

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of the Audit Committee Meeting held on 01 December 2021 at 12.30am hosted via Zoom

- PRESENT:** Mr N Brady, Non-Executive Director (Chair)
Dr M Briscoe, Non-Executive Director
Ms L Campbell, Assistant Director of Financial Services, Financial Services
Mrs J O'Hagan, Non- Executive Director
Ms W Thompson, Director of Finance and Estates
- IN ATTENDANCE :** Mrs J English, Trust Board Apprentice
Mr N Gray, Director, Northern Ireland Audit Office (NIAO)
Mr S Knox, Audit Manager, Northern Ireland Audit Office (NIAO)
Ms C McKeown, Head of Internal Audit, BSO
Mrs M McNally, Assistant Director, Risk Management and Governance &
Board Secretary
- APOLOGIES:** Mr M Cadden, Executive Support Services Manager (Acting) (Minutes)
Ms J McCaw, Internal Audit, BSO

	<u>ACTION</u>
1.0 <u>OPENING REMARKS</u> The Chair welcomed everyone to the meeting.	
2.0 <u>DECLARATION OF POTENTIAL CONFLICT OF INTERESTS WITH ANY BUSINESS ITEMS ON THE AGENDA</u> There were no declared potential conflicts of interests with any business items on the agenda.	
3.0 <u>MINUTES OF THE PREVIOUS AUDIT COMMITTEE MEETING HELD ON 07 OCTOBER 2021</u> Minutes of the Audit Committee Meeting held on 07 October 2021, were agreed and taken as read and approved as a true and accurate record.	
4.0 <u>MATTERS ARISING FROM THE PREVIOUS MINUTES</u> The Chair noted four matters arising from the previous meeting, two of which have been closed. Members were informed that the Fraud Risk Assessment will be tabled for a meeting in the next financial year and that Ms Campbell was awaiting feedback from Mr Henderson regarding ICT resources to take forward Internal Audit Recommendations.	
5.0 <u>PAPERS FOR NOTING</u>	
5.1 <u>National Fraud Initiative Process Flow Chart</u> Members received for noting briefing paper on National Fraud Initiative Process Flow Chart, SET/AC/02/2021 which had been circulated and taken as read. Ms Campbell informed members the National Fraud Initiative Process Flow Chart was a two-step process and advised members that it is the Trust's NFI Coordinator who is responsible for closing these off.	

5.2 Report on Incidents of Theft, Fraud, Whistleblowing and NFI Matches

Members received for noting briefing paper Report on Incidents of Theft, Fraud, Whistleblowing and NFI Matches, SET/AC/03/2021 which had been circulated and taken as read. As part of the update, **Ms Campbell** highlighted a number of incidents to members including:

- Financial abuse case. Members were advised that the Trust was awaiting feedback from the Safeguarding team.
- Employee working elsewhere and claiming sick pay. Members were advised the case has been referred for formal investigation as recommended by CFS.
- Individual who received full pay while having her contracted hours reduced. Members were advised the case was being investigated.
- Theft of Car park income Ards Hospital. Members were advised that the incident has been reported to the PSNI and that the Trust was looking at additional controls including; contactless payments, twice weekly lifting of cash from car park machines and swipe activation for the safe keys.

Mrs O'Hagan asked if the report could include more information around the Trusts processes and outcomes of incidents. **The Chair** outlined that it would be helpful if the report included the final outcome of the case.

Referring to the theft of car park income at Ards Hospital, **The Chair** sought clarification and was informed that it was undertaken by a Trust employee and not third party individuals who work at the car parking site. **Mr Knox** asked with reference to the Domiciliary Care Agency outlined in the report, whether the Trust was still using the agency. **Ms Campbell** informed members that the agency was no longer operating, adding that there were now more controls in place in terms of Independent Sector Governance. **Mr Knox** stated it would be helpful if the report stated in the narrative that the agency was no longer used by the Trust.

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5.3 Audit Committee Self-Assessment Checklist

Members received for noting briefing paper Audit Committee Self-Assessment checklist, SET/AC/04/2021 which had been circulated and taken as read. The Chair sought and obtained approval from Members.

5.4 Safeguarding of Service Users Finances- Annual Assurance Report 2020/21

Members received for noting briefing paper Safeguarding of Service Users Finances-Annual Assurance Report 2020/21, SET/AC/05/2021 which had been circulated and taken as read.

Members were informed that the Trust sent out 149 questionnaires to independent and Statutory facilities registered with RQIA within the SET area and had received 148 returns. From the returned questionnaires,

members were informed 31% achieved a RAG rating of Red, 21% Amber and 48% Green. **Ms Campbell** advised the Trust provided a training session to Independent Support Living providers on the 17 November 2021 and that a session for Independent Sector Care Homes would take place on the 7 December 2021. She informed members that the Trust would implement a managing services user's finances programme by the end of September 2022. Members were informed that 22 facilities that received a RAG rating of red had been selected and booked for a validation visit by the Financial Governance Team which would take place between now and the end of March 2022.

Dr Briscoe informed members that there was an overlap between some of the cases in the Safeguarding of Service Users Finances report and the report on Incidents of Theft, Fraud, Whistleblowing and NFI matches. **The Chair** outlined it was good to see that almost all of the questionnaires had been returned and asked if there was an overlap between the Safeguarding of Service Users Finances report and the Internal Audit report. **Ms Campbell** advised that the Internal Audit report related to Non-Pay costs within Children's Homes and Procurement issues, while the Safeguarding of Service Users Finance report examined assurance for safeguarding service user's money within Independent Sector Homes. **Ms Thompson** advised that the Trust does have Internal Audit assurance for client moneys within the Independent Sector Care Homes, adding that the questionnaire is used to help identify areas that the Trust needs to focus on.

Dr Briscoe outlined that she thought the report was good. She asked what the Trust planned to do with the one supported living provider who did not reply and the 52% of providers who received a RAG rating of either Red or Amber. **Ms Campbell** informed members that any non-returns would be brought to the attention of the Care Home manager. She advised that the Trust plans to invite providers to attend a feedback working group in relation to the questionnaire as part of looking at redesign of the questionnaire. **Dr Briscoe** asked for clarification around the process for selecting the KPIs and the Care Homes for validation review and she asked if additional KPIs should be included such as RQIA reports. **Ms Thompson** advised that quality issues are largely dealt with by the Independent Sector Governance Forum, who receive a copy of the questionnaire results and she advised that Ms Campbell would follow up with them.

Mrs O'Hagan asked what guidance was given to the contracting department in regard to their role in monitoring providers in this regards. **The Chair** asked if providers were required to undertake monthly or quarterly reports. **Ms Campbell** advised that the providers are not required to undertake monthly or quarterly reports but that they are required to complete the annual assurance questionnaire and she confirmed this is written into their contract specification. Members were

informed that providers have a duty to report any financial issues to a client's key worker immediately.

6.0 **REPORT FROM INTERNAL AUDITORS**

6.1 **Internal Audit Progress Report**

Members received for consideration briefing paper Internal Audit Progress Report, SET/AC/06/2021 which had been circulated and taken as read. **The Chair** asked for clarification around the 61% of audit days used as at 31 October 2021 and was informed that this was 61% of the total number of audit days that had been allocated to be used. The Chair highlighted that the KPI 71% of the first draft reports issued within 4 weeks of fieldwork completion had notably improved since the previous Internal Audit report. **Ms McKeown** advised that the target of 4 weeks had been missed previously for two of the Internal Audit reports and clarified that in each case the report had been issued within 5 weeks.

Dr Briscoe asked for guidance around why this month's Audit Committee Agenda was shorter than usual. **The Chair** informed members that it had only been a short period (5 weeks) since the last meeting of the Audit Committee. **Ms McKeown** outlined that there was a number of Internal Audit reports that were in the process of being finalised and/or were awaiting sign off before they could be presented to the Audit Committee including;

- Payments to staff - Finalised
- IT Audit -Finalised
- Domiciliary Care Contracts- aiming to complete by New Year.
- Complaints management – finalised
- Care management- finalised

The Chair outlined it would be beneficial if the Internal Audit Progress report gave an indication of how advanced ongoing audit assignments are, where work is in progress but a draft report is not yet issued for example a note stating the estimated draft report issue date in a different colour. Ms McKeown informed members that she would take this feedback on board.

The Chair asked if Internal Audit were intending to pursue with DoH in relation to the off-contract £5.2 million Foster Care and Agency Staff expenditure. **Ms McKeown** informed members that Foster Care procurement will form part of the Regional Social Care procurement programme. She advised members the report referenced the need for engagement with DoH by all Trust's in relation to the use of off-contract recruitment agencies going forward. **The Chair** asked whether this was a regional problem and was advised that it was. **The Chair** asked whether the appointment of a shadow agency would be considered as a solution. **Ms Thompson** informed members that this was not an option the Trust was currently considering and informed members that the

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Regional Framework would normally go for retender at some point. **Ms Thompson** advised members that ideally there would be no off-contract recruitment agency used; however that would need to be agreed regionally and there would need to be a policy decision. **The Chair** asked if the £5.2 million figure was considered to be high. **Ms Thompsons** advised that the Trust is the lowest user of off-contract agency staff regionally and it is used only in areas where the Trust experiences extreme staff shortages.

Dr Briscoe informed members that off contract spending on agencies are often required for Fostering and Adoption panels due to the pressure on Social Work and urgency for action. **Mrs O'Hagan** echoed Dr Briscoe's comments and outlined that she didn't feel the introduction of a policy would help resolve the situation. **Mrs O'Hagan** informed members that she felt it was important for contracts to be developed quickly and for good training of staff and monitoring of this within social services. **Ms Thompson** informed members that it is hoped this pathway would improve with the Regional Social Care Procurement Programme, but cautioned that it would be a complex process. **The Chair** advised members that BSO is now running open framework agreements for PPE and elective services.

7.0 REPORT FROM THE EXTERNAL AUDITORS

Mr Knox informed members that there is a proposed audit firm and that the Chief Executive has confirmed that there is no conflict of interest and that they should be appointed around the 13 December for 5 years.

8.0 ANY OTHER BUISNESS

No items were raised

9.0 DATE AND VENUE OF NEXT MEETING

Thursday 10 February 2022 hosted at 12:00 noon via Zoom from Trust Headquarters, Ulster Hospital, Dundonald.