



Northern Ireland Social Care Council
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Audit and Risk Assurance Committee
Draft Minutes
Wednesday 12th June 2024 at 10:30am
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
Sandra Stranaghan, Head of Business Services
Andre McKeown, Evaluation Manager
Hollie Bishop, Secretariat
Jennifer McCaw, BSO Internal Audit
Bernadette Brannigan, BSO Finance
Rachel Curlett, NIAO
Pauline Coulter, Department of Health

Observer

None

Apologies

Patricia Higgins, Chief Executive

Item	Agenda
1.	Welcome and Apologies
1.1	The Chair welcomed members to the meeting and noted apologies from Chief Executive, Patricia Higgins.
1.2	The Chair informed members that an extraordinary Audit Committee meeting is scheduled for Monday 17 th June to review the final Annual Report and Accounts and the Report to Those Charged with Governance which are both still pending review by the Northern Ireland Audit Office.
2.	Conflicts of Interest
2.1	No conflicts of interest were declared.

4.	Minutes of the Previous Meeting of 8th May 2024 – Paper A
4.1	Members agreed to approve the minutes of the previous meeting as a true and accurate record.
4.	Matters Arising
4.1	<u>Cyber Security</u>
4.1.1	The Director of Registration and Corporate Services advised members that BSO ITS Cyber Security team have now reconnected Extern back into the HSC network following the data breach last month. Extern have provided all relevant assurances to HSC and are operating as a critical stakeholder with HSC organisations again
4.2	<u>Governance Statement</u>
4.2.1	<p>In the Chief Executive's absence the Director of Registration and Corporate Services provided an overview of the Governance Statement with the following key points:</p> <ul style="list-style-type: none"> • Lesley Mitchell is now included in the table relating to Audit Committee members and attendance. • The attendance percentages for Board members has been updated to provide some context for higher levels of absence at meetings. • Departmental guidance has been sent to all Health and Social Care bodies around budget position and authority, as such this statement has been included within the Governance Statement.
4.2.2	Members approved the Governance Statement
5.0	Annual Report and Accounts
5.1	Draft Annual Report and Accounts 2023/2024 – Paper B
5.1.1	<p>The Evaluation Manager presented the draft Annual Report and Accounts highlighting a number of changes including:</p> <ul style="list-style-type: none"> • The Chair's introduction has been updated. • Additional line has been added to the end of paragraph on Risk for Financial Resource Management to reflect 2024/25 context as the wording of the risk is as it was agreed by the Board at that point in time. • Descriptor for 'carer' amended in PPI Report to include those with experience of caring. Additional bullet added to list of achievements to include Ronnie Patterson's video from MACS pathways to employment programme. • Additional context to reflect responsibilities for maintaining registration added to the Registrant removals and registration maintenance paragraph on page 23. • Additional text has been added for context to KPIs rated as green where the KPI figure is not met to reflect the risk tolerance. • Additional text added for work on the Recruitment based Retention project work on page 41.

	<ul style="list-style-type: none"> • Text added on page 77 to reflect that 2 of the 8 non-executive board positions are currently vacant and in progress with the Public Appointments Unit. • Text was retained on page 90 relating to EU Exit despite audit queries as the impact of EU Exit continues to create a lot of workforce and regulation issues. • Text retained for an additional year regarding the statement of fee types and treatment to allow for greater reader awareness however this will be removed next year.
5.1.2	Lesley Mitchell commended the Evaluation Manager, the Social Care Council and auditing bodies for the diligent and thorough assurances of the Annual Report and Accounts. She suggested that from next year the EU Exit piece could be removed and amended to reflect ongoing work and challenges faced without the label of EU Exit.
5.1.3	Finance Officer, Bernadette Brannigan, advised members that it is BSO Finance's understanding that despite a couple of small amendments to the cash flow there are no notable changes expected to be made to the accounts. She reported that the Senior Executive Pay Award was included as a provision however there is now potential that this will be brought back in as an accrual, although this would be immaterial for the Social Care Council. Additionally, James House has been included as a licence fee to date under the directive of the Department of Health, however audit is seeking additional documentation that this should remain the case rather than move to treat this as a lease agreement.
5.1.4	The Chair noted that although the introduction is currently written by Paul Martin as he was in position for the majority of the 2023/24 year, the signature on the Annual Report and Accounts and Report to Those Charged with Governance this year will reflect Gerry Guckian as acting Chair of the Board
6.0	External Audit
6.1	Draft Report to Those Charged with Governance – Paper C
6.1.1	Item deferred to extraordinary Audit Committee meeting on 17 th June
Internal Audit	
7.1	BSO internal Audit General Annual Report for the HSC 2023/24 – Paper D
7.1.1	<p>Internal Auditor, Jennifer McCaw, provided an overview of the BSO Internal Audit General Annual Report for the HSC 2023/24 with the following key points;</p> <ul style="list-style-type: none"> • Designed to assist with learning across the HSC • The NI Social Care Council is organisation 13 in the reporting graphs • 59% of Internal Audit's reports across the HSC provided in 2023/24 were above the line, i.e. mainly or wholly satisfactory assurances.

7.1.2	<p>41% of reports were below the line with limited or unacceptable assurances.</p> <ul style="list-style-type: none"> • Number of priority 1's are rising although they are still small in proportion to the number of recommendations made. • 82% of outstanding priority 1 & 2 recommendations were fully implemented in 2023/24. • Continued action is needed to address the volume of limited assurances across the HSC and enhance risk management and governance framework where required <p>Members noted the BSO Internal Audit General Annual Report for the HSC</p>
7.2	Internal Progress Report – Paper E
7.2.1	<p>Jennifer McCaw presented the Internal Audit Progress Report with the following key points:</p> <ul style="list-style-type: none"> • Only one report has been completed at this point in the year which is the Board Effectiveness report which has been provided satisfactory assurance on the basis that; <ul style="list-style-type: none"> ○ Board, Audit Committee and three partnerships are meeting regularly ○ Adequate papers covering key business ○ Board is well attended and meets in line with requirements of standing orders ○ Papers are issued in a timely business • Evidenced from Board minutes that attendance is good and there is appropriate challenge and discussion around key areas of business • Board currently has 3 vacancies including a member with financial experience but recruitment is underway • Key finding that 66% of the senior leadership team are retiring between October and December 2024 resulting in a significant loss in corporate memory and knowledge with a potential risk of instability in leadership of the Social Care Council • Recommend that a formal transformation succession plan is established and regularly reported to the Board • Tenure of the Chair and five current non-executives due to expire at the approximately the same time, recommendations for the appropriate arrangements to be made with the Department of Health. • NIAO Board Effectiveness Good Practice guide indicates that Board's should meet monthly, however it is agreed that the Social Care Council Board is in line with Standing Orders by meeting four times a year. Recommend that the Board review that four meetings still satisfies the needs of the organisation.
7.2.2	<p>The Chair noted that the three Board vacancy appointments will be appointed out of sync with the other board members which will assist with the continuity of membership moving forward.</p>

	The Chair advised that the Board holds a number of workshops throughout the year, and whilst these are not formal Board meetings they are attended by all Board members. Members agreed that the frequency of meetings will be discussed at the Board meeting on 19 th June for review.
7.2.3	Members noted the Internal Audit Progress Report
	Hollie – throughout can you watch the alignment of numbers on the left with the corresponding paras
7.3	Board Effectiveness Audit
7.3.1	Members noted the Board Effectiveness Audit.
Governance Matters	
8.0	Risk Progress Report at April 2024 – Paper G
8.1	<p>The Director of Registration and Corporate Services presented the Risk Progress Report, noting the following key changes since the Audit Committee last reviewed the report in May:</p> <ul style="list-style-type: none"> • Two strategic risks have been added to the risk register which are being presented to the Audit Committee today for approval and recommendation to the Board. <ul style="list-style-type: none"> ◦ Climate Change COR25 ◦ Changes at Board and Senior Level COR13 • Operational risk register is sitting at 32 risks – none of these are rated high or extreme, 19 are medium risk and 14 are assessed as low risk. • Regulatory Fitness to Practise Function Resourcing REG01 has a current assessment level of high at 12. This remains high risk because of impact, not because of likelihood. A new Case Management system is scheduled to go live in July which should create some capacity as it embeds into the function. • Sustainable Resourcing for the Social Care Council to Support Adult Social Care Reform WFD01 has a current assessment level of high at 16. The title of this risk was revised following discussion at Audit Committee and Board level to focus on resourcing Adult Social Care Reform which is currently done through non-recurrent funding. Risk is high given the likelihood that this will remain on a non-recurrent basis over 2024/25. • Climate Change COR25 has a current assessment level of high at 4. This is rated high due to the lack of action plan and engagement plan at present. • Changes at Board and Senior Level COR13 is currently assessed as a medium risk given the action plan that is already in place and the assurance plan that will be reviewed at a Senior Leadership Team meeting on 13th June for approval. • The allocation letter has been released from the Department of Finance as of 12th June. It is believed that a flat cash budget will be allocated for 2024/25 which will be reflected in the management of financial resources risk once it is received.

9.3	The Head of Business Services reported that Human Resources has been RAG rated as green. She noted that a People Plan is under development with an external organisation and should be delivered in 2024/25. The Director of Registration and Services advised that there are ongoing discussions and reviews to assess the level of support received under SLA's with BSO to reconcile expectations and delivery. The Director of Registration and Corporate Services also confirmed that the wide range of operational HR support services provided by BSO HR are working well.
10.	Audit Self-Assessment Review and Action Plan – Paper I
10.1	<p>The Head of Business Services presented the Audit Self-Assessment Review and Action Plan with the following key points:</p> <ul style="list-style-type: none"> • 6 areas of compliance to complete • An action plan has been drafted identifying gaps and how these may be addressed in 2024/25 which includes: <ul style="list-style-type: none"> ○ Synchronisation and timing of Audit and Board meetings to enable actions to be addressed in time for the next Board meeting ○ Audit may want to consider how they maintain and build their knowledge to assist them in their challenge and scrutiny on cyber and digital risks and the impact on the organisation ○ Audit to consider climate change agenda as part of their programme of work during 2024/25 ○ Audit may consider a deep delve/focus on key areas throughout the year as desired ○ Audit should review its Terms of Reference as part of their regular review in line with best practice ○ Audit may want to consider how they represent their views/actions to external and internal audit heads following audit meetings.
10.2	Lesley Mitchell noted that it would be useful to have a more thorough exercise for next year's Audit self-assessment to generate more thoughtful responses around what more can be done as a committee and if there is nothing why would those areas not be marked as excelling.
10.3	Members agreed it would be best practice to meet with Internal and External audit heads in advance of one Audit Committee meeting a year for thirty minutes without management present.
10.4	The Chair advised it would be useful for all Board members to undertake cyber security training once new Board members are appointed, particularly following the recent cyber security attack on Extern.
10.5	The Chair noted his apologies that the Audit Self-Assessment workshop was cancelled last minute due to personal commitments.
10.6	Members approved the Audit Self-Assessment Review and Action Plan.

11.	Procurement Assurance Report – Paper J
11.1	<p>The Head of Business Services presented an overview of the Procurement Assurance Report with the following highlights:</p> <ul style="list-style-type: none"> • Slightly out of sequence for when this is usually presented to Audit Committee so the report does not include the quarter 4 period as the working report from PaLS is not available. • Work ongoing on a piece of work with PaLS to draw out more information on contracts and spend • Working to build a more detailed annual report across all contracts whether those are regional or in-house and providing assurance to Audit Committee on how these are managed in terms of governance and spend • Item 3.2 reflects the percentage of spend against catalogue spend. This was low in quarter 3 as contract spend is generally higher at the start and end of the year and then spend is drawn down against initial requisitions throughout the year. • Processing time remains within 5 working days up until December 2023. • Annual contract report will detail what regional contracts are currently in place. PaLS applies a formula to calculate savings through the use of regional contracts which is currently reported as £3k for the Social Care Council • There have been 5 new Direct Award Contracts (DACs) since the last report in February. One of the main drivers for this is the money around Social Care Reform funding which is generally released at year end. • All DACs are rated green, which is a status provided by PaLS following assessment for compliance. • Tender exercise is in progress with PaLS to secure a provider for VOCALS for the support of practice learning in the voluntary sector. An adjudication meeting for the panel will be held later in June. • Piece of work underway alongside Digital Health and Care NI to develop a business case for a new registration and CPD system. The current system, Socrates, is due for re-tender and will take a minimum of 12-months. A large portion of this work includes securing funding and developing a detailed specification.
11.2	Members noted the Procurement Assurance Report.
12.	Terms of Reference – Paper I
12.1	<p>The Director of Registration and Corporate Services presented the Terms of References and noted the following key changes:</p> <ul style="list-style-type: none"> • Wording regarding the frequency of meeting has been amended to “three times a year” to allow flexibility in the number of meetings as required.

	<ul style="list-style-type: none"> • A comment has been included to reflect that <i>‘the Committee may meet in private for all or part of the meeting without executives when necessary’</i> • Some changes in terminology have been made in how the Board is referred to and for certain policies. • Comment has been added that <i>‘the Committee will undertake deep dives in core and emerging risk areas, and these are sufficiently detailed so that the committee can understand the risk and challenge management’</i>
12.2	The Director of Registration and Corporate Services noted the proposal for Terms of Reference to be reviewed every two years rather than annually, with any key items brought for review by the Committee sooner if necessary.
12.3	The Chair advised that the wording around item 7 relating to the deep dive needs changed as it says both the <i>Committee will review</i> and the <i>Committee will undertake</i> .
12.4	Members agreed to the changes of the Terms of Reference pending the Chairs proposed amendments. Members agreed to extend the review to every two years. The Terms of Reference will be brought to the Board for final approval.
Closing Formalities	
13.0	Any Other Business
13.1	The Chair noted the extraordinary meeting scheduled for 17 th June to review the Report the Those Charged with Governance.
13.2	The Chair advised he will meet with Lesley Mitchell in advance of the extraordinary meeting as she is unable to attend.
13.3	The Director of Registration and Corporate Services advised members that if there is any additional delay in receiving the Report to Those Charged with Governance this will be communicated with members as soon as possible.
14.	Date of Next Meeting
14.1	<ul style="list-style-type: none"> • Wednesday 2nd October at 10:30am