



Northern Ireland Social Care Council
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Audit and Risk Assurance Committee
Confirmed Minutes
Wednesday 2nd October 2024 at 10:30am
Via MS Teams

Present

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

In Attendance

Patricia Higgins, Chief Executive
Declan McAllister, Director of Registration and Corporate Services
Marian O'Rourke, Director of Regulations and Standards
Sandra Stranaghan, Head of Business Services
Helen McVicker, Head of Fitness to Practise
Hollie Bishop, Secretariat
Catherine McKeown, BSO Internal Audit
Bernadette Brannigan, BSO Finance
Katie McStravick, BSO Finance
Naimat Ajibola, BSO Finance
Zyrus Bati, Deloitte
Kathy Doey, NIAO

Observer

Pauline Coulter, Department of Health

Apologies

None

Item	Agenda
1.	Welcome and Apologies
1.1	The Chair welcomed members to the meeting.
2.	Conflicts of Interest
2.1	No conflicts of interest were declared.
3.	Chairs Business
3.1	<u>Survey of Audited Bodies</u>

3.1.1	The Chair presented the Survey of Audited Bodies noting that the Social Care Council were one of the 49 bodies that responded.
3.1.2	Northern Ireland Audit Officer, Kathy Doey, advised members that an audit is issued out by the Northern Ireland Audit Office to bodies once a year. Any issues raised within the surveys are followed up on by the Chief Auditing Officer to ensure these are rectified. Members commended the Northern Ireland Audit Office, noting the comments are generally favourable.
3.2	<u>Department letter on Report to Those Charged with Governance Audit Recommendations</u>
3.2.1	The Chair informed members that there were issues with delayed action in implementing external audit recommendations and controls across the Health and Social Care sector in Northern Ireland. However, the Social Care Council were up to date on all actions and therefore the letter is not applicable.
3.3	<u>Good Relations, Segregation and the Environment</u>
3.3.1	The Chair noted this has been included as part of the climate change oversight agenda. The paper presents the challenges of climate change and the links to segregation and potential duplication of health services in Northern Ireland.
3.4	<u>Changes at Board and Senior Leadership Level</u>
3.4.1	The Chair informed members that recruitment for the non-executive roles has still not gone live. The Chair advised he will raise the Board's disappointment in these delays with the Department of Health at a meeting this afternoon. It is hoped that the vacancies will go-live within the next few days however that does mean it would be closer to Christmas time before appointments are made.
3.4.2	The Chair noted that this is the Chief Executive's final Audit Committee meeting before retirement. He thanked the Chief Executive for her diligence, hard work and guidance within the Audit Committee and the Social Care Council as a whole.
3.4.3	Members expressed their thanks to the Chief Executive and wished her well in all future endeavours.
3.4.4	The Chair advised members that the Chief Executive recruitment is ongoing and an update will be provided in due course.
4.	Minutes of the Previous Meeting of 12th June 2024 – Paper A and minutes of extraordinary meeting of 19th June 2024 – Paper B
4.1	Members approved the minutes of the previous meeting of both 12 th June 2024 and 19 th June 2024 as a true and accurate record.

5.	Matters Arising
5.1	No matters arising.
6.0	External Audit
6.1	Report to Those Charged with Governance
6.1.1	Northern Ireland Audit Officer, Kathy Doey informed members that the final Report to Those Charged with Governance has not yet been circulated. At the extraordinary meeting of the Audit Committee on 19 th June 2024 the Northern Ireland Audit Office had proposed that the audit opinion would be unqualified, however during final investigations Deloitte identified a potential issue with the James House licence. The Northern Ireland Audit Office and Deloitte are of the opinion that this agreement should be accounted for as a lease, and not a licence . Kathy Doey advised members that the Audit Office is not in a position to advise if accounts should be adjusted at this time while investigations continue. Meetings will be scheduled with the Department of Finance, Department of Health and Business Services Organisation to establish why it was agreed as a licence in the first instance before agreeing the final accounting treatment.
6.1.2	Kathy Doey, responded to a query from Lesley Mitchell advising that the annual accounts were not signed off in July. Despite the indication of an unqualified opinion at the last Audit Committee meeting, audit certification was not obtained before the licence issue was uncovered by Deloitte.
6.1.3	Zyrus Bati advised that due to the square footage of the office space the Social Care Council holds at James House along with the estimated value within Belfast real estate this issue is currently considered a matter of materiality.
6.1.4	Kathy Doey, advised that some of the other Health and Social Care Sector occupants within James House have already had their accounts certified which presents an additional issue in finding a resolution agreement for the accounting treatment of the licence. A consistent treatment will need to be agreed and applied to all relevant occupants. BSO Accountant, Kate McStravick, suggested that in light of the existing certified accounts the more consistent approach in this instance would be to agree that the licence is the appropriate agreement as already approved by other auditors. Kathy Doey reported that legal advice was sought to confirm if a licence was the correct agreement in those instances, however it has been agreed by Deloitte and the NI Audit Office that legal opinion does not equate to accounting opinion.
6.1.5	Discussion took place regarding both the legal and accounting opinion considered in accounting treatment to comply with IRFS16.
6.1.6	Zyrus Bati advised members that the material breach was not identified or reported in last year's annual accounts as the Social Care Council had not

	been in James House for a full year. Now that the accounts covered a full business year the costs associated with the licence are material.
6.1.7	Members agreed it would be beneficial to seek a resolution to these outlying issues as soon as possible, particularly in light of the Chief Executive's pending retirement which will result in a change of Accounting Officer.
6.1.8	The Chief Executive advised members that a letter will be drafted from the Social Care Council to the Permanent Secretary alerting him of this issue given that a number of Health and Social Care tenants will face the same problem.
6.1.9	Members agreed that an extraordinary meeting should be held to review and discuss a final position before the annual accounts are submitted for certification.
Internal Audit	
7.1	Internal Audit Progress Report – Paper C
7.1.1	<p>Internal Auditor, Catherine McKeown, presented the Internal Audit Progress Report with the following key highlights:</p> <ul style="list-style-type: none"> • There were no audits to present today. Internal Audit are working to complete the final audit reviews for Registration, Fitness to Practise and the annual Financial Review. • The Mid-year follow up report presents a good performance. <p>Members noted the Audit Progress Report.</p>
7.2	Mid-Year Follow-up on Internal Audit Recommendations – Paper D
7.2.1	Internal Auditor, Catherine McKeown, presented the Mid-year Follow up on Internal Audit Recommendations with nothing extraordinary to note.
7.2.2	Lesley Mitchell commended the progress of to implement the audit recommendations. She questioned if there is a guarantee that the outstanding 2019/2020 recommendation for Service User and Carer Participation and Engagement will be completed by 31 st March 2025 as outlined.
7.2.3	The Director of Registration and Corporate Services reported that this was picked up through the Participation Partnership audit. It was then agreed by the Senior Leadership Team to use this piece of work to look at engagement across the Social Care Council as a whole. Members were assured that a lot of work has gone into this and it has perhaps grown into a larger task that it had originally been planned. The Director of Registration and Corporate Services reported that a final draft of this engagement report should be expected from the Head of Communications

	by the end of this year. The Chair provided assurance that the Social Care Council has engagement at the core of all partnerships.
7.2.4	Members noted the mid-Year follow-up on Internal Audit recommendations.
7.3	Shared Services Audit – Paper E
7.3.1	Members noted the Shared Services Audit.
7.4	Internal Audit Mid-Year Assurance Statement
7.4.1	Members noted the Internal Audit mid-year assurance statement.
Governance Matters	
8.0	Social Care Council Mid-Year Assurance Statement – Paper G
8.1	The Chief Executive presented the Social Care Council's Mid-Year Assurance Statement noting that there were no divergences at the time of drafting, however this may need to be revised in light of the issues identified in the Report to Those Charged with Governance.
8.2	Members agreed to approve the Social Care Council Mid-Year Assurance Statement pending the inclusion of a paragraph regarding the James House licence agreement.
9.0	Fitness to Practise Fieldfisher Audit Report – Paper H
9.1	<p>The Director of Regulations and Standards introduced the Fitness to Practise Fieldfisher Audit Report with the following key points:</p> <ul style="list-style-type: none"> • This is the third independent audit conducted by Fieldfisher, with previous audits held in 2017 and 2021. • Fieldfisher use the standards framework as outlined by the Professional Standards Authority when examining the work conducted by the Northern Ireland Social Care Council. • The audit sample examined included 21 cases 15 of which were dealt with through the consensual disposal route. • There were a number of key findings displaying good practice including timely disposal of cases, clear publication outcomes, consistent engagement with registrants and well drafted decisions. • Areas for improvement related to updating guidance on sanctions, standing down of benchmarking used in making decisions in consensual disposals, recommendations for improved records and policy management and an indication that outcomes tended to show leniency in a small number of cases.
9.2	The Head of Fitness to Practise presented the Fieldfisher audit report with the following key highlights:

<p>9.3</p> <p>9.4</p>	<ul style="list-style-type: none"> • Removal orders are not considered by Fieldfisher or the Professional Standards Authority as these are generally deemed to satisfy the general public interest. There were 57 removal orders undertaken during this period. • Learning from the report and development will be taken forward on a number of matters. • Fieldfisher are scheduled to deliver training to Fitness to Practise staff in October with additional training arranged for Committee panel members in the new year to address some of the emerging themes relating to audit findings. • The new Fitness to Practise case management system is due to go live later this year which will support record keeping and reporting. • A Decision Review Group is being established as a continual improvement platform to review decisions and identify learning opportunities with external membership from the Scottish Social Services Council. <p>Members commended the Social Care Council for instructing this audit with Fieldfisher on a routine basis.</p> <p>Members noted the Fitness to Practise Fieldfisher Audit</p>
<p>10.</p>	<p>Risk Progress Report at September 2024 – Paper I</p>
<p>10.1</p>	<p>The Director of Registration and Corporate Services presented the Risk Progress Report with the following key highlights:</p> <ul style="list-style-type: none"> • There are 10 key strategic risks; 2 assessed as high risks, 7 at medium and 1 as a low risk. This includes the Climate Change risk identified by the Audit Committee in June. • There are 33 operational risks. • STN02 'Maintaining Registration for Social Work and Social Care Workers' is the highest RAG rated operational risk at present. This risk now reflects ongoing issues linked to the responsiveness of the registration support supplier, Silverbear who are owned by ClearCourse and who also own the ClearAccept payment gateway for registration fees. Over the last number of months Silverbear have experienced problems with staffing, resourcing and responding to issues and development requests resulting in significant delays for the Social Care Council. • This has now been escalated to the Chief Executive of ClearCourse with a meeting held on 24th September with the Chief Executive and the Director of Registration and Corporate Services of the Social Care Council. Assurances have been given by ClearCourse that a reset plan will be implemented to allow all outstanding issues to be dealt with. It has been agreed that the Social Care Council will deliver a report in relation to the prioritisation of outstanding support and development matters, which are reflected on the risk register. • Since the meeting there has been a notable increase in the commitment of Silverbear with the resolution of a longstanding issue relating to the integration of ClearAccept.

10.2	The Director of Registration and Corporate Services advised members that a business case process for a new registration system has been initiated and the discovery governance document has been submitted to the Digital Health and Care Northern Ireland to seek approval to move to the next stage that will include a bid for capital funding for next year. Members will be kept updated if the risk escalates from high to extreme.
10.3	<p>Members agreed that the REG01 risk should remain as an operational risk at this time, however if the risk continues at a high level or escalates then it should also be registered as a strategic risk. A review will be taken at the next Audit Committee meeting on 12th February 2025.</p> <ul style="list-style-type: none"> • There are two high level strategic risks relating to the Resourcing of the Fitness to Practise Function (REG01) and Sustainable Resourcing for the Council to Support Adult Social Care Reform (WFD01) • Recruitment is underway to support the Fitness to Practise team to ensure that they can continue to effectively deliver their statutory functions. • The Social Care Council are consistently encouraging the Department of Health of the need for recurrent funding for the reform of adult social care although this has once again been received as non-recurrent funding for 2024/25. Further positions will be made clear to the Department of Health in how the Social Care Council will deliver and support adult social care reform in coming years.
10.4	Members noted the Risk Progress Report at September 2024.
11.	Risk Management Committee Minutes for Monday 30th September 2024 – Paper J
11.1	Members noted the Risk Management Committee minutes.
12.	Information Governance Assurance Report – Paper K
12.1	<p>The Head of Business Services presented the Information Governance Assurance Report with the following key points:</p> <ul style="list-style-type: none"> • The report broadly covers 4 areas: Freedom of Information compliance, Subject Access Request compliance, Service Level Agreement with Business Services Organisation (BSO) Information Governance and the ongoing work to review information governance and compliance off the back of Internal Audit's report on the topic. • The Complaint Report has not been presented at this meeting however it will be circulated for the next Audit Committee meeting in February 2025. • There were 4 Freedom of Information requests throughout the period covered in the report. 3 of these were responded to within the

	<p>timeframe of 20-working days, however 1 was outside of this by a significant amount. This was due to the level of information requested which required input from BSO Information Technology Services.</p> <ul style="list-style-type: none"> • There were 10 Subject Access Requests over the course of the year, of those 4 were outside the mandatory 1-month compliance in terms of reply. 1 of these was a Fitness to Practise request which required legal advice and a huge amount of redacting. The other 3 were requests from the same individual and were linked. This required senior staff involvement, input from the data protection officer and legal advice. • The Social Care Council have experienced issues in obtaining the full suite of support outlined in the Service Level Agreement with BSO Information Governance. This remains the case but has been further complicated as Alan McCracken, the Data Protection Officer has left. There are temporary measures in place for support and there is hope that the new information governance team and structure will provide greater support. • One of the major issues of this, as reflected in the risk register, is that a significant amount of the information governance work is falling to internal staff. • There are 4 new policies under the information governance review; Freedom of Information, Records Management, Data Protection and Information Governance. • An Information Governance Assurance Framework has been implemented as recommended by Internal Audit. • The Social Care Council previously had a Publication Scheme in place, however it was outdated. This new scheme has been published on the website and will be reviewed annually. • There are three areas rated red in the Information Governance Improvement and Assurance Plan, one in relation to the Service Level Agreement with BSO and this will remain red until all services are delivered on a continual basis. • The second relates to a Disclosure Log which has not previously been completed as it was assumed that BSO published this. Work is underway to publish a Disclosure Log of Freedom of Information requests and Subject Access Requests by the end of October. • The final red relates to the Data Protection Officer leaving BSO. • There are several amber areas and work is ongoing to implement additional measures and processes to update these systems and ensure they are more compliant.
12.2	<p>The Chair advised that the new policies will need to be approved by the Board. It was agreed that these will be presented to the Board on Wednesday 9th October under the Chair's update.</p>
12.3	<p>The Head of Business Services informed members that staff are aware of the new policies as these are emailed out directly to staff and team leaders are encouraged to ensure these are discussed at team meetings.</p>

12.4	The Head of Business Services advised that the Director of Registration and Corporate Services has been reviewing a software called MetaCompliance which manages policy review by sending prompts to staff and recording if they have read and agreed to the terms.
12.5	Members approved the Information Governance Assurance Report and appendixes, including the new and revised policies.
Closing Formalities	
13.0	Any Other Business
13.1	No other business.
14.	Date of Next Meeting
14.1	<ul style="list-style-type: none"> • Wednesday 12th February 2025 • Wednesday 7th May 2025 • Wednesday 18th June 2025

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

Signature: 

Date: 12th February 2025