

**Minutes of a meeting of the Audit & Risk Assurance Committee
held on Monday, 21st October 2024, at 2.00 p.m., in the
Boardroom, First Floor, Trust Headquarters, Craigavon**

PRESENT:

Mr M McDonald, Non-Executive Director (Chair)
Mrs H McCartan, Non-Executive Director (*via MS Teams*)
Mrs L Ensor, Non-Executive Director

IN ATTENDANCE:

Ms C Teggart, Director of Finance, Procurement and Estates
Dr S Austin, Medical Director
Mrs V Toal, Director of Human Resources & Organisational Development
Mrs E Wilson, Director of Planning, Performance and Informatics
Mr B Beattie, Director of Adult Community Services
Mrs T Reid, Director of Medicine & Unscheduled Care
Mrs S Hynds, Deputy Director of HR Services
Mrs D Livingston, Assistant Director of Performance Improvement and
Contract Management (Social Care and Gov)
Mr M Toal, Assistant Director of Digital Service
Mrs M Corrigan, Assistant Director of Public Inquiries
Mr M Bloomer, Assistant Director of Estates
Mrs M McAlister, Assistant Director Older People's Services
Ms D Newell, Interim Assistant Director of Cancer and Clinical Services
Mrs C Doyle, Interim Assistant Director for Clinical & Social Care
Governance
Mr J McEntee, Interim Assistant Director Mental Health Services
Mr T Black, Clinical and Social Care Governance Coordinator, MHDS
Ms S Hetherington, Corporate Governance Co-ordinator
Mr C Walmsley, Clinical & Social Care Governance Coordinator, MUSC
Ms A O'Doherty, HSC Sponsorship Branch (Observer) (*via MS Teams*)
Mrs C McKeown, Head of Internal Audit
Ms A Strain, Audit Manager, Internal Audit
Mrs S Judt, Board Assurance Manager, SHSCT
Mrs S McCormick, Committee Secretary, SHSCT (Minutes)

APOLOGIES

Dr M O'Kane, Chief Executive

Ms J McGall, Director of Mental Health & Disability Services
Mrs C Reid, Director of Surgery & Clinical Services
Mrs A Rutherford, Assistant Director of Finance for Financial Services

1) **CHAIR'S WELCOME**

Mr McDonald welcomed everyone to the meeting including representatives from both Internal Audit and the Department of Health Sponsorship Branch. Mr McDonald also welcomed Mrs M Corrigan to the meeting, who at the request of the Chief Executive, will be assisting Directors in taking forward Internal Audit recommendations that have been outstanding for a long time.

At the outset, Mr McDonald reminded members that the purpose of the meeting. He reflected on the good working relationship between the Trust and Internal Audit and asked Directors in the past and emphasised that it was important to ensure a collective approach to navigate through the process of closing as many recommendations, as possible. He acknowledged there were a number will not be able to be closed without regional input and welcomed the additional benefit of having Mrs Corrigan onboard to give particular focus to this work.

By way of context, Ms Teggart reminded members the Head of IA had provided the Southern Trust with an overall Limited assurance opinion at financial year end 2023/24 due to the number of limited internal audit reports and the number of outstanding significant IA recommendations. She emphasised, the Southern Trust is lagging behind a number of other Trusts in this respect.

In order to ensure that a robust process is in place moving forward, Ms Teggart referred to the Trust's internal improvement plan, developed to look at how the Trust can make improvements to the internal audit process through the internal audit forum and stated this was shared with the ARAC and Trust Board in June 2024 by way of assurance. Ms Teggart stated the Chief Executive had set a deadline of 31 December 2024 for implementation of the 10-point improvement plan.

Ms Ensor asked if IA recommendations become part of the Directorate/Director's performance assessment. In responding, Mrs Toal said there are a number of shared common objectives from a Senior Executive point of view and the achievement of the internal audit recommendations forms part of that this year. She also outlined

the mid-year and year end process. In responding to a further question from Ms Ensor, Mrs Toal clarified IA recommendations have not always been part of the performance assessment process, however this is now back on track.

2) DECLARATION OF INTERESTS

Mr McDonald asked members to declare any potential conflict of interests in relation to items on the agenda. None were received and the business of the meeting proceeded.

3) MID-YEAR IA FOLLOW UP REPORT

Mrs McKeown guided members through the Mid-year Follow Up Summary by Directorate. For the first 6 months of the financial year 2024/25, 77 recommendations were implemented and 96 recommendations that were due for implementation within the first 6 months were not fully implemented. Of the 96 recommendations that are behind schedule in terms of full implementation, 45 are significant and 4 are Priority 1 status. Members noted there are a further 39 significant recommendations that are not yet due for implementation as at September 2024, but are due for implementation before the end of 2024/25.

Continuing, Mrs McKeown pointed out that with the implementation date of 2 HROD significant recommendations being revised to 2025/26, 82 significant recommendations are now due for implementation during 2024/25. Out of these 82 significant recommendations, SHSCT Management have indicated 68 (83%) have been rag rated Yellow (on track), 13 (16%) rag rated Amber (delivery, behind schedule but will be delivered by 31.3.25) and just 1 (1%) rag rated Red (at risk of delivery by 31.3.25).

Mrs McKeown put on record her thanks to each Directorate for their work to date in monitoring progress on follow up at mid-year point and progressing this work in terms of agreeing new implementation dates in line with the Trust internal improvement plan and added this should assist the meeting today in terms of being able to identify any exceptions, outliers and anything that's not on track at this stage.

Mr McDonald queried the 1 significant recommendation at risk of delivery by 31 March 2025. Ms Teggart outlined the finer detail in relation to historical deceased accounts and advised the Trust is working with the Directorate of Legal Services (DLS) in this regard.

Mr McDonald welcomed the purpose of the additional meeting within the Committee schedule for the calendar year and asked if it was reasonable to continue in this vein until the organisation is back on track as far as the target for implementing outstanding IA recommendations. By way of response, Ms Teggart said it would be the intention of Management to have the additional meeting once a year. Mrs McKeown welcomed this dedicated approach to outstanding recommendations. She emphasised the purpose is to reduce the number of outstanding recommendations and in particular the number of significant recommendations.

Action – Mr McDonald

4) PROGRESS ON INTERNAL AUDIT RECOMMENDATIONS BY DIRECTORATE

i) Human Resources & Organisational Development

Mrs V Toal guided members through the SHSCT Mid-Year Follow Up Review of Outstanding Internal Audit Recommendations 2024/25 for her Directorate. Of the 10 outstanding recommendations, 3 are significant. Six recommendations are rag rated Amber and are behind at risk of delivery by the new implementation date of 31.3.25.

A comprehensive discussion took place with supporting input from Mrs S Hynds. In relation to Payments to Staff (2022/23) recommendations at risk of delivery by 31.3.25 members noted significant additional capacity was required within the pay and conditions team to complete the monitoring and reporting required. Members felt that consideration should be given to whether the Trust can take this recommendation any further and should be closed. It was agreed the ARAC Chair should escalate the matter to the Trust Board at the confidential section, scheduled for November 2024.

Action – Mr McDonald

Following discussion members agreed that for the remainder of the meeting they would concentrate their focus on recommendations that are in danger of not being implemented at December 2024.

Mrs Toal left the meeting at this point.

ii) Mental Health & Disability Services

On behalf of Ms J McGall, Mr J McEntee guided members through the SHSCT Mid-Year Follow Up Review of Outstanding Internal Audit Recommendations 2024/25 for the aforementioned Directorate. Of the 10 outstanding recommendations, 9 are significant. Four recommendations are rag rated Amber, behind schedule but will be delivered by 31.3.25.

A robust discussion took place with supporting input from Mr T Black. Mr McDonald stated he was content with the update on status provided. Mrs McKeown pointed out that the Directorate should consider updating the rag status on a number of the recommendations discussed in light of further progress and encouraged all Directorates to ensure they update their position following IA Forum meetings.

Mr McEntee and Mr Black left the meeting at this point.

iii) Planning, Performance and Informatics

Ms E Wilson guided members through the SHSCT Mid-Year Follow Up Review of Outstanding Internal Audit Recommendations 2024/25 for her Directorate. Of the 16 outstanding recommendations, 5 are significant. Four recommendations are rag rated Amber, behind schedule but will be delivered by 31.3.25.

A robust discussion took place with supporting input from Mrs D Livingstone and Mr M Toal. Mr McDonald stated he was content with the update on status provided. Mrs McKeown pointed out that the Directorate should consider updating the rag status on a number of the recommendations discussed in light of further progress and encouraged all Directorates to ensure they update their position following IA Forum meetings.

Ms Wilson, Mrs Livingstone and Mr Toal left the meeting at this point.

iv) Finance, Procurement & Estates

Mrs Teggart guided members through the SHSCT Mid-Year Follow Up Review of Outstanding Internal Audit Recommendations 2024/25 for her Directorate.

Finance & Procurement:

In relation to Finance and Procurement, of the 9 outstanding recommendations, 6 are significant. One recommendation is rated Red and at risk of delivery by 31.3.25. Two are rated Amber, behind schedule but will be delivered by 31.3.25.

A robust discussion took place. Ms Teggart referred in particular to the 3 significant recommendations in relation to budgetary control and advised the action plan was 90% fully implemented. IA will carry out a follow up exercise in this area in January 2025.

Estates Services:

In relation to Estates Services, of the 8 outstanding recommendations, 4 are significant. One recommendation is rated Amber, behind schedule but will be delivered by 31.3.25.

A robust discussion took place with input from Mr M Bloomer. In relation to 3 of the significant recommendations from the IA Report on the Management of Health and Safety 2023/24, members were advised a review of risk registers is in place. The Health and Safety team have been working closely with IA and reports have also been shared with the Trust Health & Safety Committee and learning shared.

Mr Bloomer left the meeting at this point.

v) Adult Community Services

Mr Beattie guided members through the SHSCT Mid-Year Follow Up Review of Outstanding Internal Audit Recommendations 2024/25 for her Directorate. Of the 27 outstanding recommendations, 11 are significant. Six recommendations are rated Amber, behind schedule but will be delivered by 31.3.25.

At the outset, Mrs McAllister referred to updates and evidence provided to Mrs Strain in advance of the meeting. She also referenced a number of recommendations that have not yet reached their implementation dates. Mrs Strain agreed to review the information following the meeting and respond back to Mrs McAllister.

A robust discussion took place with supporting input from Mrs McAllister. In relation to Anne's Home (2022/23) P1 significant finding, Mrs McAllister and Mr Beattie raised frustration in terms of difficulties in accessing DLS advice in a timely manner to assist in progressing the recommendation. Discussion ensued around the SLA between the Trust and DLS, which has time allocated for ad hoc queries/advice. Mrs Corrigan agreed to raise this with the Chief Executive

Action – Mrs Corrigan

Mr Beattie and Mrs McAllister, left the meeting at this point.

vi) Surgery and Clinical Services

On behalf of Mrs C Reid, Ms D Newell guided members through the SHSCT Mid-Year Follow Up Review of Outstanding Internal Audit Recommendations 2024/25 for the Surgery and Clinical Services Directorate.

Surgery and Clinical Services:

Of the 26 outstanding recommendations, 16 are significant. Whilst 3 are rag rated Red, they are on track for implementation by the agree (revised implementation date) date.

One recommendation is rag rated Amber, behind schedule but will be delivered by 31.3.25. The remaining 25 are on track for implementation by the agreed (revised implementation date) date.

Ms Newell provided an update on the current position of the two Priority 1 and one Priority 2 recommendations rag rated Red and discussion ensued. Ms Hetherington advised evidence had recently been submitted to IA regarding the outstanding recommendations associated with Payments to Staff (2022/23) Labs and she was hopeful of progressing these to partial implementation status. Mrs McCartan referred to the proactive work undertaken by Management in trying to close off a number of the recommendations associated with Labs and previous updates provided to ARAC, however she raised some concern at the lengthy period of time it was taking to see progress on a number of recommendations going back to 2022/23. Ms Newell acknowledged it had taken a long time to communicate information and embed change within the team however she assured members progress was beginning to become evident.

Surgery & Clinical Services & Medicine & Unscheduled Care:

Ms D Newell referred to the second paper which captured the SHSCT Mid-Year Follow Up Review of Outstanding Internal Audit Recommendations 2024/25 which covered joint Directorate input across the two domains. Of the 5 outstanding recommendations, 3 are significant. Whilst 4 are rag rated Red, all are on track for implementation by the agree (revised implementation date) date.

Ms D Newell and Ms S Hetherington, left the meeting at this point.

vii) Medicine & Unscheduled Care

Mrs T Reid guided members through the SHSCT Mid-Year Follow Up Review of Outstanding Internal Audit Recommendations 2024/25 for her Directorate. Of the 6 outstanding recommendations, 6 are significant. Whilst 1 is rag rated Red, and 5 are rag rated Amber, all are on track for implementation by the agree (revised implementation date) date.

A robust discussion took place with supporting input from Mr C Walmsley. Mr McDonald stated he was content with the update on status provided.

viii) Medical

Mrs C Doyle guided members through the SHSCT Mid-Year Follow Up Review of Outstanding Internal Audit Recommendations 2024/25 for the Medical Directorate. Of the 31 outstanding recommendations, 11 are noted as significant. One is a Priority 1.

Members noted that 12 significant recommendations are due in 2024/25, but not due at mid-year. Mrs McKeown stated that the vast majority of these have end December 2024 as the completion date and she sought assurance that these are on track to complete as there was no indication from the RAG status applied that there was a risk of not achieving this timescale. Mrs Doyle acknowledged there were challenges in meeting the completion dates and stated that many of the recommendations are dependent on the co-operation of other Directorates e.g. Business Continuity, Job Planning etc. Mr McDonald suggested the inclusion of an additional column in future reporting for those IA recommendations that were cross

Directorate. Mrs McKeown said she would consider the viability of this following the meeting.

Members expressed the view that the dates are somewhat unrealistic and unlikely to be achieved. Mrs Doyle agreed to relook at the RAG status and amend where there is believed to be a risk to implementation.

Action: Mrs Doyle

Ms Teggart suggested that there may be a need for additional resources to set up working groups to help progress implementation of recommendations. Ms Corrigan and Ms Teggart undertook to discuss with the Chief Executive and the Medical Director.

Action: Ms Corrigan and Ms Teggart

Mr McDonald suggested that considering the high number of outstanding IA recommendations across the Directorate it would be helpful to include a focused session on Medical Directorate recommendations on the agenda at the next ARAC Committee meeting in February 2025 by way of monitoring progress.

Action: The Chair

5) ANY OTHER BUSINESS

Mr McDonald put on record his thanks to everyone for their attendance and participation at the meeting and welcomed the additional session as extremely helpful in the work towards progressing outstanding IA recommendations both of a longstanding and significant nature.

Members noted, the next meeting of the ARAC Committee was scheduled to take place on Thursday, 20th February 2025 at 9.30am.

The meeting concluded at 4.40 p.m.