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**Audit and Risk Assurance Committee  
Confirmed Minutes  
Wednesday 10<sup>th</sup> May 2023  
Via MS Teams**

**Present**

Gerry Guckian, Chair, Northern Ireland Social Care Council Board Member  
Jacqui McGarvey, Northern Ireland Social Care Council Board Member  
Lesley Mitchell, Audit and Risk Assurance Committee Member

**In Attendance**

Declan McAllister, Director of Registration and Corporate Services  
Catherine McKeown, BSO Internal Audit  
Stephen Knox, NIAO  
Rosemary Smyth, Department of Health  
Catherine MacDonald, BSO Finance  
Sandra Stranaghan, Head of Business Services  
Joanne Akkaya, BSO Finance  
Ian Kelsall, Deloitte  
Zyrus Johan Bati, Deloitte  
Hollie Bishop, Secretariat

**Observer**

Andre McKeown, Evaluations Manager

**Apologies**

Lorraine Conlon, Department of Health  
Patricia Higgins, Chief Executive  
Marian O'Rourke, Northern Ireland Social Care Council

Item	Agenda	Action
<b>Formalities</b>		
<b>1.</b>	<b>Welcome and Apologies</b>	
1.1	The Chair welcomed members to the meeting and noted the above apologies.	
1.2	The Chair welcomed Lesley Mitchell, advising members that following the Board Skills Audit the necessity had arisen to co-	

	opt a member with financial experience to the committee, which was facilitated by the amended Terms of Reference. The Chair informed members that following the conclusion of the Report on the Review of Deferred Income Accounting as conducted by Lesley Mitchell, the Chair of the Board felt her expertise could be well utilised by the Audit Committee.	
1.3	The Chair informed members that there is currently no time limit on this appointment until the Public Appointments Unit begins official board recruitment.	
<b>2.</b>	<b>Conflicts of Interest</b>	
2.1	No conflicts of interest were declared.	
<b>3.</b>	<b>Chairs Business</b>	
3.1	No further Chair's business other than to welcome Lesley Mitchell.	
<b>4.</b>	<b>Minutes of the Previous Meeting of 25<sup>th</sup> January 2023 and Extraordinary meeting on 17<sup>th</sup> April 2023</b>	
4.1	The minutes of the meeting from 25 <sup>th</sup> January 2023 were agreed as a true and accurate record.	
4.2	The minutes of the 17 <sup>th</sup> April 2023 were agreed as a true and accurate record pending several amendments from NI Audit Officer, Stephen Knox which were agreed and accepted by members.	
<b>5.1</b>	<b>Matters Arising</b>	
5.1.1	The Chair advised that all recommendations will now be implemented as outlined in the Report on the Review of Deferred Income Accounting completed by Lesley Mitchell.	
<b>5.2</b>	<b>Recommendation Letter to BSO</b>	
5.2.1	The Chair informed members that a letter was issued to Emma Thompson at BSO Finance to acknowledge the recommendations outlined in the Report on Deferred Income Accounting conducted by Lesley Mitchell. This letter confirms that the Social Care Council will now implement the following recommendations; <ul style="list-style-type: none"> <li>• Any changes in future accounting policy or estimations will be brought to the Audit and Risk Committee for approval and be reflected in the notes to accounts.</li> <li>• Any future financial briefing documents presented to the Audit and Risk Committee and/or Board will quantify any</li> </ul>	

<p>5.2.2</p> <p>5.2.3</p>	<p>financial impacts of changes being made to the calculation of deferred income.</p> <ul style="list-style-type: none"> <li>As of Month 11 Accounts the monthly BSO Financial Performance report now references deferred income and the breakdown across each month and year to date totals in its appendix 4.</li> </ul> <p>The Chair reported that the Director of Registration and Corporate Services presented the end of year finance report with Deferred Income to the Board on 23<sup>rd</sup> April 2023. As such, the implementation of Recommendation 2 is already underway.</p> <p>Committee Member, Lesley Mitchell emphasised the importance that BSO Finance adopt the recommendations in terms of accounting reporting. The Chair suggested that BSO Finance could return in writing to the Audit Committee a commitment that they will also implement the parts of the recommendations which apply to them to support the Committee in carrying forward these actions.</p> <p><b>ACTION:</b> BSO Finance to return a letter of acknowledgement and commitment, the Director of Registration and Corporate Services to follow-up with Emma Thompson.</p>	<p><b>Declan McAllister</b></p>
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## Annual Reports and Accounts

<p><b>6.1</b></p>	<p><b>Revised Annual Accounts Timetable</b></p>	
<p>6.1.1</p>	<p>The Director of Registration and Corporate Services provided an overview of the Revised Annual Accounts Timetable with the following key points;</p> <ul style="list-style-type: none"> <li>The timetable is specifically set to enable the accounts to be laid before the summer recess and ensure all deadlines are met. The dates outlined in the timetable are the latest possible dates for completion, however it is projected that all papers will be submitted in advance of 12<sup>th</sup> July to avoid delays.</li> <li>Initial approval and submission have been completed on Friday 5<sup>th</sup> May with the Draft Accounts sent to NI Audit Office. A small amendment was made on 9<sup>th</sup> May following recommendation from Joanne Akkaya, BSO Finance, as such an updated draft was resubmitted to NIAO.</li> <li>2022-23 ALB Data Capture Template which was completed and submitted on 9<sup>th</sup> May.</li> <li>The Draft Annual Report is due for submission one week after the Draft Accounts have been sent to NIAO, as such these will be sent in advance of 12<sup>th</sup> May.</li> <li>NIAO will continue to accept scanned signatures on the annual report on the letter of representation.</li> </ul>	

	<ul style="list-style-type: none"> <li>• NIAO lays the accounts of the NI Social Care Council in line with current guidance.</li> <li>• Draft Governance Statement was submitted to the Department of Health on Friday 5<sup>th</sup> May.</li> <li>• March Outturn statement was updated to reflect any change in position following the delivery of the draft accounts – there were no changes in March outcome position.</li> <li>• Report to Those Charged with Governance to be sent to NI Audit Office by Friday 9<sup>th</sup> June</li> <li>• Signed Accounts will be submitted to NIAO by Friday 21<sup>st</sup> July</li> <li>• Final Accounts certified by C&amp;AG by Wednesday 26<sup>th</sup> July</li> </ul>	
<p><b>6.2</b></p>	<p><b>Draft Annual Accounts – Paper C</b></p>	
<p>6.2.1</p>	<p>BSO Finance Officer, Joanne Akkaya presented the Draft Annual Accounts with the following highlights:</p> <ul style="list-style-type: none"> <li>• Executive Summary has been circulated alongside the Draft Annual Accounts to clearly highlight any movements.</li> <li>• Statement of Comprehensive Net Expenditure shows a surplus of £9.7k at year end which is within the breakeven target of £20k</li> <li>• Statement of Financial Position shows the assets and liabilities of the organisation as at 31 March 2023.</li> <li>• Audit charge for this year is £31.5k as shown on page 9.</li> <li>• Note 3 shows an increase in operating costs with staff costs increasing by £7k due primarily to the 2022-23 staff pay award.</li> <li>• Revenue grants to voluntary organisations has increased by £143k due to more student placements allocated this year and additional disbursement funding.</li> <li>• Miscellaneous expenditure increased by £119k due to non-recurrent funding from Department of Health for Social Work Workforce projects.</li> <li>• Note 4 shows an increase in income not relating to RL by £179k - £147k of this is in relation to registration fees which have increased from last year. The remainder is due to salary recharges to the Department of Health.</li> <li>• Note 13 – payables overall have increased by £278k primarily due to purchase orders relating to project expenditure which were outstanding at year-end.</li> <li>• Deferred income has increased by £95k – this figure will vary year on year depending on the number of registrants and when they pay their fee.</li> <li>• Note 15 – provisions for PSNI holiday pay, this was originally an accrual last year but the department have now changed this to a provision.</li> </ul>	

	<ul style="list-style-type: none"> <li>Note 23.1 is a new Revenue Resource Limit issued by the Department of Health, to accommodate the new layout of this note the 2021-22 figures have been restated.</li> </ul> <p>6.2.2 The Director of Registration and Corporate Services advised members that the budget areas for travel, training, hospitality etc have been revised to consider the increased use of the office.</p> <p>6.2.3 The Chair raised that on page 4, note 2.3 where deferred income figure should be shown is instead blank, although it is reflected in note 14. <b>ACTION:</b> Joanne Akkaya to remove note 2.3 and reword any reference to deferred income solely to relate to 2022-23</p> <p>6.2.4 Committee member, Lesley Mitchell commended BSO and Joanne Akkaya for drafting and presenting the Annual Accounts. Lesley Mitchell highlighted that notes 1.8 and 4.3, relating to deferred income, refer to deferred income in 2021-22. The Director of Registration and Corporate Services advised that this had been as a comparative measure for readers, however is content to remove the figure if members feel it was not presented in the most conducive manner. It was agreed that the wording would be updated to better reflect the ongoing nature of deferred income.</p> <p>6.2.5 The Director of Registration and Corporate Services advised members that there are two new individual systems under development at present, one for the Registration App and the other for a new Fitness to Practise Case Management System. These developments account for the capital assets under construction as reflected in the accounts.</p> <p>6.2.6 BSO Finance Officer, Joanne Akkaya informed members that the new IRFS in relation to leases had no impact on the accounts this year as the Social Care Council moved from a short-term lease at Millennium House in February to a long-term licence at James House on 6<sup>th</sup> February 2023.</p> <p>6.2.7 The Director of Registration and Corporate Services responded to a query from NI Audit Officer, Stephen Knox regarding the increased IT costs for Silverbear of £55k. He advised that due to system upgrades and facilitating data transfer the Social Care Council had to pay for licences to both Microsoft 365 and Socrates to accommodate the development environment. These costs should cease once the system goes live on Friday 19<sup>th</sup> May.</p>	<p><b>Joanne Akkaya</b></p>
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	The Director of Registration and Corporate Services informed members that the RRL funding is from the Department of Health for the non-statutory social care sector to avail of training support with qualifications at level 3 and level 5.	
<b>Internal Audit</b>		
<b>7.0</b>	<b>Internal Audit Reports</b>	
<b>7.1</b>	<b><i>Internal Audit Year End Progress Report – Paper D</i></b>	
7.1.1	<p>Internal Audit Officer, Catherine McKeown provided an overview of the Internal Audit Year End Progress Report with the following key points:</p> <ul style="list-style-type: none"> <li>• Performance Management and Reporting audit returned an overall satisfactory level of assurance with a clear performance management framework in place along with frequent reporting on performance to Board, Committees and SLT. There were a number of key findings in the audit report – <ul style="list-style-type: none"> <li>○ At the time of the audit there was a need to develop a new corporate plan</li> <li>○ Annual objectives detailed in the annual business plan are not consistently smart, additionally some are actions as opposed to corporate objectives.</li> <li>○ Five of seven service areas within the organisation do not have an operational plan in place.</li> <li>○ Performance Management Framework needs updated to reflect the regularity of performance reporting.</li> </ul> </li> </ul>	
7.1.2	<p>Committee Member, Lesley Mitchell, queried the implementation date in relation to recommendation 1.3, which states that reporting on performance to the Board and Senior Leadership Team should be further developed, as this is set for 31<sup>st</sup> October 2023. The Director of Registration and Corporate Services agreed that this date could be reviewed and brought forward, however provided reassurance that the Audit Committee and the Internal Auditors continue to work closely with the Board to update recommendations and progress. The Chair asked that the implementation date is revised for September so that an update can be provided to the Audit Committee at their October meeting.</p>	
7.1.3	<p>Internal Audit Officer, Catherine McKeown continued to share key details from the Progress Report:</p> <ul style="list-style-type: none"> <li>• Satisfactory assurance was provided for the Information Governance audit report with the following key findings: <ul style="list-style-type: none"> <li>○ There is currently no Information Governance Framework in place within the Social Care Council and limited reporting on Information Governance to both Senior Leadership and the Board.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ The Information Asset Register is not being reviewed on at least an annual basis</li> <li>○ While all staff have completed the Information Governance and Cyber Awareness Training at least once, many are overdue for the refresher.</li> <li>○ Information Governance Policies and procedures are available but these are either in draft awaiting approval or have not been reviewed.</li> <li>○ Internal Audit could not locate the privacy notice on the Social Care Council website as required under UK GDPR.</li> </ul> <p>Catherine McKeown assured members that Senior Management have agreed to the recommendations and findings. She also advised that whilst there is a satisfactory assurance there are a number of key findings that need addressed. Committee member, Lesley Mitchell emphasised the importance that the findings are addressed and implemented with a matter of urgency to improve accountability and organisational function.</p>	
7.1.4	<p>The Director of Registration and Corporate Services informed members that the Senior Leadership Team are grateful for the reports conducted by internal audit as it allows them to focus on areas for improvement and address key governance issues that are fundamental to the operation of the organisation that have perhaps fallen below standards. Internal Auditor, Catherine McKeown agreed that the appropriate procedures are visible within the organisation, they have simply slipped in terms of compliance.</p>	
7.1.5	<p>It was agreed that the Director of Registration and Corporate Services would provide an update on the Internal Audit Year End Progress Report recommendations at the next Audit Committee meeting on 14<sup>th</sup> June.</p>	
7.1.6	<p>Internal Auditor, Catherine McKeown advised members that the overall recruitment system is at Limited assurance. Management asked BSO Internal Audit to complete a separate Recruitment audit of the Social Care Council internal processes and the report returned a limited level of assurance.. The following significant findings were presented and members were advised that the challenges relating to Recruitment Shared Services were also found across all HSC organisations audited this year:</p> <ul style="list-style-type: none"> <li>● eRecruit system functionality is not sufficient to meet the needs of the HSC.</li> <li>● As previously reported by Internal Audit in the HSC Recruitment Review of September 2022, the time to hire across HSCNI is 95 days, which is 42 days more when benchmarked against Healthcare providers in the rest of</li> </ul>	

	<p>the UK. This is due to deficiencies across the end-to-end recruitment process and operating model.</p> <ul style="list-style-type: none"> <li>• It was found that in 6 panel members sampled, 2 of these had no evidence of attending part 1 or 2 of the Recruitment and Selection Training and another 2 had only attended part 1, the eLearning.</li> <li>• Performance management arrangements were not deemed to be sufficiently robust in relation to recruitment processes internal to the Social Care Council. <ul style="list-style-type: none"> <li>○ No internal KPIs to measure the duration of time that requests are taking to approve within the Social Care Council prior to submission to BSO Recruitment Shared Service Centre.</li> <li>○ For 12 months leading up to 31<sup>st</sup> December 2022 the average time taken for a request raised to be fully approved and passed to BSO for advertising was 9 days meaning there was a delay from the outset.</li> <li>○ There are agreed time based KPIs which are reported from BSO Recruitment Shared Service Centre however there is no evidence that action is taken promptly by the Social Care Council to address under-performing areas.</li> <li>○ 8 out of the 9 KPIs relating to actions required by Social Care Council Staff in relation to recruitment processes were rag rated RED.</li> </ul> </li> </ul>	
7.1.7	<p>Discussion took place regarding the recruitment audit and significant findings outlined in the report. The Director of Registration and Corporate Services advised that there has been more recruitment in the last 12 months than previous years requiring more frequent interview panels and a faster turnaround. He emphasised that there is a responsibility of individual senior members within each function of the organisation to ensure both their own and their team members are up to date in all training. Members agreed to consider presenting a report on compliance with mandatory training to the Board to better monitor training across the organisation.</p> <p><b>ACTION:</b> Implementation date for recommendation 4.2 to be corrected to April 2023 as opposed to 2024.</p>	Catherine McKeown
7.1.8	<p>Internal Auditor, Catherine McKeown provided overview of the Complaints Management audit report with the following highlights:</p> <ul style="list-style-type: none"> <li>• A satisfactory assurance was given to the Management of Individual Social Care Council Complaints whilst a limited assurance was given to the Complaints Oversight and reporting within the Social Care Council.</li> <li>• There was one significant finding that impacts on the assurance provided;</li> </ul>	



7.1.9	<ul style="list-style-type: none"> <li>○ Formal governance processes around complaints need strengthened – complaints are not regularly reported to the Senior Leadership Team, there is a lack of formal process for identifying and sharing lessons learnt from individual complaints and there is no Annual Complaints Report prepared as required by the Department of Health.</li> <li>● The key findings of the audit are; <ul style="list-style-type: none"> <li>○ 56% of staff have not completed the complaints management training.</li> <li>○ Complaints do not evidence being risk assessed on receipt</li> <li>○ One complainant did not receive a response within the 20-working day target and were not notified of any delays until a response was issued 80-working days after the complaint was received.</li> <li>○ The updated Complaints Policy is currently awaiting approval by the Council and Board.</li> </ul> </li> </ul> <p>The Chair and members agreed that Complaints Management should be brought for review by the Audit Committee on a regular basis. This could then be included in the Annual Report to the Board for review once a year. Members also agreed that any decisions made regarding the review of complaints should then be reflected in the Audit Committee Terms of Reference.</p> <p><b>ACTION:</b> The Chair and the Director of Registration and Corporate Services to agree a frequency and method for reviewing complaints at Audit Committee meetings.</p>	Declan McAllister
7.2	<b><i>Year End Follow Up Report 22/23 – Paper E</i></b>	
7.2.1	<p>Internal Auditor, Catherine McKeown provided an overview of the Year End Follow Up Report with the following key points:</p> <ul style="list-style-type: none"> <li>● 41 recommendations were followed-up on at year end 2022-23. Found that 80% of these are fully implemented with 20% (8 individual recommendations) are in the partially implemented category.</li> <li>● 4 out of the 8 partially implemented are IT Audit recommendations mainly from a 2021-22 Audit Report but 1 is from a 2018-19 Audit Report.</li> <li>● A further 2 of the 8 partially implemented are from the Workforce Development Report in 2020-21.</li> </ul>	
7.2.2	<p>The Director of Registration and Corporate Services provided assurance to members regarding the outstanding partially implemented audit recommendations with the following highlights:</p>	

7.2.3	<ul style="list-style-type: none"> <li>• One of the IT Audit Recommendations is related to the system upgrade due for launch next week which has required that a historic server is held on to until the new system is fully integrated. This has caused delays in fully implementing one of the recommendations.</li> <li>• A further 2 are linked to BSO ITS and are in relation to having software on the system to manage passwords etc – however none of this software can be added by the Social Care Council without agreement from ITS and consistency across the HSC. As such, it sits largely outside the control of the Social Care Council. The second is related to survey cyber security assurance – this should be resolved in coming months as the organisation moves away from Survey Monkey to use the new survey system Citizens Base which has been fully security checked for HSC use already.</li> </ul> <p>Members agreed it was slightly disappointing that there had been no progress report provided to the Internal Audit regarding audit recommendation G – Workforce Development 20-21. The Director of Registration and Corporate Services assured members that this will be reviewed by the Senior Leadership Team.</p>	
7.3	<b><u>Shared Services Audit – Paper F</u></b>	
7.3.1	<p>Internal Auditor, Catherine McKeown presented the Shared Services Audit with the following key points:</p> <ul style="list-style-type: none"> <li>• Shared Services Audit reviewed the Payroll Service Centre providing a satisfactory assurance and the Recruitment Shared Service Centre providing a limited assurance.</li> <li>• Opinion is largely consistent with last year, remaining largely satisfactory.</li> <li>• There are 4 significant findings specific to the Shared Services Recruitment Centre which have been forwarded directly to the organisation to be addressed alongside BSO.</li> <li>• Limited assurance provided to Recruitment Shared Service Centre is consistent with the Social Care Council report.</li> </ul>	
7.3.2	<p>Committee Member, Lesley Mitchell queried whether it would be possible for the scale of improvement to be added to the Shared Services Audit report to assist members in their understanding of the recommendations and findings. Furthermore, it would provide assurance to organisations that there are improvements being made. Catherine McKeown agreed to review this for next year.</p>	

<b>7.4.</b>	<b><u>Internal Auditor Annual Report – Paper G</u></b>	
7.4.1	<p>Internal Auditor, Catherine McKeown presented the Internal Auditor Annual Report with the following key points:</p> <ul style="list-style-type: none"> <li>• Thanks were extended to the Director of Registration and Corporate Services, the Head of Business Services and rest of the management at the Social Care Council for their continued engagement throughout audit work.</li> <li>• Outworking’s against the Key Performance Indicators is generally good. 1 report was amended between draft stage and final report stage resulting in a change of opinion although not significantly amended.</li> <li>• Resource challenges are noted although they did not impact the Social Care Council this year it did impact on larger organisations which experienced a deferral of audits. This remains a risk for Internal Audit, however resources have improved moving into the new year.</li> <li>• 5 assurance audits were delivered throughout the year. 3 of there were overall satisfactory assurance, 1 split opinion and 1 limited assurance report. Across all 5 audit reports there are 4 significant issues.</li> <li>• BSO Internal Audit provides continued compliance with public sector internal audit standards which was gauged this year on a self-assessment rather than an External Quality Assessment which is only due every 5 years.</li> <li>• Satisfactory assurance has been provided on the adequacy and effectiveness of the organisation’s framework of governance, risk management and control.</li> </ul>	
7.4.2	<p>The Director of Registration and Corporate Services thanked Internal Audit for their work over the last year and assured members that a very clear action plan would be in place for the next Internal Audit progress review in October.</p>	
<b>7.5</b>	<b><u>Internal Audit Plan 2023-24 – Paper H</u></b>	
7.5.1	<p>Internal Auditor, Catherine McKeown presented the Internal Audit Plan 2023/24 to 2025/26 with the following key points:</p> <ul style="list-style-type: none"> <li>• New 3-year strategy plan with the Social Care Council and Internal Audit.</li> <li>• Strategy sets out how the plan is developed and how Internal Audit will deliver the service each year.</li> <li>• Plan is largely based on the organisations Risk Register and is aligned throughout with this.</li> <li>• Internal Audit is required to provide positive and reasonable assurance rather than absolute assurance.</li> <li>• SLA with the organisation to deliver 45 audit days throughout the year which is adequate to provide sufficient audit assurance.</li> </ul>	

7.5.2	<ul style="list-style-type: none"> <li>• Strategy outlines engagement with external audit, counter fraud service and also departmental sponsor bench.</li> <li>• Strategy outlines the staffing structure and professional skills mix – however the ongoing resource issues experienced by BSO Internal Audit have been highlighted.</li> <li>• Plan will be reviewed and refreshed annually with any amendments made accordingly.</li> <li>• Split between three sections – finance audit, corporate risk-based audit and governance audits.</li> <li>• Internal Audit Plan 2023/24 – under financial review Internal Audit will examine staff in post process for payroll, non-pay expenditure, budgetary control and review of the relationship with the Degree Partnership.</li> <li>• Under Corporate Risk Audit Internal Audit will review regulation specific to the Fitness to Practise Committees and admin processes around this. Also, an audit on communication and engagement and risk management.</li> </ul> <p>Members agreed to approve and commit to the Internal Audit Annual Plan 2023-24.</p>	
<b>External Audit</b>		
<b>8.</b>	<b>Audit Strategy 23-24 – Paper I</b>	
8.1	External Auditor, Ian Kelsall provided an overview of the Audit Strategy 2023-24. He assured members that there is nothing of particular change with the significant risks remaining consistent with last year. Additionally, materiality is calculated at 2% of expenditure similar to previous years.	
8.2	Committee member, Lesley Mitchell queried the final date for the Report to Those Charged with Governance on 1 <sup>st</sup> September, asking if this was marked as the latest date available for circulation or when it is predicted to be issued. NI Audit Officer Stephen Knox advised members that the summer holidays have historically delayed the turnaround from draft to final issue. It should be produced within 60 days from draft, however this is not always possible to be met.	
8.3	NI Audit Officer Stephen Knox asked that members formally reflect their agreement with the 'Actions for the Audit Committee' as outlined on page 3. Members agreed to provide their commitment for the outlined actions.	
<b>Governance</b>		
<b>9.</b>	<b>Social Care Council Governance Statement</b>	
9.1	<b><u>Annual Draft Governance Statement 2022-23 – Paper J</u></b>	

9.1

The Director of Registration and Corporate Services provided an overview of the Social Care Council Governance Statement on behalf of the Chief Executive with the following key points;

- The Social Care Council has a Memorandum of Understanding with RQIA to enable it to properly fulfil its role as a regulator of the social care workforce and information sharing protocols are in place with the other Social Care Councils in England, Wales and Scotland.
- The Council has a Management Statement and Financial Memorandum in place which sets out the strategic control framework within which the Social Care Council is required to operate.
- The Social Care Council is expected to face significant financial challenges in 2023-24 and therefore extensive budget planning is underway alongside the Department of Health.
- The Board is in compliance with the Corporate Governance and continues to strengthen its governance arrangements.
- The Annual Board Self-assessment was reviewed at the last Board Meeting and will be finalised by the next Board meeting on 5<sup>th</sup> July 2023.
- Assessment is with Board members at the moment and Senior Leadership are confident that most of the recommendations and issues have been addressed under this assessment.
- There are currently 3 vacancies at Board level which are with the Public Appointment Unit at present and therefore out of the hands of the Social Care Council.
- Under the Governance Framework the Board is in the final stages of introducing a new Partnership Agreement which will replace the current Management Statement and Financial Memorandum in conjunction with the Department of Health within the financial year.
- New 4-year Strategic Plan has just been developed and implemented.
- Business Plan for the financial year has also been developed.
- Risk Management training is provided for all relevant staff and the Risk Management Committee meet quarterly to review the risk register and identify any new areas for concern.
- Information Risk Management policy is in place as part of the Risk Management Strategy and Information Governance Strategy and is reported on to the Audit Committee twice-yearly.
- A number of partnerships have been established to ensure inclusivity and involvement from the broadest range of people and stakeholders.

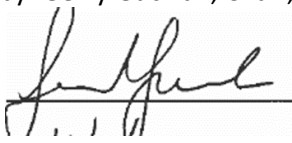
	<ul style="list-style-type: none"> <li>• The final interim management position has now been filled on a permanent basis with the appointment of a Head of Workforce Development.</li> <li>• The Council was awarded IIP Gold for the new Health and Wellbeing assessment standard during 2022-23 which compliments the current IIP Gold standard award for Investors in People achieved in 2021-22.</li> <li>• Following the completion of an independent review and delivery of an action plan registration services are now in a business as usual status.</li> <li>• Item 12, Conclusion has been amended by the Department of Health to read “the written ministerial statement has enabled the DoH to issue opening allocations for 23/24 which will enable essential services to continue however despite plans for significant efficiencies the budget allocation provided has resulted in a significant budget gap. The Department and its Arm Length bodies are now working to develop further savings to bridge this gap, however it is clear that if the Department does not receive additional significant funding, the implementation of high impact savings will be required with adverse consequences for an already highly pressurised Health and Social Care system.”</li> <li>• The Social Care Council had anticipated delivering a 5% saving in relation to RRL, however the letter from Department of Health states that while this percentage is correct an additional £100k has been taken as well resulting in a close to 10% cut.</li> </ul>	
9.2	<p>NI Audit Officer, Stephen Knox advised that the internal audit comments regarding the Governance Framework should better reflect the actual wording used by Internal Audit in that overall for the year satisfactory assurance has been provided for the adequacy and effectiveness of the governance framework, risk management and control. Furthermore, he requested that when any limited assurance is given by Internal Audit that a short commentary on the identified issues be included.</p> <p><b>ACTION:</b> Appropriate amendments to be made to reflect the opinion and findings of Internal Audit more accurately.</p>	
9.3	<p>Members agreed to approve the Governance Statement pending these narrative amendments as suggested by Stephen Knox. Committee Member Lesley Mitchell offered to forward some further amendments regarding formatting and spelling to the Director of Registration and Corporate Services and the two other Committee members for review.</p>	

**Declan McAllister**

9.4	<p>Board Member, Jacqui McGarvey requested that the significance of the work being undertaken for the review of the Registrants Forum be reflected in the Governance Statement. The Director of Registration and Corporate Services agreed to review this matter with the Chief Executive.</p> <p><b>ACTION:</b> The Director of Registration and Corporate Services to share the updated Governance Statement with members following amendments.</p>	<b>Declan McAllister</b>
<b>10.</b>	<b>Governance Matters</b>	
<b>10.1</b>	<b><i>Strategic Risk Assurance Review Report – Paper K</i></b>	
10.1.1	<p>The Director of Registration and Corporate Services provided an overview of the Strategic Risk Assurance Review report with the following key points:</p> <ul style="list-style-type: none"> <li>• The report sets out the current Strategic Risk Assurance Framework developed by the Board and provided the Risk Management Committee the opportunity to work through the current strategic risks. The Risk Management Committee found that a number of these are actually more operational risks, particularly around staffing for the different functions.</li> <li>• Under this review, it was obvious that a number of them were operational staffing issues thus reducing the total from 13 to 11.</li> <li>• The 11 risks left on the register were reviewed to see how they can be better aligned with the new strategic themes in place for 2023-24. These are; <ul style="list-style-type: none"> <li>○ Delivering Effective Workforce Regulation</li> <li>○ Developing the Capability of the Workforce</li> <li>○ Leading with Influence</li> <li>○ Innovate and Improve</li> </ul> </li> <li>• The Risk Management Committee also reviewed the elements of existing strategic risks that sit outside the control of the Social Care Council.</li> </ul>	
10.1.2	<p>The Director of Registration and Corporate Services presented the proposed revised wording for the strategic risks for consideration by the Audit Committee. He advised that the updated wording ensures that the risks are better aligned with the new Strategic Plan of the Social Care Council and also that they are within the remit and control of the Council.</p>	
10.2.3	<p>The Director of Registration and Corporate Services reported that the Risk Management Committee proposed that the Workforce planning risk is removed entirely as the Social Care Council holds no statutory influence to achieve this risk.</p>	

10.2.4	The Director of Registration and Corporate Services asked members to return any feedback or questions via email due to limited time available at the meeting this morning.	
<b>Closing Formalities</b>		
<b>11.</b>	<b>Any Other Business</b>	
11.1	No other business	
<b>12.</b>	<b>Date of Next Meeting</b>	
12.1	<ul style="list-style-type: none"> <li>Wednesday 14<sup>th</sup> June 2023 at 10:30am</li> </ul>	

Approved by: Gerry Guckian, Chair, Audit and Risk Assurance Committee

Signature: 

Date: 14<sup>th</sup> June 2023