



**Minutes of a meeting of the Audit & Risk Assurance Committee
held on Monday, 30th October at 9.30 a.m., in the Boardroom, First
Floor, Trust Headquarters, Craigavon**

PRESENT:

Mrs L Ensor, Non-Executive Director (Chair)
Mr Jackie Johnston, Non-Executive Director (Teams)

IN ATTENDANCE FOR FULL MEETING:

Mr S Spoerry, Interim Chief Executive, SHSCT
Mrs C Cassells, Assistant Director of Financial Management, SHSCT
Ms Carol Blee, DoH Sponsorship Branch
Ms C McKeown, Head of Internal Audit
Ms G Jest, Assistant Head of Internal Audit
Mrs R Montgomery, Senior Project Manager, SHSCT
Mrs S Judt, Board Assurance Manager, SHSCT
Mrs R Vennard, Committee Secretary, SHSCT
Mrs Martina Corrigan, Lead for Public Inquiries, SHSCT
Mr Marvin Lee, Financial Governance Manager, SHSCT

IN ATTENDANCE FOR SPECIFIC ITEMS:

Mr B Beattie Director ACS – item 4iv
Mrs Stacey Hetherington, Assistant Director CSCG – item 4i
Mrs V Toal, Director of HROD – Item 4iii
Mr Simon Gibson, Assistant Director Medical Education and Workforce –
Item 4i
Ms Dawn Livingstone, Assistant Director Performance Improvement and
Contract Management – item 4ii
Ms Lynsey O’Neill, Technology Enabled Change Manager – item 4ii
Mrs Trudy Reid, Director MUSC – item 4v
Mr Declan McClements, Director SCS – item 4v

APOLOGIES

Mrs A Rutherford, Assistant Director of Financial Services, SHSCT
Mrs C Marks, Director of Finance, Procurement & Estates, SHSCT

Mr A Hughes, Non-Executive Director
Mrs M Corkey, Non-Executive Director
Dr S Austin, Medical Director

1) **CHAIR'S WELCOME**

Mrs Ensor welcomed everyone to the meeting including representatives from Internal Audit and those joining via MS Teams. The Chair noted the apologies from her two Non-Executive Director colleagues and advised that Mr Jackie Johnston, Non-Executive Director, was joining the meeting on Teams today to ensure it was quorate.

2) **DECLARATION OF INTERESTS**

Mrs Ensor asked members to declare any potential conflict of interest in relation to items on the agenda. None were received and the business of the meeting proceeded.

3i) **MID-YEAR INTERNAL AUDIT FOLLOW UP REPORT**

Ms McKeown referred to her paper and updated the committee on the mid-year position. There were 53 recommendations implemented, leaving 55 recommendations that were due for implementation during the period, but which were not fully implemented and have been moved forward. Of those recommendations, 23 are significant and four are priority one. There are a further twelve significant recommendations that weren't due for implementation at mid-year, but are due before the end of the financial year 25/26

3ii) **MID YEAR FOLLOW UP SUMMARY**

Ms McKeown summarised that there are 35 significant recommendations due for implementation in the next six months, 18 are on track, six are behind schedule to be implemented by the end of March 2026 and 11 are RAG rated red and unlikely to be delivered by the end of the financial year.

4) **PROGRESS ON INTERNAL AUDIT RECOMMENDATIONS BY DIRECTORATE**

i **MEDICAL**

Mr Gibson, attending on behalf of Dr Austin, updated in relation to progress made with business continuity plans and cyber security

within operational directorates over the last 12-18 months. Mr Gibson noted that there are a number of outstanding recommendations which have yet to be completely implemented, however, this is due in part to the recommendations sitting with multiple directorates, despite responsibility sitting with the Medical Directorate for implementation, which causes a challenge.

Mr Johnston queried a timeframe for completion in this area and was advised by Mr Gibson that March 2026 has been noted for some and December 2026 for others due to the breadth and depth of some of the recommendations across all wards and departments. As a result of this, focus has been placed on essential services in the first instance, of which 88% have a business continuity plan completed and 80% have their business impact assessment completed.

Mr Gibson highlighted that all plans will be under annual review once in place, however, the business continuity team is very small and the volume of work is a challenge.

Mrs Ensor asked Mr Gibson if there was a reason that a priority two recommendation in relation to the Business Continuity Management Policy had been pushed back to December 2026 for completion. This was attributed to competing priorities within operational directorates and expressed as a more realistic timeframe by Mr Gibson.

Ms McKeown remarked that there has been a noticeable improvement in terms of implementation of recommendations within the Medical Directorate in the past year and observed that there is the possibility that some may have sufficient progress to move across to implemented sooner than anticipated.

Mrs Hetherington updated the committee on the remainder of the recommendations aligned to the Medical Directorate. There are three risk management recommendations for implementation, and these are all progressing well. The risk module on Datix has been developed and demonstrated to each directorate and the governance coordinators within the operational directorates are transitioning the risks onto Datix. The Corporate Risk Register has been reviewed and will also be transitioning across, which should then close this recommendation.

The risk strategy has been reviewed and is currently out for consultation. Once feedback has been received, this will then be

shared for wider review and feedback to enable closure of recommendation no. 457.

A workshop has been arranged to determine training needs within each of the directorates in relation to risk management, with a view to creating one formal package. This recommendation has an implementation date of December 2025, however, Mrs Hetherington noted that it may take a little longer to gather sufficient evidence to close this off.

Work is ongoing in relation to recommendations 549 and 552 in terms of the governance team structure so these may be delayed, however, Mrs Hetherington commented that they should be implemented by the end of the year.

Mrs Ensor thanked both Mr Gibson and Mrs Hetherington for their updates, acknowledging that progress is being made. Mr Gibson specifically praised the assistance from Mrs Fiona Davidson, Head of Clinical Audit, for her assistance in getting recommendations progressed.

ii **PLANNING, PERFORMANCE AND INFORMATICS**

Mrs Livingstone, on behalf of Ms Wilson, provided the updates in relation to the Planning, Performance and Informatics recommendations, along with Ms Lynsey O'Neill.

Mrs Livingstone commented on a recommendation around the line of business software applications, noting that a number of mitigations have been put in place around this risk, however, expressed that it was felt this recommendation can't be taken any further given the resources available. It was queried if there had been sufficient work undertaken to close off this recommendation. Ms McKeown undertook to speak with Mrs Livingstone about this recommendation separately.

Ms O'Neill discussed recommendation 680 which relates to a strategy on incident response plans and a disaster recovery playbook. She noted that there has been a working group established, and they are at the stage of writing the overall strategy and are content that this will be completed for the March 2026 deadline.

Recommendation 683 was noted to have progressed, however will require further work in relation to determining associated costs.

Ms O'Neill noted that recommendations 689 and 690 both require some regional input to progress.

Mrs Livingstone discussed risk 340, which has been pushed back to December 2027 for completion, noting that this was being looked at from a wider Trust perspective and a regional solution is being considered.

Mrs Ensor thanked Mrs Livingstone for the detailed information on all of the recommendations, and the assurance provided.

iii **HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT**

Mrs V Toal updated in relation to outstanding recommendations within HROD, expressing that implementation dates on some had been extended due to regional system issues. In relation to absence management, there is a regional framework which has just been signed off within the previous two weeks, therefore the implementation date of April 2026 is to allow time for the new framework to be training etc. to follow through.

Mrs Toal advised that recommendation 37 is system dependent, with equip scheduled for go live on the 1st November 2026 and a number of areas to be worked on prior to this to ensure smooth roll out. She further advised that recommendation 78 is also linked to equip and the new recruitment model is currently being worked through to determine how this will fit in with the new oracle system.

In relation to recommendation 106, Mrs Toal commented that the contract award for the new medical framework should hopefully go live in December which will set out regional rates for agency locum. There is also work underway in relation to internal locum rates to run alongside the agency rates. The original implementation date for this recommendation was 2021, however, this has now been pushed to 2027.

Mrs Toal commented that the recommendation around staff payments was previously discussed and cannot be progressed without additional resource. Mr Spoerry confirmed that funding has not been allocated for this on the basis that there is no financial benefit, and the recommendation would cost more than it would save. On that basis, Ms McKeown stated that the recommendation could possibly be closed.

Mrs Toal commented that recommendation 318 in relation to overpayments in laboratory services, is being escalated to Mrs Marks, Executive Director of Finance, to determine a joint approach.

Mrs Toal discussed a recommendation aligned to HROD regarding appraisals, commenting that this is applicable in all directorates. As of the end of September, compliance with appraisals was sitting at 44% and action plans have been requested from each director to indicate how they will increase compliance.

iv **ADULT COMMUNITY SERVICES**

Mr Beattie updated in relation to recommendations within Adult Community Services.

Mr Beattie discussed the six red rated recommendations, beginning with 270 in relation to Ann's Home Care. He noted that there is a long-standing issue in relation to the independent sector provider invoicing for the time commissioned by the Trust, rather than the time they deliver as per the regional contract. This is dating back to the internal audit from 2022/23 and had been a long process in terms of obtaining legal advice. Mr Beattie is hopeful that once a formal position has been agreed with Ann's Home Care that the recommendation will be closed.

Recommendation 465 relating to the requirement to ensure care plans are up to date, Mr Beattie commented that the post COVID figures are improving, for commissioned packages it is currently approx. 77%, dom care, nursing and residential is at 72% and domiciliary care is sitting at 67%. Work is ongoing with encompass colleagues to develop a more up to date report which will provide the evidence to potentially close this recommendation.

Recommendation 606 to develop an escalation plan in respect of how the Trust wraps around and manages ISP care homes has been completed which Mr Beattie stated, should close off this recommendation.

In relation to 625 and 628, Mr Beattie spoke of his intention to have further discussion with internal audit colleagues to determine if these are also both considered complete and can be signed off.

v **MEDICINE & UNSCHEDULED CARE/SURGERY & CLINICAL SERVICES**

Mrs T Reid and Mr McClements attended to update on the position for Medicine and Unscheduled Care, and Surgery and Clinical Services.

Mrs T Reid commented that the recommendations 714 to 719 were relevant to both areas in relation to GI bleeding and the management of GI bleeding within the Trust. Challenges within this area are historic and there has been a significant reduction in workforce, however, there are mitigations in place for the service and it is recorded on the corporate risk register. A care pathway is currently being worked on, and recruitment efforts are continuing. These ongoing barriers are contributing to the extension on the timeframe for implementation of the recommendations.

Mrs Ensor raised a query in relation to recommendation 719 relating to an on call general surgery out of hours phone number. Mr McClements assured the committee that the phone number is available, however, to close off the recommendation a pathway is required, and this will be addressed at the next working group.

5) ANY OTHER BUSINESS

Mrs Corrigan expressed that there has been substantial progress made within the last year from teams to progress internal audit recommendations, and that it was reassuring to note that implementation of recommendation had become an established practice for the teams and she thanked the internal audit team for their work with the Trust. Ms McKeown also acknowledged the good working relationship that Mrs Amanda Strain "Internal audit" has with all the directorates and highlighted the ongoing good work from all involved. Mrs Ensor agreed that there has been an obvious increase in focus and determination from staff and a change in culture in relation to internal audit recommendations.

The meeting concluded at 11.30am