



Northern Ireland Social Care Council
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Audit and Risk Assurance Committee
Draft Minutes
Wednesday 7th February 2024 at 10:30am
Via Zoom

Present

Gerry Guckian, Chair, 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
Patricia Higgins, Chief Executive
Marian O'Rourke, Director of Regulations and Standards
Sandra Stranaghan, Head of Business Services
Andre McKeown, Evaluation Manager
Hollie Bishop, Secretariat
Catherine McKeown, BSO Internal Audit
Stephen Knox, NIAO
Zyrus Johan Bati, Deloitte
Lorraine Conlon, Department of Health

Observer

None

Apologies

Jacqui McGarvey, Northern Ireland Social Care Council Board Member

Item	Agenda	Action
Formalities		
1.	Welcome and Apologies	
1.1	The Chair welcomed members to the meeting.	
1.2	The Chair noted apologies from Jacqui McGarvey, advising that whilst she has now returned from a period of sickness she is unable to attend today's meeting however she has sent through a number of comments which will be picked up under the relevant agenda items.	

2.	Conflicts of Interest	
2.1	No conflicts of interest were declared.	
3.	Chair's Business	
3.1	The Chair advised that in terms of substantive membership a number of non-executive vacancies are currently open on the Social Care Council Board. Recruitment is still in progress through the Public Appointments Unit. The Director of Registration and Corporate Services reported that he will be meeting with the Government Liaison Officer at the DOH following the Audit Committee meeting today to finalise the recruitment paperwork. It is likely to be April before notice of recruitment is announced in the papers.	
3.2	The Chair reported that he recently attended the ALB Audit and Risk Committee Chairs Forum on Tuesday 17 October 2023. He advised that there was a shared narrative of financial pressures from all ALBs present and was a useful forum for discussion. The Chair reported that these meetings will potentially be held biannually moving forward and could serve as a useful forum for sharing major risks and potential solutions.	
4.	Minutes of the Previous Meeting of 14th June 2023 – Paper A	
4.1	Internal Auditor, Catherine McKeown, advised that agenda item 7.5 was approved by members although the minutes do not reflect this.	Secretariat
4.2	Members agreed to approve the minutes as a true and accurate record once the above amendment is made.	
5.	Matters Arising	
5.1	The Director of Registration and Corporate Services advised that a Board Strategic Session has been organised for 14 th February which will discuss Climate Change as part of the agenda. The Head of Business Services reported that a number of Operational Leadership Team members will attend this session, along with the Participation Partnership to review the Equality and Diversity Programme which was presented to the Board at the end of 2023. The Head of Business Services advised that in preparation for the Strategic session she has met with DAERA colleagues who are still to present their action plan on Climate Change. Additionally, she met with colleagues in the Department of Health who gave direction on their plans around Climate Change. The Board Chair has also requested that Social Care Council staff are engaged on	

	Climate Change in advance of discussion at the Board Strategic Session.	
5.2	The Director of Registration and Corporate Services advised that following discussion under item 7.1.2 at the last meeting, RAG ratings associated with controls and assurances have now been included in the Risk Assurance report.	
5.3	The Director of Registration and Corporate Services advised that further to discussion under 7.1.4, work on the EQUIP programme, is now underway with a meeting due to take place next week with the Senior Responsible Owner for the project in relation to the transfer of HRPTS elements to the new programme.	
5.4	The Director of Registration and Corporate Services reported that the allocation letter relating to the dilapidations spend of Millennium House has now been received. As a result, the risk has been reduced and the Social Care Council are now back on track for breakeven at year-end.	
Internal Audit		
6.1	Internal Audit Progress Report - Paper B	
6.1.1	<p>Internal Auditor, Catherine McKeown, provided an overview of the Internal Audit Progress report with the following key points:</p> <ul style="list-style-type: none"> • The Committee audit report has just been issued and has a satisfactory assurance. This will be presented at the next Audit Committee meeting once it has been agreed with management. • The remaining assignment of the communication and engagement audit is scheduled for March 2024. • The Financial Audit report is presented today and has received Satisfactory assurance in relation to the operation of financial controls in the following areas; <ul style="list-style-type: none"> ○ Payments to staff ○ Non-pay expenditure ○ Budgetary control including the management of savings plans ○ Management of the arrangement with the NI Degree Social Work Partnership. • The two key findings related the relationship with NI Social Care Council and the NI Degree Social Work Partnership. <ul style="list-style-type: none"> ○ The agreement between the Social Care Council and the NI Degree Social Work Partnership has not been updated since January 2006. Audit recommended that this is reviewed and updated to ensure appropriate governance arrangements are in place and that the Social Care Council is regularly assured that these are in place and operating effectively. 	

	<ul style="list-style-type: none"> ○ Staff in Post reports for the NI Degree Social Work Partnership have only recently been generated for review by the Professional officer in the partnership, audit recommends these are embedded as a routine process. ● Management have accepted all recommendations. 	
6.1.2	The Director of Registration and Corporate Services advised that Internal Audit was asked to focus on the NI Degree Social Work Partnership given the length of time since arrangements were reviewed. This aligned with the appointment of a new Chair to the Partnership. The Chief Executive advised that BSL Director of Legal Services had assisted in drafting the original arrangements so it may be worthwhile to consult with them again as part of the review.	
6.1.3	Catherine McKeown, responded to a question from Audit and Risk Assurance Committee Member, Lesley Mitchell, advising that full detailed findings and recommendations are not presented on any findings listed as priority three are purely for presentation purposes to reduce the length of the paper produced for Audit members. She advised that if members would prefer, this presentation style could be amended to report full details of all findings.	
6.1.4	Lesley Mitchell noted reassurance that management have committed to have actions surrounding the review of arrangements with the NI Degree Social Work Partnership completed by the end of June. She suggested that as part of discussions there is an agreement of how frequently the agreement will be reviewed embedded within the document to ensure regular review intervals. It was also noted that the work to review the governance arrangements may be complex and require engagement with DLS in the BSO – in which case ARAC will be updated on progress.	
6.2	Internal Audit Plan – Paper C	
6.2.1	<p>Catherine McKeown, presented the Internal Audit with the following key points:</p> <ul style="list-style-type: none"> ● The strategy part of this document is unchanged from last year. ● Entering year 2 of the 3-year internal audit plan which is reviewed and refreshed every year. ● Internal audit has reviewed the plan against internal risk registers and met with the Chief Executive and the Director of Registration and Corporate Services to agree the audit programme for the year. ● The External Quality Assessment for the Internal Audit Unit is due, as required every five years. Mersey Internal Audit Agency have been commissioned to carry out this 	

	<p>assessment and the findings will be reported on as part of the year-end processes.</p> <ul style="list-style-type: none"> Proposed audits for the coming year have remained the same as the original 3-year plan: <ul style="list-style-type: none"> Financial review Registration Social Care Fitness to Practice Board effectiveness 	
6.2.2	The Director of Registration and Corporate Services reported that as shown in the risk report, there is an amber around the professional audit which is conducted every 3 years on Fitness to Practice decisions. There are issues relating to available funding to commission this audit which is conducted by experts in this area. The Social Care Council hopes that there may be an opportunity for dual alignment should funding become available for the professional Fitness to Practice audit that there would be some synergy with Internal Audit to produce a full report to the Audit Committee on the Fitness to Practice function.	
6.2.3	The Director of Registration and Corporate Services advised members that the external audit plan will come to the May meeting of the committee.	
6.2.4	The Chair noted the pending retirement of NI Audit Officer, Stephen Knox, expressing appreciation for all of his hard work, dedication, positive contributions and exemplary professional performance throughout his time with the Audit Committee. Members shared their gratitude and thanks to Stephen and wished him the best in his retirement.	
6.2.5	Members approved the Internal Audit Strategy.	
Governance Matters		
7.1	Risk Progress Report at January 2024 – Paper D	
7.1.1	<p>The Director of Registration and Corporate Services presented the Risk Progress Report with the following highlights:</p> <ul style="list-style-type: none"> The risk progress report was last presented to the Audit Committee in October before being presented to the Board in December. Report focuses on the key strategic risks identified by the Board earlier in the year aligned to the delivery of the strategic plan. Of the 8 strategic risks identified there are none sitting at extreme level, 3 risks sitting at high level, although one of these high-level risks has now been reduced now that the Social Care Council has received the dilapidations allocation letter. Although the Management of Financial Resources has been reduced to a medium level risk, a further savings plan 	

	<p>exercise has been requested by the Department of Health which is scheduled for review on 21st February 2024. Ideally a flat cash budget allocated for 2024/2025 should be manageable for business deliverables however there would be concerns if there are any further efficiency savings above the flat cash level.</p> <ul style="list-style-type: none"> • Regulatory Fitness to Practice Function Resourcing risk remains at a high level despite a full compliment of Fitness to Practice officers in post due to the potential impact. <ul style="list-style-type: none"> ○ One of the risk controls under this risk is amber, reflecting the specific Bond Salon training for new Fitness to Practice officers which has yet to be provided to four new staff due to costs. Hopeful that any slippage before year-end can deliver this training and reduce the risk control to green by the next Audit meeting in May. • There is currently no additional capacity in any functions within the Social Care Council in terms of staffing. If there was unexpected absence from even one member of staff in Fitness to Practice, Committee or Registration it would impact immediately on business deliverables. Any reduction in staff would have serious impacts on ability to deliver statutory functions. • Resourcing of the development of the Social Care Workforce remains a high level as it is inextricably linked to the strategic areas around the Social Care Collaborative Forum and progressing the strategic pieces around Social Care under the Fair Work Forum. Not all of this is the risk of the Social Care Council, however there is an important role to be played on the impact and influence of change across Northern Ireland. 	
7.1.2	The Chair noted that it may become more frequent that risk controls remain at a higher level due to financial constraints.	
7.1.3	<p>Lesley Mitchell noted a discrepancy in the Risk Progress Report which states that from October 2023 the register moved from 3 high level risks and 6 medium level risks to 3 high level risks and 5 medium level risks in January 2024. Additionally, Lesley Mitchell reported that upon reading the report risk COM01 Capturing the views of stakeholders seems to be very similar to risks WFD02 Effective partnership/engagement with stakeholders and wondered if they should be combined. The Director of Registration and Corporate Services advised that from October there had been 9 strategic risks identified, but actually one of these was an operational risk reported on in October due to its high level. Members noted that there were still six medium risks discussed in the report which the Director of Registration and Corporate Services reported was in error and should have been included under the operational risks section.</p>	

7.1.4	<p>The Director of Registration and Corporate Services informed members that the Social Care Council will review risks WFD02 and COM01 and see if they should be combined into one risk to reflect one collective group for engagement or if the risks could be better worded to capture the differences.</p>	
7.1.5	<p>The Chief Executive advised that there are concerns in the current financial efficiency position given that there are real differences between being efficient and being able to deliver effectively. The Council is as efficient as it could be with very little money outside of staffing and a reliance on non-recurring funding to complete all of the work around Social Care Reform. The Chief Executive reported that an exercise is underway to review the staffing compliment of the Council to identify what it costs to run a regulatory body safely to begin engaging in conversations on safe and effective relation and safe services out to service users with the Board and the Department of Health.</p>	
7.1.6	<p>The Director of Registration and Corporate Services reflected that Board Member Jacqui McGarvey had highlighted that the register continues to rise with an inevitable impact on resourcing and capacity across the organisation. He reported that the register is now sitting at over 46,000 registrants which is 2,000 higher than pre-Covid figures. As a result, Fitness to Practice activity is up 13% and Committee services activity is up 17% which does impact on finance and resources with a real concern that this would become consistent as the register continues to rise. The Director of Registration and Corporate Services advised that there are approximately 1000 individuals joining the register each month, although this does not achieve much in way of registration fees as 300-400 leave the register each month due to auto-removals. The Director of Regulations and Standards reported that the Department of Health is currently undertaking a number of Safe Staffing reviews looking at Social Care and Social Work with early indicators that there is a need to have more workers on the ground in various locations. The Director of Registration and Corporate Services informed members that the Senior Leadership Team have been taking all possible opportunities to reduce work pressures on staff with the development of the new case management system and the development of a new people plan.</p>	
7.1.7	<p>The Chair noted that risk COR22: Office Accommodation Move to James House has been presented to the Audit Committee to be closed. The Director of Registration and Corporate Services advised that all actions, assurance and controls are in place and the Council would ask for approval to close this risk on the register. Members agreed to close risk COR22.</p>	

7.1.8	Lesley Mitchell suggested that the horizon scanning should be updated to reflect that the Assembly is back in office.	
7.1.9	The Chair noted that the new RAG rating system against controls and assurances is quite useful for the narrative and well presented.	
7.2	Risk Management Procedures	
7.2.1	<p>The Head of Business Services presented the Risk Management Procedures with the following key highlights:</p> <ul style="list-style-type: none"> • The Audit Committee approved the risk strategy at the last meeting in October, but had commented that there was a lot of duplication with the procedures. In response, this risk management procedures document has been drafted as a step-by-step guide for identifying risks, engaging with the Risk Management Committee and ultimately escalating risks through to the Audit Committee. • These procedures should aid staff who will be escalating, recording and managing risks within the organisation. • The draft has been shared with members of the Risk Management Committee for feedback. • The final stage will be uploading the strategy and procedures into the new Risk Management eLearning training through the LMS system for completion by all staff every 3-years. 	
7.2.2	Lesley Mitchell commended the Head of Business Services on the procedures document which very well reflects what the Social Care Council hopes to achieve.	
7.2.3	Members approved the Risk Management Procedures.	
7.3	Procurement Assurance Report – Paper F	
7.3.1	<p>The Head of Business Services presented the Procurement Assurance Report with the following key highlights:</p> <ul style="list-style-type: none"> • Annual report provided to the Audit Committee ad reflects the period October 2022 -September 2023. • The Social Care Council has an SLA with BSO Procurement and Logistics Service (PaLS) to support in procurement activity. • Of note, the purchase order spend increases significantly in February/March, this is due to non-recurrent funding for Social Care Training. There are robust management procedures in place around this funding. • The overall cumulative average processing time for October 2022 to September 2023 is 4.63 days which is within the overall target of 5 days, performance dipped in January-March 2023 due to increased activity however remained on target overall. 	

	<ul style="list-style-type: none"> • The Social Care Council participates in Regional agreement contracts and as a result made a saving of £3,912. This usually sits at around £6000 per annum however during this period the Social Care Council withdrew from the regional facilities management contract as this is now received through the licence at James House which has resulted in a financial savings for the organisation. • There were two Direct Award Contracts completed during the year, both receiving a green assurance assessment from PaLS. These were for Decision Time and a contract in relation to Social Work engagement. • The Social Care Council is progressing a tender exercise with PaLS to secure a provider for VOCALS for the support of practice learning in the voluntary sector following an audit recommendation several years ago. • Two business cases were developed in the period for App Development and the digital enablement of James House. • Work is progressing on a new business case with PaLS to market test for a new registration system. DHCNI will also be consulted as the specifications for this new system are progressed. 	
7.3.2	Lesley Mitchell reflected that the contract expenditure percentage under item 3.2 could include greater context from PaLS to indicate what this actually reports as it is unclear if these figures are positive or not satisfactory. The Head of Business Services advised that work is ongoing with PaLS at the moment to find smarter ways to bring down the level of activity and reflect spend within contracts. She reported that the contract expenditure can be produced for the next Audit Committee meeting to provide greater context and assurance.	
7.3.3	The Chief Executive advised that the increased activity in February/March comes from non-recurring funding from the Department of Health to support providers in helping their staff to gain qualifications however it is not necessarily a contractual development.	
7.3.4	Members noted the Procurement Assurance Report.	
7.4	Travel and Subsistence Policy – Paper G	
7.4.1	<p>The Head of Business Services presented the Travel and Subsistence Policy with the following key points:</p> <ul style="list-style-type: none"> • The existing Travel and Subsistence Policy was drafted in May 2020 and was largely consolidated from the Agenda for Change handbook. • Receipts are now held by the manager rather than Business Support for audit purposes. 	

	<ul style="list-style-type: none"> • There has been a change to the mileage rate. • HRPTS has now been updated to allow those with electric vehicles to submit a claim. • The policy has been equality screened as part of the review. • The next step of the review is to develop a Travel and Subsistence policy for Board Members and others that do not fall into the staff category. 	
7.4.2	Lesley Mitchell advised that there should perhaps be a paragraph included on the approval of Chief Executives international travel under item 10. The Chief Executive reported that there may have been recent changes to the approval procedures for chief executives so this will be reviewed and updated as appropriate.	
7.4.3	The Chair suggested that the phrase 'well in advance' be revised to either include a timeframe or remove the word 'well'.	
7.4.4	Members approved the Travel and Subsistence Policy.	
Closing Formalities		
8.0	Any Other Business	
8.1	No other business.	
9.	Date of Next Meeting	
9.1	<ul style="list-style-type: none"> • Wednesday 8th May 2024 	