



Northern Ireland  
Assembly

Committee for the Office of the First Minister  
and deputy First Minister

# OFFICIAL REPORT (Hansard)

Review of Victims and Survivors Service:  
Office of the First Minister and deputy First Minister

5 March 2014

# NORTHERN IRELAND ASSEMBLY

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**Members present for all or part of the proceedings:**

Mr Mike Nesbitt (Chairperson)  
Mr Chris Lyttle (Deputy Chairperson)  
Mr Alex Attwood  
Ms Megan Fearon  
Mr Alex Maskey  
Ms Bronwyn McGahan  
Mr Stephen Moutray  
Mr Jimmy Spratt

**Witnesses:**

Mr Ricky Irwin	Office of the First Minister and deputy First Minister
Dr Denis McMahon	Office of the First Minister and deputy First Minister

**The Chairperson:** Members, we can now discuss the views of the commissioner with departmental officials. We will refer to the same papers as for the session with the commissioner, and I invite to the Committee table two officials from the Office of the First Minister and deputy First Minister, Ricky Irwin and Denis McMahon. Gentlemen, you are welcome back. We will start with the issue that Stephen Moutray raised: there is still no full set of phone numbers on the website, and the shutters are down.

**Dr Denis McMahon (Office of the First Minister and deputy First Minister):** We have discovered, as was mentioned earlier, that there are two levels. First, we need to have proper governance arrangements in place. If you are happy enough, Chair, I will say a few words about where we are and what we are doing.

**The Chairperson:** I would really like you to address the specifics.

**Dr McMahon:** The only way that we can address an individual issue such as this is through a proper process whereby the commissioner agrees to look at it, and we need to look at it with her. We had received feedback that things had changed, and I know that the Committee has heard that previously in a number of respects. However, if there is feedback that the problems persist, our only option is to have proper processes in place so that they are responded to and dealt with systematically and properly. That is the only appropriate course of action.

**The Chairperson:** In fairness, do you think that Alex Attwood was the first to mention the lack of phone numbers on the website? Denis, you seem to be saying that you will tell people that, if they do not sort things out themselves, you will put in place proper regimes.

**Dr McMahon:** It is important to say that many of the issues that came up were not down purely to an individual. In any organisation, some individuals will perform better than others, but appropriate governance arrangements are vital.

**Mr Moutray:** I understand what you say about putting governance arrangements in place, but these are basic everyday issues. Does no one lift their head, step out of the office and say, "You need to get this sorted."? A victim drove from west Fermanagh to Dungannon only to find that an office that they were told would be open was, in fact, closed — that is appalling. If you were running a small business, that would be sorted out within two days. Can you tell us when basic issues such as this will be sorted out? How long do we have to wait? I do not want to hear about governance and so on. We are told that Alex Attwood raised the problem with phone numbers before — I was not aware of that, maybe I was not here that day — but it has still not been addressed.

**Dr McMahon:** I accept the point. We will follow it up personally after this meeting.

**Mr Spratt:** With all due respect to the officials, that needs to be sorted out tomorrow.

**The Chairperson:** It is 3.50 pm, Jimmy. I think that it should be done today.

**Mr Spratt:** Yes, even today. It is such a fundamental issue.

**The Chairperson:** It is about confidence and trust, Denis. The issue is raised at Committee, and everybody agrees that it is shocking but very easily fixed.

**Dr McMahon:** I will write to the board this afternoon.

**The Chairperson:** Write? Will you not make a phone call?

**Dr McMahon:** I will call as well.

**The Chairperson:** Could you stretch yourself to a phone call?

**Dr McMahon:** Apologies. I referred to writing because I will put it formally to the board this afternoon.

**The Chairperson:** Apologies if I overreacted. You clearly want to make an opening statement.

**Dr McMahon:** I want to update you on developments in the service.

With your permission, we will cover the independent assessment of the commissioner, which is based on the reports produced by the Chartered Institute of Public Finance and Accountancy (CIPFA) and WKM Solutions. We will also update you on progress more generally. The commissioner's assessment was sent to Ministers on 14 February. They welcomed the assessment and formally accepted the recommendations on 21 February. The Victims and Survivors Service (VSS) board began work on implementing the recommendations as soon as it received the reports. When I reported to the Committee previously, on 22 January, I made the point that OFMDFM could not and would not be defensive about the need to look objectively and openly at all the problems that have occurred. We have accepted that there have been serious issues and problems and that those needed to be comprehensively addressed. There are, of course, still issues that we need to work on.

I want to place on record our thanks for the work of the commissioner and the Committee in helping to raise the profile of the issues. We are now in a better position to ensure that the Victims and Survivors Service genuinely becomes the victim-centred and effective service that was originally envisaged. We also have an important opportunity to improve the capacity and responsiveness of mainstream services, particularly in health and social care services, so that some of these services can be provided in an appropriate, safe and professionally regulated environment.

Before discussing the assessments and what we are doing to address the recommendations, I am keen to apologise to any individual victim and survivor who experienced a response from the service that was not of a high quality and felt unhappy as a result of their interaction with the service. I take on board the point that these things were unacceptable and needed to be fixed. I apologise for my role and officials' role in that. I also apologise to groups irritated or frustrated by aspects of the Victims and Survivors Service, although, as acknowledged earlier, there will sometimes be differences of opinion among organisations. Nevertheless, the Department needs to put in place arrangements that ensure that such issues are addressed systematically and appropriately.

The assessment reports do not make easy reading. Clearly, in establishing the service, there were problems, and, with hindsight, decisions were made that did not work as we had expected. The net result was a poorer quality of service than anyone wanted. I reassure you that OFMDFM is working through the recommendations of the commissioner's assessment with the VSS board and the commissioner to build on the progress that we have made to date and to ensure that the more fundamental changes necessary are implemented in full. Indeed, many of the recommendations include working with representatives of the sector to ensure that improvements are victim-centred.

Although everyone would prefer that this remedial action was not necessary, it is worth considering some of the developments in the round. We have a single Victims' Commissioner who has a very strong professional background and is acknowledged as a passionate and effective advocate for victims. The commissioner raised concerns, and, when she felt that they were not being addressed, she escalated them, particularly through the Committee, which applied effective scrutiny in order to drive progress.

A programme board was established in October, soon after the commissioner had written to the chair of the interim board, and has met seven times. The board includes representation from the Department at political and administrative level to try to speed up and ensure better communication of the issues. It includes the commissioner, the chair and the senior management of the VSS board.

An independent board of the VSS was appointed by Ministers in December 2013 and immediately began an intensive period of work. It has met twice formally in the past three months but has done a lot more detailed work in between those formal meetings.

The programme board has achieved early progress in facilitating improvements in the service. It has met the services working group of the Victims and Survivors Forum twice. Members of that group are now included on the programme board.

We have achieved 16 of the 21 tasks initially identified, with the remaining tasks linked to the outcome of the independent assessment. On 19 November 2013, Ministers asked the commissioner for a rapid and thorough assessment of the VSS. The commissioner produced a report and issued it to Ministers by 14 February. A week later, the Ministers recommended the report and committed to implementing its recommendations in full.

In overall terms, this suggests that the system as a whole can work and is working in an open and transparent way to address problems. That is not to say that we do not have major issues to address and overcome, but I hope that it provides some reassurance to victims and survivors and to the Committee that OFMDFM takes these issues very seriously and is continuing to respond to concerns.

There are 72 recommendations in the assessment, including the CIPFA and WKM Solutions reports. Of those, about 12 have been implemented, and, of course, those that are about accepting and endorsing recommendations have already been formally agreed. Many of the remaining recommendations are for VSS to implement in the first instance. The VSS board had informed us that it planned to implement those, and we followed up in writing to confirm that. We are developing a comprehensive planning and monitoring system to ensure that all the recommendations are implemented. As the commissioner said earlier, we will be working closely with her to ensure that we follow up on that and that all recommendations are implemented systematically in every case.

I am very happy to answer any questions that you have on those points, the assessment and any other issues that you wish to raise.

**The Chairperson:** Denis, thank you very much. The commissioner described the appointment of the board from within the Department as "an error of judgement." The CIPFA report states:

*"in reality VSS was simply an extension of OFMDFM".*

The WKM Solutions report states:

*"The difficulties being experienced by the VSS can be traced back to the failure to have a fully constituted board in place at the time it opened for business."*

Do you accept that those are fair comments?

**Dr McMahon:** We accept the reports in full. It was always intended that the Victims and Survivors Service would have an independent board appointed by Ministers. With the agreement of Ministers, the process to establish the board was taken forward in parallel with the other strands of the design and implementation process. In the summer and autumn of 2012, the board positions were advertised, and the applicants were interviewed and subsequently appointed by Ministers to the independent board. While the process was under way, we put in place an interim board comprising departmental officials. That was intended as a short-term measure.

**The Chairperson:** That is what is being described as a mistake — "an error of judgement."

**Dr McMahon:** There is no doubt that our experience demonstrates very clearly the importance of an independent board. When we put the interim board in place, there was never an intention that it would be a long-term situation — that was not how we planned it. It took longer to complete the appointment process for the independent board, which meant that it was very difficult for that board to provide the necessary leadership for the service.

**The Chairperson:** You used a phrase that I want to explore a bit further: "that was not how we planned it." I want to ask you about the planning, and there are two issues. The first is that the strategy for victims and survivors was published in November 2009, several years before the service was up and running, so you saw it coming. You had known for years that there was to be a service and that you needed to plan for it, including its governance.

The second issue — I want to be clear that this is not me picking over the whys and wherefores or the rights and wrongs, or pointing fingers at anyone — is that it is a fact that the establishment of the Victims' Commission was chaotic. There was supposed to be a single commissioner, but there ended up being several, which meant that a commission was required. In the early stages, the commission, like the Education and Skills Authority (ESA), did not exist in law. One would have expected there to be some learning from that situation and that you would have ensured that having been unable to get the commission up and running as planned, you would have nailed the process by the time that the VSS came along.

**Dr McMahon:** There are a number of points there. I cannot comment on what happened before 2011, but there was recognition that this needed to be done. There was quite a bit of pressure, some of it public, coming, quite correctly, from the commissioners at that time — in 2011 and 2012 — to ensure that we got things in place. We worked closely with the commissioners to give the process some momentum. Throughout 2012, the idea was to get the service up and running as quickly as we possibly could. The phased approach that we originally planned was to have a number of things happening in parallel: the setting up of an independent board; the appointment of the senior management team; and the transfer of resources and people to the service from the Community Relations Council and the memorial fund.

That is the process that went forward during 2012. My first engagement with it was in autumn 2011. During that process, we had a very clear steer from Ministers, who were saying, "There has been a lot of consideration and a lot of time given to business cases and going through all of those processes. Now we need delivery". We tried to achieve that delivery and to do it through a parallel process. It did not work the way that we wanted it to work. There is no point in saying otherwise.

**The Chairperson:** What I find ironic is that, when the four commissioners — me and three others — were appointed, one of the first things the Department said was, "We are bringing in experts to talk to you about governance before you start doing anything. We want you to be very aware of best practice governance". It brought in CIPFA — the very people who, all these years later, say that you screwed up.

**Dr McMahon:** It is a natural and understandable reaction, when things go wrong, to focus on the operational issues. If something happens and somebody is not receiving the service, you say that you

need to fix it and fix it now. A lot of our focus was on whether we could get the operational arrangements and resources in place to run the same kinds of schemes as were run previously but on a larger scale; and trying to encourage more people to come forward through the assessment process so that we could provide the service to more victims and survivors. We thought that that would be an immediate improvement. Initially, when we set up with the interim board, the thinking was that we would achieve more than we had previously. We would have a full board in place, and, in the meantime, we would be able to transfer resources, get some of the assessments under way and people would get more and better services.

**The Chairperson:** The WKM Solutions report stated:

*"There was no creative tension between the two bodies".*

**Dr McMahon:** I accept that. Whether I accept everything in the report —

**The Chairperson:** You are on the board and in the Department. How could there be creative tension between you and you?

**Dr McMahon:** I was not on the board formally. The point is that officials were on the board formally. I certainly agree that there could not have been any creative tension. The point is that it highlights the importance of governance. One of the points that the commissioner made, and it was also made to us in conversations with CIPFA, was on our understanding of what governance is. There is no doubt that much of our focus was on administration and finance. We thought that we would be delivering services on a larger scale, so our concern was to use the resources properly. That was one of the reasons for the early audit of the Victims and Survivors Service by our internal audit.

The big part that we missed was that governance is much more than administration and finance. An essential element is stewardship and ensuring that there is an independent client-centred view — in this case, victim-centred — from someone who can come in and say that the financial aspects are important, but you have to deliver services in a way that people feel is responsive to their needs.

**The Chairperson:** Before I bring in other members, let me ask you a small number of consecutive questions about governance. Paragraph 16 of CIPFA's report refers to inconsistencies, the first of which is this:

*"The Memorandum & Articles of Association show that Directors are appointed for a period not exceeding three years, and may from time to time be re-appointed by the Office. This is at odds with the MSFM which states the terms of office are for a period of not exceeding four years."*

"MSFM" is the management statement and financial memorandum.

**Dr McMahon:** Again, I acknowledge that we needed to fix the governance arrangements, and that is what has happened. We now have a board in place and are going through the recommendations systematically.

**The Chairperson:** Paragraph 16 continues:

*"The Memorandum & Articles of Association show the quorum for the transaction of the business of the Directors may be fixed from time to time by the Office, but it must never be less than three, and unless otherwise fixed is three. The Interim Board, which operated from April 2012 until September 2013 only had two Directors."*

**Dr McMahon:** I cannot argue with the points made in the report. I suppose that they seemed at the time like defensible decisions, taken to ensure that the service was up and running and to establish the company. That is what we tried to do in order to ensure that it was in place for victims and survivors. Clearly, that did not work in the way in which we had intended. We have been very open about that.

**The Chairperson:** OK. There are several other bullet points in the report, but I am not sure that it will be profitable for us to go through them.

Denis, I do not mean this rudely, but the Department sent in CIPFA to talk to the original commissioners about governance. Does a body such as CIPFA come to the Department to talk about governance? From where do you get your expertise?

**Dr McMahon:** CIPFA has played a valuable role. It trained the board members, and the interim board members as well. It has come out with a very thorough report that reflects all the governance issues that need to be addressed. It has certainly played an invaluable role, and will do.

**The Chairperson:** Does the programme board stand down, as CIPFA recommends, so that the VSS board can get on with it?

**Dr McMahon:** The report recommends that, at a certain point, the programme board should be stood down. However, as the earlier conversation showed, there is an expectation that, while the arrangements are being put in place, we will work closely with the Victims' Commissioner and the service to make sure that things are happening as they need to happen. There is a really important point there, because we have to strike a balance. We must make sure that we address issues quickly. The issue raised earlier about telephone numbers needs to be addressed properly, and we cannot afford to have a lot of process getting in the way of that.

There is a real danger that, if we stand down the programme board and do not have clear lines of accountability between the Department, the Commissioner for Victims and Survivors, who has a responsibility to advise the Department, and the VSS board, we will slip back into encountering some of the problems that we had previously. Therefore, we need to get the balance right. The view of Ministers and the commissioner at the moment is that we are right to keep the programme board running to ensure that all the recommendations are implemented. However, at a certain point, the programme board will have to stand down. We will also have to be very clear, reflecting the concerns that CIPFA and the Committee have raised, that any conflicts of interest, or issues arising out of conflicts of interest, will be dealt with properly by the programme board. That is where we are at the moment.

**The Chairperson:** That the programme board is not in the strategy published in 2009, whereas everything else is, says to me that the fact that there is a programme board is because of a failure to implement.

**Dr McMahon:** There is no doubt that we needed to put measures in place. We said that in October. We were not being defensive about it then, and we are not being defensive about it now.

**The Chairperson:** OK. I will bring in other members.

**Mr Spratt:** Denis, I refer you to paragraph 109 of the CIPFA report. If my mind serves me correctly, we have been consistently told by the Department that there is a staff of 37 in the VSS. We now find in the report that there are 42 staff. However, it does not stop there. The report states that they are:

*"led by a management team which has evolved since the organisation was relatively recently set up"*

which was in April 2012. Therefore, there are 42 staff and a management team. How many people are on the management team? The total figure is probably well over 50. However, I think that the most damning line in the report is the next one:

*"There is a relatively high proportion of agency staff and more stable and permanent arrangements should be in place, especially in the client-facing function".*

That is one of the problems that have been created. It is a very revealing line as far as some of the complaints that we have heard consistently and time after time are concerned. Can you convince us that anything has changed? I am still hearing some of the damning things that I had heard weeks and months ago. We were assured that everything was all being sorted out, but it is not being sorted out. People are still being treated in an appalling way. Their telephone calls are not being answered, and some of them complain consistently about folks being rude to them.

Paragraph 109 is absolutely damning. I would like you to address the question of the number of staff and tell me exactly what the total is, including the management team. I also want you to tell me

exactly how many agency staff you have and how many of them are client-facing daily. What is the turnover of agency staff? All of us around the table know that agency staff cost more than permanent staff, so that is another cost factor.

Some of that stuff is at the very root of the problems that you have with clients, victims and the vulnerable who come along daily.

**Dr McMahon:** Do you want to talk about the detail of that, Ricky?

**Mr Ricky Irwin (Office of the First Minister and deputy First Minister):** We do not have an exact breakdown of how many agency staff are employed, the exact headcount, and so on. The discrepancy might arise from the fact that there are more bodies than there are full-time equivalents. There will be a full-time equivalent figure for the service, but some of the staff work part-time, so the actual headcount might be slightly higher. My understanding is the figure includes the senior management team, which, at this point in time, consists of the chief executive —

**Mr Spratt:** That is not what paragraph 109 says Ricky. It states:

*"The VSS has 42 staff that are structured and led by a management team which has evolved since the organisation was ... recently set up".*

**Mr R Irwin:** I am not disagreeing with what is in the report. What I am saying is that the senior management team is included in the headcount of VSS staff. There is a chief executive, a head of client services and a head of corporate services. They are included in the headcount.

I am very happy to come back with the exact details and the breakdown of agency staff.

**The Chairperson:** For clarity, Ricky, are you saying that the figure of 42 could include the three senior managers —

**Mr R Irwin:** Yes.

**The Chairperson:** — and a number of part-timers?

**Mr R Irwin:** I will need to check that. I did not bring the exact details with me to the meeting.

**Dr McMahon:** We will get you the detailed information. I go back to your point about the structure of the service being at the heart of the problem. The structure has a very administrative focus. There is a lot of focus on finance and administration. That is important, but the issue will have to be fundamentally looked at by the service if it is to become the victim-centred service that we need.

**The Chairperson:** Can I just add to that —

**Mr R Irwin:** To add to that —

**The Chairperson:** Go ahead, Ricky.

**Mr R Irwin:** This week, the VSS board wrote to the Department to tell us that the staffing structures need to be looked at in the light of the recommendations from the independent assessment and the commissioner's advice. There is a commitment there, and the structures are being scrutinised right now.

**The Chairperson:** Can I just —

**Mr Spratt:** Sorry —

**The Chairperson:** If I can add this, Jimmy, it might help. Paragraph 18 of the CIPFA report states:



*"the most important client-facing function in VSS, client assessment and victim support, is one with the least security of tenure and is characterised by fixed-term and agency staff."*

Paragraph 19 states:

*"Overall, there are 13 agency staff (31%) ... employed in VSS ... Staffing proposals submitted by VSS to OFMDFM in September 2013 should be updated to reflect the overall outcome of this review and resubmitted for the Department to give early consideration to decide on the future staffing needs".*

**Mr Spratt:** My view, Ricky, is that that is the source of some of the complaints that you are getting day and daily. It is appalling that those things are still going on. They are going on perhaps not to the same degree as before, but there are still a serious number of complaints being received, and people are saying that they are still not being treated any differently. You would expect change to take place in that area, and reasonably quickly.

**Dr McMahon:** The only thing that I can say to try to provide a wee bit of reassurance is that we have had an appropriate and close working relationship with the commissioner, and it has improved a lot. If we are getting complaints coming through the commissioner, she is very quick to inform us about those complaints. She keeps us on top of things. We or the commissioner will, in every case, bring complaints to the service.

I want to reassure the Committee that it is not as if we have been not monitoring this. We have been monitoring the telephone calls and making sure that there is a system in place. Obviously, we are relying on the information that we are getting from the service, and the board of the service also relies on that information. If we find in any way that there is a mismatch, it is important that we bring it to the attention of the board so that proper systems can be put in place to monitor all of this.

You are absolutely right to say that the people working in the service are central to this. We have to ensure that they are appropriately supported and that the appropriate structure is in place, because, if not, all the guidelines and governance in the world will not make a difference. It is all about how individual people provide services for individual people who come in.

**Mr R Irwin:** The chair of the board has acknowledged that it needs to be a victim-centred structure as opposed to a process-driven one.

**The Chairperson:** To follow on from that, paragraph 7.8 of the WKM Solutions report states:

*"Incredibly, all Assessors told us they had had no formal training in using the INR. The VSS has since countered that training was given."*

"INR" stands for "individual needs review". The report concluded that there was no shared understanding of whether training happened or not. What is your understanding of the situation?

**Dr McMahon:** Our understanding is that the individual needs review was not fit for purpose anyway. That was clearly coming out.

**The Chairperson:** That is one issue.

**Dr McMahon:** Our understanding at the time was that people were qualified and trained to use the review process that was there. Again, it comes back to the point about whether you have appropriate governance processes in place that can provide the necessary scrutiny.

**The Chairperson:** To be clear, it is your understanding that assessors were trained in the individual needs review process but that the process was not fit for purpose.

**Dr McMahon:** Sorry, to be clear, we did not ask whether staff had been specifically trained in the process. Our assumption was that people were trained in and qualified to use it, and, as the report acknowledges, there was not enough challenge made to be able to ascertain that. Were we doing it today, we would certainly be asking the question, but it is a different scenario.

**The Chairperson:** Let me put it a different way: you accept the report in full, so you must accept that all assessors had not had any formal training, because that is what the report states.

**Dr McMahon:** We would not argue with that. Again, that is on the basis of material provided by the service.

**Mr R Irwin:** We were given assurances by VSS that the assessors themselves came from a professional background, in that they were qualified therapists and psychologists. That is the assurance that we were given.

**The Chairperson:** Back to governance.

**Mr Maskey:** I am in a bit of a dilemma. I have not fully made my mind up and nor have my colleagues, because, to be honest, we are not here to micromanage the service. That is not our job. It is not Denis's or Ricky's job either, nor is that of anybody else. I am frustrated, because we sat here hearing evidence and did not make judgements at the time, and we are quite prepared to listen to people who have come back to the Committee, yet evidence has directly conflicted with that from others. I am not satisfied that the people who are delivering the service at present are sharing in all of this. The commissioner is telling us one thing and the Department is telling us the same thing, but I hope that the service gets under way and starts to flow and that all get what they want out of it. I have no doubt that people who work in the service are very good people. However, we have a right to expect people to have been employed because of their experience and for them not to be brought in without having any direct experience. I do not care what anybody tells me: if you go into a small sweetie shop on the corner, you expect the person serving you to have a modicum of skill. If not, somebody will very quickly provide that person with the relevant skills.

We are expected to accept that some of the complaints, which all members have brought to the table, were the result of poor governance or lack of support. Was there enough management and leadership? Some of the complaints that we received — I do not know the veracity of all of them, but some clear experiences were heard by me as a local representative — are, in my view, not acceptable. Nobody will tell me that that was because somebody sitting in OFMDFM did not govern the thing properly or because a chairperson of a board was not as on top of his game as he might have been. I do not accept those as justifiable reasons for why some of the service did not deliver.

At present, I am not confident, albeit I want to be. I hope that I am proved entirely wrong in the very near future, but I am not confident. I am not comfortable yet with saying that I think that the problem has been rooted out, because people sat here and gave very direct evidence that conflicted with that given by others. People did not come here to respond to some of the criticisms being levelled at the service. They did not come here to say that you were entirely right. They actually said that you were wrong. By my recollection, people, in the main, refuted the criticisms being put to them. Therefore, how can I have confidence that the same people will take the service forward and embrace it with the positivity that everyone wants there to be, including me? I would rather have the matter over and done with so that victims and survivors can get the service that they want and so that the people who work for the service can do so with good morale and whatever support they might need.

However, I find some of this inexplicable. I cannot accept that the problems arose because, somewhere along the line, a board did not function properly. As I said, people were employed because of their professional skills and abilities. A lot of people applied for the jobs. What I do not want to be doing is sitting here every other week getting these reports. With no disrespect to anybody here, I do not think that Denis McMahon or Ricky Irwin should spend the next six months talking about why there were no phone numbers on a door or why the office was not open at 1.00 pm. That is not their purpose. That is not what they are in their jobs to do. The people who are employed to deliver —

**The Chairperson:** Alex —

**Mr Maskey:** Sorry, Chair. The people who are employed and paid to deliver the service have to do that.

**The Chairperson:** You are making the point that the people who were employed were professionals. Of course, I hope that you are right. However, I do not know that. I accept your point, if I am hearing it right, that you cannot blame everything on the lack of a board. However, that was the start of the process. The board should have been there.

**Mr Maskey:** I am not disputing all of that. I am simply saying that a lot of what this boils down to is my concern that, when people sat in this room giving evidence refuting —

**The Chairperson:** He said, she said.

**Mr Maskey:** Yes, but they refuted allegations that were made by everybody around the table about aspects of the service. We all gave our own examples of people who came to us, but, for the most part, representatives of the service refuted what those people had said. As Hansard shows, most of the criticisms levelled were rejected. I am concerned about that.

More importantly, we have had the independent review. We are now moving much quicker. Everybody seems to believe, and thankfully the report seems to suggest, that the situation is improving.

Stephen introduced an issue earlier. Although I do not know the truth of it, I would be alarmed if that were still the case. You are right: you should be on the phone now to get it sorted out. However, it is not up to Denis McMahon, at his level, to get a flipping phone number put on an office door or to get somebody to open an office.

**The Chairperson:** It should not be.

**Mr Maskey:** It should not be. Therefore, what I would like to do is tell Denis, Ricky and whomever else in the Department to go off and come back here in two or three months' time and tell us that the situation is sorted. That might require radical surgery. If it does, so be it. Otherwise, we will be expected to micromanage this, and that is not our job either.

**The Chairperson:** If the VSS is going to be victim-centred and service-led, those things need to be done. Alex raises a good point about the "He said, she said" situation. Can I clear up something? We all had the impression that somebody who needed a new wheelchair had had to go off, get three quotes, pay for the wheelchair and then claim the money back. I am now told that that never happened. I am told that the process was there for it to happen, but it did not actually ever happen. Do you know whether that was the case?

**Dr McMahon:** Examples were given of people having to use the processes. I do not think that it would be appropriate to talk about individual cases, but —

**The Chairperson:** Absolutely not.

**Dr McMahon:** — the commissioner provided plenty of examples of where the process was unwieldy for and unhelpful to individual victims. That was one of the first things that we addressed at the programme board.

Ricky, do you want to add any detail?

**Mr R Irwin:** I agree with what Denis says. A number of specific issues were raised with us around the supporting documentation and the process. We were very clear that VSS had to look at the documentation to reduce the burden on individual victims and that any requests should be proportionate. Our understanding is that those types of problems have been addressed.

**Dr McMahon:** There certainly were examples of where there were problems. There is no doubt about that, and we have to acknowledge that. There were a number of examples of people being asked to get quotes. The process was just not working.

**Mr Lyttle:** I have no desire to be seen to be grandstanding here, but it is a bit of a disgrace that we are still grappling with providing adequate services for people 40 years after the start of a period of history that saw people murdered, maimed and physically scarred.

Thank you for the work that has been done to try to fast-track progress in the Victims and Survivors Service. Fair play to you, Denis, for issuing an apology. I may be wrong, but I do not recall hearing any such statement from any of the Ministers in the Department. Therefore, I think that your apology is to be commended.

Is there a detailed action plan or any milestones to ensure that all recommendations are implemented in a timely fashion?

**Dr McMahon:** In effect, the plan is very simple: it is the actual recommendations. What we have done is written to the commissioner, because some of the actions will involve her, and to the service with proposed recommendations. We have said, "Here is what we now need to implement each recommendation, and here are the suggested dates for their implementation".

In coming back to us, the board of the service has to consider what is sensible. We have given it suggested dates, which are all fairly tight. In fairness, we got a very clear signal from the chair and the rest of the board that they are very keen to take all those things forward. We are not meeting any resistance or getting any sense that people are dragging their feet. Although things need to be fixed straight away, as we discussed earlier, we also need to make sure that the proper building blocks are in place so that we do not slip into another similar situation again.

**Mr Lyttle:** Despite the fairly extreme comment made, I put it on the record that there are obviously staff in the Victims and Survivors Service who are dedicated to achieving better outcomes for victims and survivors. I have direct experience of that, and I am extremely grateful to them. Despite the huge amount of difficulty experienced, I know that there are victims and survivors who have got valuable assistance as a result of the scheme.

Once the recommendations are implemented, the framework will hopefully ensure that the services are delivered as they should be.

One service provided that encountered a particular difficulty was the financial assistance scheme. That opened in April 2013 and closed in June owing to — I believe that this is the official terminology — unexpectedly high demand. What actions are being taken to avoid a repeat of that type of first-come-first-served approach that there ended up being the previous time around, and when exactly will the scheme be opened again?

**Mr R Irwin:** John Beggs from the commission set out the advice that was provided to the Department on the scheme. I think that he said that the advice was that the scheme going into 2014-15 would broadly be the same, albeit with the slight change that people who have already been awarded from the scheme in the current year would be asked to sign a declaration that their circumstances had not changed. The advice is still under consideration in the Department, and no directive or policy steer has been issued to VSS on that matter yet. I think that John confirmed that the advice was provided quite recently to the Department. It had a number of options in it and a preferred option, so we will want to consider that and give a policy steer to VSS very quickly.

**Mr Lyttle:** Do you have a rough idea of timescales?

**Mr R Irwin:** We are aware that the pressure of the forthcoming year is approaching. It is March. We cannot give a definitive timescale.

**Dr McMahon:** All we can say is that it is under consideration. It will come back to the programme board until a decision is taken, but that is where we are currently. Apologies, but I cannot give you any more detail on when a decision will be made.

**Mr Lyttle:** I do not recall it in accurate detail, but a gap in group funding is looming in the near future, if memory serves me correctly. Are measures in place to plug that gap to ensure that groups do not go into financial difficulty?

**Mr R Irwin:** Is that specifically in relation to Peace III?

**Mr Lyttle:** It may be Peace III, yes.

**Mr Spratt:** It is Peace III.

**Mr R Irwin:** That issue has been brought to the attention of the programme board, and we have commissioned work to identify the scale of the issue. I believe that VSS has provided some detail on groups that are funded through the victim support programme in VSS that also receive Peace III funding. We are still looking at that issue.

**The Chairperson:** Thanks, Chris. When the commissioner was asked to get the review going, the assessments were suspended.

**Dr McMahon:** They were deferred. That was the term used.

**The Chairperson:** This point goes back to what Alex Maskey was saying, and there is some anecdotal and conflicting evidence here. It was put to me that some leaders of victims groups were, effectively, self-certifying and recommending members of their groups for resources and for funding without any third-party checks. Can you comment on that?

**Mr R Irwin:** An interim process, called a gateway, was agreed. When the decision was made to defer, new forms were produced for use in VSS and through the groups. The groups were asked to assess the immediate needs of members who were coming forward to them so that, while the assessment was ongoing, there was still provision of services. Therefore an interim process is in place.

**The Chairperson:** Leaders can make decisions that are not challenged or tested by the service.

**Mr R Irwin:** The form that the groups fill in comes to VSS to be scrutinised.

**The Chairperson:** How is it scrutinised if the process is deferred?

**Mr R Irwin:** No, the original individual needs review process was deferred, but, in order that services such as chronic pain support and respite breaks could continue to be offered, an interim gateway process was put in place.

**Dr McMahon:** That is a process with scrutiny by the Victims and Survivors Service. The key issue there is that the difference is around psychological assessments, because that was where the individual needs review originally identified concerns that victims and survivors could be re-traumatised.

**The Chairperson:** Could I safely go back to those individuals and say that this is not a matter to be concerned about?

**Mr R Irwin:** It is an interim process, and one of the recommendations is that a permanent process needs to be put in place. That is being looked at now by VSS.

**The Chairperson:** Do not be concerned about the interim process. Is that a safe message?

**Mr R Irwin:** Well —

**The Chairperson:** There was a suspicion that there was a degree of self-certification.

**Mr R Irwin:** That is a new issue for me; I will need to look at it personally. It goes back to the point about micromanaging what the service is doing.

**Dr McMahon:** Previously, the concern had been largely in the other direction, where, as is reflected in the report, groups were concerned that people were already with groups and getting services from groups and then they had to go to the service and then come back again. There was more concern about that.

**The Chairperson:** It is anecdotal, so I think we will —

**Dr McMahon:** We are happy to look at it.

**The Chairperson:** On the other issue, what is the role of the Department of Health with regard to the Victims and Survivors Service?

**Dr McMahon:** One of the positive things is that it has raised the profile for everybody, including the Department of Health. There is a real opportunity to improve and enhance mainstream health and social care services, particularly for psychological trauma. We have been working closely with the

Department of Health and with the Health and Social Care Board. In fact, the commissioner has attended at least one meeting of those bodies as well. They will come forward with proposals to see how they can strengthen their mainstream services. Again, referring to the strategy, it was always the intention that the Victims and Survivors Service would provide an initial response to victims' needs. Moreover, in the longer term, the idea was to look at enhancing and improving mainstream services, which will be of benefit to everybody and could be a lasting legacy for the health and social care service.

**Mr R Irwin:** When the decision was made to defer, some victims who were already in the middle of the process with psychological trauma needs had been identified. They were prioritised and, in the process that we put in place with the Health and Social Care Board, a multidisciplinary team in the board and the trust is now in place looking at that initial cohort. As Denis said, we are working with it on proposals for the medium and long term.

**The Chairperson:** I accept that mainstreaming was an outcome that was envisaged in the strategy, but it seems to me that you are saying that this episode has perhaps fast-tracked mainstreaming.

**Dr McMahon:** What it has demonstrated comes back to the point about governance. As officials, understandably, our concern and starting point about governance was money and the administrative processes required to manage public money safely, which is our duty. It was clear that we should think about governance in the widest sense when we talk about clinical governance and regulation. There is a real concern, and it was raised originally, that the independent needs review process could re-traumatise victims. Therefore we, and Ministers, needed to think very carefully about the risks. Therefore we thought that, if it is possible to provide the detailed psychological assessments and services in the context of the Victims and Survivors Service, we need to look at the health and social care service to see whether we can do something in that regulated environment. That is what we are doing.

**The Chairperson:** Has it the resource to pick that up at the drop of a hat?

**Dr McMahon:** We are working with it to get proposals together. If those proposals need to be resourced, we need to look at how to resource them. That has to be there for victims and survivors.

**The Chairperson:** But the resource is not sitting waiting in the Department of Health at the moment.

**Dr McMahon:** The health and social care service should be dealing with the needs of everyone, including victims and survivors. That is absolutely the case. One of the benefits of the work so far is that we are looking at many victims and survivors who have been through a process already and for whom risks have been identified. How can we make sure that they are referred quickly to get the services that they need in the wider health and social care service? That is what we are setting up now, today — before today. We have been setting that up over the past month.

Moreover, we need to work with the health and social care service to see what enhancement we need to services generally to make sure that we pick up more of those cases.

**The Chairperson:** Do you have a timeline for that?

**Mr R Irwin:** For the initial cohort that was identified as higher risk, the process has been in place for some time. The timeline for the longer-term piece around the proposals is part of the plan, and we are looking to have firm proposals in the next two to three months that we can put in place with the Department of Health, subject to all the approvals that we need.

**Mr Attwood:** Like Chris, I acknowledge your forthright comments, Denis, in your opening remarks. In your long and illustrious career in the public service, have you come across anything as bad as this?

**Dr McMahon:** In fairness, I have come across governance issues before. Two things have been a learning process for me, if I am being honest. The first is about what governance means and that it is beyond financial governance. I am not saying that I did not know that in principle, and I had seen it written down about stewardship and so on, but you understand in this case what is lacking.

The second thing is not having a board in place for a time. In the past, if I am being honest, sometimes, when we were dealing with external organisations, the board almost seemed like

something that got in the way because you were dealing with the chief executive or the managers and, usually, dealing around operational issues. It was almost as though it was another step in the process, but it has highlighted the importance of that process.

**Mr Attwood:** It worries me that there are other examples that are as bad as this in your Civil Service career.

**Dr McMahon:** I have not personally overseen them.

**Mr Attwood:** My own sense is that there has not been much.

**Dr McMahon:** I am not owning up to a range of others, but there are other examples.

**Mr Attwood:** There are, yes, but in respect of multiple problems, it is hard to think of something as bad as this. Let us take the point that you made. You learnt about the wider governance issue beyond financial responsibility. Earlier, you said that your minds had been on financial governance and not on the wider governance issues.

**Dr McMahon:** There was a greater emphasis on that. Absolutely.

**Mr Attwood:** If that was the case, I put this question to the Victims' Commissioner earlier, and she said that when it came to financial governance with the VSS, in her opinion, it is reasonable to expect that, when a professionally qualified accountant is chief executive officer (CEO) and accounting officer, an effective approach to audit and to risk and performance management should have been in place. Clearly, that has not been the case. If you say that it was the financial governance that you were occupied with, how did it come to pass that an effective approach to audit and risk had not been put in place with a professionally qualified accountant as CEO? Indeed, a functioning internal audit service that should have been in place at the beginning of the VSS was not in place until 10 months afterwards. If that is where you were looking, how did it transpire that those were the comments that the Victims' Commissioner concluded?

**Dr McMahon:** We got the internal audit. We knew that this would be a risk from a financial point of view. It was a new organisation, and significantly more resources were going into it than had been spent previously. All the issues came together, so it looks as if there is a cluster of issues and problems, which is true. However, one of the reasons why we got the internal audit in place so early was to identify any issues that might go wrong.

**Mr Attwood:** Was it in place early on? The Victims' Commissioner said that it should have been in place at the outset but that it was in place only some 10 months after the VSS opened for business. It was not in place early on, and it was not in place early enough.

**Dr McMahon:** When I was talking about internal audit, I was talking about the audit that we commissioned from DFP. That was one of the reasons why we got that early on. We wanted to get them in early —

**Mr Attwood:** Is that the one that you would not share with the Committee?

**Dr McMahon:** It is the one that we referred to previously. The idea was to get it in place so that we would identify any risks early on.

In looking back, we —

**Mr Attwood:** But how did these fundamental clauses exist in the VSS when it was set up, if you did that report to look at the risks early on, and, given what you said earlier, that it was financial governance that you were being attentive to as the VSS?

**Dr McMahon:** There is a mixture of things. I know that the process of setting up the service took a long time, and that was referred to earlier.

**Mr Attwood:** But if it had taken a long time, Denis, and given your preoccupation with financial governance, there was even longer to get this right at the start.

Let us move on from that. Independent of conclusions to be drawn from financial governance issues, what is your view of the fact that a senior executive officer of the VSS, a professionally qualified accountant, did not, in their own organisation, put in an effective approach to audit and risk? They did not put in place a functioning audit service until 10 months after it had been set up?

**Dr McMahon:** Rather than personalising it, it is more that —

**Mr Attwood:** I am not personalising it. I am —

**Dr McMahon:** — sorry.

**Mr Attwood:** I am quoting what the VSS has said about things that should have been in place but were not.

**Dr McMahon:** Apologies. I was not suggesting that you were —

**The Chairperson:** You did refer to the CEO and qualifications. That sounds like personalising to me.

**Mr Attwood:** No. It is not about the individual. It is about a person with skills for whom the internals were not put in place —

**Dr McMahon:** Apologies. I was not suggesting that you were. All I was saying was that I do not want to suggest that I am personalising it; all I am saying is that the structure and the processes were not in place. We cannot deny that. What it suggests is that we could have done more about scrutiny. We commissioned our internal audit, and that was our intention. We did not realise that the financial governance problems were so serious until we got the internal audit back and it became clear that a range of issues had been moved forward. I think, and I am not making excuses, but we have to be realistic, that a lot of the timescale and much of the frustration that Ministers had was that, up until probably the end of 2011 or early 2012, a great deal of focus had been on the business case for the service and working through it. I think that we got into the planning, design and implementation over a tight time.

In fairness to all the individuals involved, including those working in the service, people put a lot of work into getting to that point. That is why it is disappointing that we not get the service that we wanted.

**Mr Attwood:** You make the point that one of the fundamental governance issues is to have in place a fully functioning board. Therefore, to have this report implemented in full, a board that punches at its weight is needed. Remind me: how many times has the board met since it was established?

**Dr McMahon:** Well, formally, twice, but, it would be unfair to take just that into account, because individual board members have put in an awful lot more time above and beyond that. I say that to commend the board; its members have put in a lot of hours to try to get this right.

**Mr Attwood:** I presumed that, because, were I to be a member of a board with this report in my in-tray, the formal requirement for board membership would not satisfy the report's implementation. That is the point that I make. It seems to me that, to implement this as fully as it needs to be, the board must work a lot more than normal.

**Dr McMahon:** It has been; I can confirm that.

**Mr Attwood:** So in answer to your question to Chris Lyttle, I think that 11 or 14 of the 71 recommendations have now been implemented. Will you share with the Committee the timeline and the performance indicators in respect of each and every one of the recommendations? Not so that we can micromanage, because that is outwith, but in order to be satisfied that what needs to be done will be done in good time.

**Dr McMahon:** There are two separate issues. The first is that we do not have that as yet, because we do not have confirmation from the VSS and the commissioner as to the timescales by which they can complete individual elements of it. As a general point, anything that we send to the Committee has to be agreed in the Department, including by Ministers. Subject to that caveat, I have no problem —



**Mr Attwood:** I appreciate the political requirement, but, given the attention that the Committee has applied to it — I think that the Committee has been strong on that — we should see the timelines, the performance indicators and the implementation plan so that we can say with confidence to victims, survivors and organisations that that is what we are being told and that we are on top of it, not in a micromanaging sense. Have the accounts of the company been lodged with the Companies Register?

**Mr R Irwin:** No. The accounts are due by 27 March. I will come back on the point about a timeline. I think that it is safe to say that, in our overarching plan that has gone to both the commission and the service, we have time frames that are linked to the importance of the individual recommendations. Some of them are looking for a confirmation of implementation by the end of this month, some by the end of the following month and some by the end of May. Until we get that confirmation, we cannot comment any further.

**Mr Attwood:** Is the 27 March the required date or an extended date?

**Mr R Irwin:** It is an extended date.

**Mr Attwood:** For what purpose was the extended date required?

**Mr R Irwin:** The Northern Ireland Audit Office recommended that VSS seek an extension to the submission of the accounts, based on resource problems that it was experiencing in completing its piece.

**Dr McMahon:** It was also the fact that, because of the work on the internal audit, it had to give it additional scrutiny as well, but it is a resource issue in the Audit Office, as Ricky said.

**Mr Attwood:** And that date will be honoured

**Mr R Irwin:** It has to be.

**Mr Attwood:** Are the OFMDFM internal audit and the weaknesses in procurement, recruitment and selection low-level issues, or have there been fundamental issues on procurement, recruitment and selection?

**Mr R Irwin:** There were various complexities to the recommendations and the issues raised. The accountability and liaison framework that we have in place with VSS has been increased to monthly as opposed to quarterly, so a number of those issues have been brought on to the agenda of the accountability meetings. There is already an implementation schedule, which VSS itself put in place to address the recommendations, and the Department has arranged for a follow-up audit before the end of this month to ensure that all the recommendations have been fully implemented.

**Dr McMahon:** You have already raised some of the most serious concerns, such as the direct-award contracts. Those are some of the most serious issues that we have been looking at.

**The Chairperson:** Let me interject, as we are about to lose quorum.

**Mr Attwood:** I am finished now.

**The Chairperson:** Right, perfect. Ricky, Denis, there are three things that I think you will get back to us on: the exercise on gap funding around Peace III.

**Mr R Irwin:** Yes, OK. What exactly does the Committee want to know on that?

**The Chairperson:** You said that you would undertake a scoping exercise to understand —

**Mr R Irwin:** What I said was that it is an issue that the programme board is aware of and is still looking at.

**Dr McMahon:** We have commissioned work to look at it, but we have not —

**The Chairperson:** To define the problem rather than the solution, obviously.

**Dr McMahon:** And to make recommendations. If you are content, Chair, when we have that back and Ministers have looked at it — it is just about timescales, we would be happy to write to you now and clarify what we have asked to be done.

**The Chairperson:** As constituency MLAs, we are all being approached on these issues. Therefore any information that we can pass on on your behalf will do you no harm, let me put it that way.

**Dr McMahon:** Yes.

**The Chairperson:** The second was timescales for the implementation of the review recommendations agreed with the commissioner and the service.

**Dr McMahon:** Yes.

**The Chairperson:** The third, Ricky, was the idea that there was some sort of self-certification going on by group leaders in that interim period.

**Mr Irwin:** Yes, we said that we would look at that.

**The Chairperson:** Can you look at that, and if there is nothing, there is nothing?

**Mr Irwin:** OK.

**Mr Spratt:** I am concerned that we do not lose the momentum on the progress that we have made and that we do not get into the situation again of boards, meetings, reviews, pieces of work being done and all the rest of it. We need to see delivery on the recommendations if we are not to go back to square one again, Denis.

**Dr McMahon:** I would be happy to commit to this: one of the advantages of what we have now is that there will be clear escalation measures in place; that is what this is all about. There has to be clear accountability and people asked to do a clear job. If they are not, we need to find out why and have proper mitigation in place. I assure you that the Committee will be a key issue of escalation if the problems are not being dealt with.

**The Chairperson:** OK, Ricky and Denis, thank you very much indeed.