK rates.

The Trust disagree that this issue is a significant risk to the Trust over the next 4-5 years.

In response, Mrs McKeown said that she had discussed this finding in detail with Mr Guckian. In essence, her recommendation is fundamentally what the service is currently doing. She had no issue with the regional plan for social care. She does not however share the same view on risk as Mr Guckian does.

Mr Brady said that the issue of procurement is high on the Trust's agenda and following the presentation by Mr Wilson at the Audit Committee meeting (7 December 2017) the Chairman had also included it in the recent Trust Board

workshop held on 25 April 2018.

A lengthy discussion ensued and focused on the risk of challenge, value for money issues and in-house service –v- external services and regularity.

Recognising the views and expertise of both Internal Audit and Mr Guckian/Contract team, Mr Brady requested that this finding is further discussed outside today's meeting.

**NG/
CMcK**

In response to Mr Brady's query about the right of appeal and whether the recommendation could be changed, Mrs McKeown said that members can disagree with her opinion but her independent opinion would remain as was. Mr Lynn urged caution with this approach and reminded the Committee of the independence of Internal Audit's work.

Dr Briscoe said that she accepted Mrs McKeown's report and in the event management still disagree with the finding the rationale for this should be properly recorded in the report. In response to Mrs Minford's query in terms of the implications of the rejection it was confirmed that it would need to be referenced in the Governance Statement.

5.1.3 *Management of Consultant Medical Staff – 2017/18 – Limited Assurance*

Mrs McKeown presented a high level summary of the findings contained within the above report which had limited assurance and two significant findings in the audit, which impacted on the assurance provided.

Mr Guckian responded by outlining the management responses provided in the report. With regard to the issue of job plans, he advised that the Trust was in a better position than other Trusts. There are now more held centrally than in previous years and there has been a substantial improvement. The payment issue had been discovered by the Trust and electronic approval has now been introduced.

5.1.4 *Management of Contract Adjudication Groups – 2017/18 – Satisfactory Assurance*

Mrs McKeown presented a high level summary of the findings contained within the above report which had satisfactory assurance and no significant findings in the audit, which impacted on the assurance provided. There were seven findings listed in this report.

A short discussion ensued and Mr Guckian highlighted the key issues from a SET management perspective.

Members noted that this report also covered the responses from the four other Trusts. It was further noted that SET had rejected recommendation 1.2 (Priority 2 finding and 1.3 (Priority 3 finding) in respect of Communication and Engagement, however the spirit of the report would be implemented.

5.1.5 Controls Assurance 2017/18

The above report was presented by Mrs McKeown. There were no queries or concerns raised. The four standards verified by Internal Audit all achieved substantive compliance. Details as listed below:-

- Governance – 97%;
- Financial Management – 90%;
- Risk Management – 93%; and
- Fire Safety – 76%.

5.2 Year-End 2017/18 Follow Up Report dated 2 May 2018

Members received, for information, the year end follow up for 2017/18 and noted the following performance. During February and March 2018, BSO Internal Audit reviewed the implementation of accepted outstanding Priority 1 and 2 Internal Audit recommendations, where the implementation date had now passed. 188 (78%) of the 241 recommendations examined were fully implemented, a further 47 (20%) were partially implemented and 6 (2%) were not yet implemented at the time of the review.

A short discussion ensued and Mr Brady suggested a focus on reports with less than 50% compliance for the incoming year. He acknowledged performance as good overall and noted it compared well with other HSC Trusts.

5.3 Draft Internal Audit Strategy & Plan 2018/19

Members received, for consideration and approval, a copy of the Internal Audit Strategy incorporating the Internal Audit Plan for 2017-2020 (approved by Audit Committee in May 2017). Mr Brady reported that he had met with Mrs McCaw (on behalf of Mrs McKeown) on 15 February 2018 in relation to the plan and was satisfied with its content.

Mr Guckian confirmed that Internal Audit had also met with relevant Directors who had also confirmed approval. A short discussion ensued and members approved the draft Internal Audit Strategy & Plan 2018/19. In response to Dr Briscoe's query, members noted that the audit plan included reference to a Mortality & Morbidity audit.

5.4 BSO Shared Services – Progress Report

Members received, for information, a copy of the Shared Services Report which had been circulated in advance of the meeting. It was noted that the recommendations in these reports are the responsibility of BSO to take forward. However, given that the Trust is a customer of BSO the outcome of the final reports are shared with the Trust.

5.5 Regional IT Audit Report

Members received, for consideration, a copy of the above audit which had been issued with papers for the meeting. The document was issued by email and Board Papers. However the Board Papers version had not uploaded. It was agreed that further discussion on this matter should be deferred to the next meeting.

IL

6.0 REPORT FROM THE EXTERNAL AUDITORS

There was no report from External Audit for this meeting.

7.0 REPORT ON INCIDENTS OF THEFT/FRAUD AND WHISTLE-BLOWING AND NFI MATCHES

Members received, for information, a copy of a paper entitled – Your Right to Raise a Concern (Whistleblowing Policy). It outlined the outcome of a Regional Task & Finish Group which was established in August 2016 to take forward the Priority 1 recommendation made by RQIA as part of their September 2016 Whistleblowing Report.

Members noted that there was a very clear pathway for both staff and managers on how to deal with a concern. Members noted that the Employee Relations Team will manage and record any whistleblowing concerns raised through them and ensure that lessons learned are documented and approved as final by the relevant Director. The Trust will ensure that the nominated Non-Executive Director (Mrs O'Neill) is kept up to date with all investigations and outcome in relation to Whistleblowing. The effectiveness of this policy and local processes will be reviewed at least annually.

Dr Briscoe suggested that an update on the new Whistleblowing arrangements should be listed for a future Trust Board workshop, subject to approval by the Chairman of Trust Board. Mr Grimley reported that there were no new cases of fraud reported since the last meeting. The annual return will be made to the DoH in May 2018.

IL

8.0 ANY OTHER BUSINESS

8.1 Cyber Security

Miss Low reported on the outcome of the Cyber Security

Table Top exercise held on 23 April 2018. It was noted that the lessons learnt will be presented to the Committee at a future meeting (October/December 2018).

8.2 Recent Media Issues

Mr Brady referred to recent issues in the media earlier in the week concerning HSC Trusts in relation to Travel Expenditure. In addition, reference was also made to the media coverage of the Look Back Exercise in Belfast HSC Trust in relation to Neurology Services and the implications for the Trust. Mr Guckian advised that an update on both issues would be provided at the next Confidential Trust Board meeting on 30 May 2018.

IL

In response to a further query from Mr Brady, Mr Guckian confirmed that he did not believe that Northern Ireland was affected by the recent Breast Screening issues in the Republic of Ireland. Dr Briscoe asked if all of our cervical screening was undertaken in Northern Ireland and Mr Guckian undertook to clarify.

NG

9.0 DATE AND VENUE OF NEXT MEETING

It was agreed that the next meeting should be held on **Wednesday 6 June 2018 at 1.00 pm in the Board Room, Trust Headquarters, Ulster Hospital.**

IL