

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Minutes of the Audit Committee Meeting held on 14 April 2022 at 12.00 noon hosted via Zoom

PRESENT:

Mr N Brady, Non-Executive Director (Chair)
Dr M Briscoe, Non-Executive Director (*joined at 12:11*)
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
Mr B Clerkin, Engagement Director ASM
Mr S Knox, Audit Manager, Northern Ireland Audit Office (NIAO)
Ms J McCaw, Internal Audit, BSO
Ms C McKeown, Head of Internal Audit, BSO
Mrs M McNally, Assistant Director, Risk Management and Governance & Board Secretary
Mr J Murray, Engagement Manager ASM

Mrs J English, Trust Board Apprentice
Mr M Cadden, Executive Support Services Manager (Acting) (Minutes)

IN ATTENDANCE :

APOLOGIES: Mr N Gray, Director, Northern Ireland Audit Office (NIAO)

	<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 10 February 2022</u> Minutes of the Audit Committee Meeting held on 10 th February 2022, 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, all of which have now been closed.	
5.0 <u>NEWS BUSINESS ITEMS</u> <u>For Discussion and/Approval</u>	
<u>For Noting</u>	
5.1 <u>Audit Committee: Terms of Reference</u> Ms Campbell took members through the Audit Committee Terms of Reference (TOR). Dr Briscoe raised a query regarding the wording within the TOR Other Assurance Function section. Discussion ensued among members and it was agreed that Ms Campbell would update the TOR and share this with the Audit Committee members as an outcome.	Ms Campbell

It was agreed that going forward, an additional section will be added to the Audit Committee Agenda entitled: Items For Escalation: To Trust Board from the Audit Committee.

Mr Cadden

5.2 Audit Committee: Review of Effectiveness

Ms Campbell took members through the Audit Committee: Review of Effectiveness, which was noted by members. Discussion ensued among members and it was agreed that Ms Campbell would update and share the Audit Committee Review of Effectiveness as an outcome.

Ms Campbell

5.3 Audit Committee: Programme of Work

Ms Campbell took members through the Audit Committee: Programme of work, which was noted by members.

5.4 Older Persons Action Plan – Monitoring and Review Care Management 2021/22

The Chair informed members that the Older Persons Action Plan had been added for noting following a matter arising from the previous Audit Committee meeting. **Ms Campbell** updated members on the audit recommendations and actions timeframe. **Mrs O'Hagan** asked for clarification around how the target dates are established and if they met the required time frame. She also asked if any additional support was needed. **Ms Campbell** informed members that the target dates are set by the lead operational manager and that the dates are in keeping with the Internal Audit recommendations and she advised that no additional support should be required.

6.0 REPORT FROM INTERNAL AUDITORS

6.1 Internal Audit Strategy and Plan 2022

Ms McKeown took members through the Internal Audit Strategy and Plan 200/21 to 2022/23. **The Chair** asked for clarification around the total audit day usage and was informed that the breakdown was available on page 28 of the report. **The Chair** asked if the plan included the regional encompass programme and was informed that this had not been included but would likely feature on the plan in future years. **The Chair** noted the increase in rise in energy costs and asked if energy usage and costings feature on the plan and was informed that these were not included. **Ms Thompson** informed members that energy usage and rise in cost was not currently on the Trusts CRR. She advised members that the Trust monitors closely its energy usage and forecasted rise in energy costs and the move to a “net zero” economy for NI is likely to place increased focus on this area in the future. **The Chair** asked if consideration could be given to energy usage and rise in cost as part of future Internal Audit strategy as an outcome.

Ms McKeown

Mrs O'Hagan asked what the expected outcome would be from the Governance and Management and use of agency staff audit. **Ms McKeown** informed members that the audit scope was management of agency staff in line with the contracts. Members were informed that the audit would examine the agency booking process including approval and invoicing. **Mrs O'Hagan** enquired if the audit would also look at the

agency staff training and was informed that this would not be within the scope of the audit. **Dr Briscoe** asked if the audit would include agency Medical staff Appraisal and Revalidation process. **Ms McKeown** informed members that Medical staff Appraisal and Revalidation process is outside the scope of this audit, however she advised members that she expected a separate audit in relation to this would be carried out at a later date.

Dr Briscoe asked for more information regarding the Praxis performance review report. **Ms Thompson** informed members that the audit was requested by the management team in order to provide assurance around performance management arrangements. **Dr Briscoe** asked if this should be added to the Corporate Risk Register (CRR) and was advised that this was not a requirement at this time. **Ms Thompson** informed members that the outcome of the audit would assist with the Trust's decision on whether or not to add to the CRR.

The Chair sought and obtained approval for the Internal Audit Strategy Plan 2020/21 to 2022/23.

6.2 Internal Audit Progress Report April 2022

Ms McKeown took members through the Internal Audit Progress Report and advised that there are three pieces of work are on-going around Covid-19 payment validation, Management of Domiciliary Care Contracts and Advisory Assignments. **Ms McKeown** highlighted that the report contained a typo on page 3 and she advised members that she would update the report and share this with the committee members.

**Ms
McKeown**

The Chair noted that overall satisfactory assurance was provided for ICT project management systems and he asked for clarification regarding the length of the target dates. **Ms Campbell** informed members that the dates had been provided by the Assistant Director Technology and Telecoms, Technology & Telecommunications. She advised members the target dates were set in order to safeguard against missed deadlines. **The Chair** raised some concern regarding the length of the target dates and asked if the dates could be reviewed. **Ms Campbell** agreed to review the dates with the Assistant Director Technology and Telecoms, Technology & Telecommunications and update the audit committee as an outcome.

**Ms
Campbell**

The Chair raised a concern regarding the limited assurance provided in relation to the Fire Safety audit and he asked for clarification for the Trusts action plan. Members were informed that the report contained 6 recommendations, of which 1 was minor. **Ms Thompson** informed members that a full Fire Safety Report is brought to EMT on an annual basis and she advised members that the Fire Safety report had been discussed at EMT and that management had accepted the report's findings. Members were informed that an action plan has been agreed and that all responsible managers sit at operational and/or Director level

in order to assure urgency of completion.

Dr Briscoe raised some concern regarding the length of the target dates for fire safety and asked if these could be reprioritised and their dates could be reviewed. **Ms Campbell** agreed to review the dates and update the audit committee as an outcome. **Mrs O'Hagan** noted that the report focused on Community facilities and asked if Hospitals will also be audited. **Ms McKeown** informed members that due to covid-19 pandemic, Children's homes and Community Care facilities were selected for the audit. Members were informed that the Fire Safety Audit is conducted every three years and that the findings from the audit were reflective of the Trust process across all sites. **Ms Thompson** informed members that the Fire Risk Assessment categories a risk profile which determines the frequency of fire inspections required. Members were informed that a Fire Safety Steering Group is in the process of being established that will follow the governance pathway through Corporate Control Committee (CCC).

**Ms
Campbell**

The Chair raised a concern regarding the central system monitoring and the lack of a central actions database. **Ms Thompson** informed members that external contractors inspect Trust facilities and provide a Fire Risk Assessment with recommendations to the local manager who is responsible for ensuring that these are actioned. Members were advised that the Trust recognised the need for a central monitoring system and is considering the use of zedasafe system as a potential solution.

The Chair asked for clarification in relation to the role of the Chief Fire Officer. **Ms Thompson** informed members that the Trust employs a small Fire Safety Team and that fire training is a big part of their role. Members were informed that the Trust has continued to provide fire training throughout the Covid-19 pandemic but that capacity to deliver face-to-face training has been reduced. **Ms Thompson** advised that the Trust does a lot of Fire Safety awareness through the use of frequent Trust announcements and emails. **The Chair** expressed a concern and asked if additional resources could assist with the issue. **Ms Thompson** advised that she felt that the implementation of a central monitoring system would help to address the challenges identified in the report. **The Chair** requested a follow up report on Fire Safety and **Ms Campbell** agreed to bring an update to the Audit Committee in a few months' time.

**Ms
Campbell**

6.3 Year/ End – Follow up on Outstanding Internal Audit Recommendations 2021/22

Ms McCaw took members through the Year End- Follow up on Outstanding Internal Audit Recommendations for the period 2021/2022, which was noted by members. **Ms McKeown** informed members that the Trust had obtained the lowest number of outstanding recommendations regionally. **The Chair** noted that 91% of the Internal

Audit recommendations had now been implemented and recorded his thanks to Ms Campbell and Mr McKinney, Internal Audit Manager and Directors for their hard work in achieving this goal.

Dr Briscoe asked for an update in relation to the new Strategy Planning and Performance Group (SPPG). **Ms McKeown** informed members that Internal Audit will continue to report progress and recommendations to the SPPG.

7.0 REPORT FROM THE EXTERNAL AUDITORS

7.1 There are no agenda items under this heading

Mr Knox updated members on the classification of the Clinical Excellence Award (CEA) and holiday pay accrual that had been previously discussed at Audit Committee on the 16th June 2021. Members were informed that there had been no progress on resolving the classification issue re accrual / provision and no payments had occurred. **Ms Thompson** advised members that the latest update on progress was suggesting that CEA will not be an accrual this financial year.

8.0 ANY OTHER BUISNESS

The Chair informed members that Mrs O'Hagan will chair the next Audit Committee meeting on the 05th May 2022 in his absence.

9.0 DATE AND VENUE OF NEXT MEETING

Thursday 05th May 2022 hosted at 11:00 am via Zoom from Trust Headquarters, Ulster Hospital, Dundonald.