

<b>Title of Meeting</b>	Meeting of the Public Health Agency Governance and Audit Committee
<b>Date</b>	28 July 2022 at 10am
<b>Venue</b>	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

**Present**

- Mr Joseph Stewart - Chair (*via video link*)
- Mr John Patrick Clayton - Non-Executive Director
- Mr Robert Irvine - Non-Executive Director (*via video link*)
- Ms Deepa Mann-Kler - Non-Executive Director (*via video link*)

**In Attendance**

- Mr Stephen Wilson - Interim Director of Operations
- Mr Stephen Murray - Interim Assistant Director of Planning and Business Services
- Ms Andrea Henderson - Assistant Director of Finance, SPPG
- Mrs Catherine McKeown - Internal Audit, BSO
- Ms Christine Hagan - ASM (*via video link*)
- Mr Roger McCance - NIAO (*via video link*)
- Mr Robert Graham - Secretariat

**Apologies**

- Ms Tracey McCaig - Director of Finance, SPPG

**38/22 Item 1 – Welcome and Apologies**

- 38/22.1 Mr Stewart welcomed everyone to the meeting. Apologies were noted from Ms Tracey McCaig.

**39/22 Item 2 - Declaration of Interests**

- 39/22.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**40/22 Item 3 – Minutes of previous meeting held on 9 June 2022**

- 40/22.1 The minutes of the previous meeting, held on 9 June 2022 were **approved** as an accurate record of that meeting subject to an amendment in paragraph 32/22.3

**41/22 Item 4 – Matters Arising**

*28/22.3 Contact Tracing Service payments to staff*

- 41/22.1 Mr Stewart reported that he had received an update from Ms McCaig to advise that staff have been working hard to deal with the overpayments and underpayments to contact tracing staff, but it has turned out to be a bigger task than anticipated and an assessment has to be made as to how to progress with this. Ms Henderson said finance staff and PHA staff have been carrying out a detailed analysis of timesheets and the work is only about half completed. She advised that there is a mix of both underpayments and overpayments but some of the amounts are immaterial and it is taking a number of hours to go through each individual case. She added that having spoken to Ms McCaig, there will be a midpoint review with relevant stakeholders to determine next steps. She noted that as the team is reviewing hours, she cannot quantify the amounts of money involved.
- 41/22.2 Mr Stewart acknowledged that this is not straightforward and at some point a determination will have to be made as to whether the work required will outweigh the benefits and any losses may have to be written off. However, he said that the matter is not yet at that stage as some of the payments may be significant.
- 41/22.3 Mr Irvine commented that as well as dealing with historic cases, there is also the fundamental issue of using a system that is not 100% accurate. He said that while he was content to reach a pragmatic decision about the current cases, he asked what better control measures can be put in place for the future, although he acknowledged that it will not be possible to eliminate these issues completely. He added that if the system cannot be changed then the management controls need to be enhanced although he noted that this set of circumstances is a rarity for PHA. Ms Henderson agreed that this has been an acute set of circumstances and not something that PHA would have had a lot of experience of, in terms of setting up a new service, bringing in temporary workers, having different amounts of contracted hours and terms and conditions issues. She said that PHA will revert back to a business as usual situation.
- 41/22.4 Mr Stewart noted that Ms McCaig and Ms Henderson will keep the Committee informed on these matters.

**42/22 Item 5 – Chair’s Business**

- 42/22.1 Mr Stewart advised that he had no Chair’s Business.

## 43/22 | Item 6 – Internal Audit

### *Internal Audit Progress Report [GAC/26/07/22]*

- 43/22.1 Mrs McKeown presented the Progress Report and advised that, in terms of the Plan for the year, the audit of Risk Management has been completed and the audit of Screening Programmes is almost complete. Focusing on the Risk Management audit, she reported that a satisfactory level of assurance was being given and that Internal Audit was content that directorate risk registers are in place and are being regularly reviewed. She said that there were no significant findings, and four key findings.
- 43/22.2 Mrs McKeown noted that a recommendation has been made across all HSC organisations regarding the 3 lines model for assurances which focuses more on the gaps in assurance. She said that by carrying out assurance mapping, PHA will be able to determine if it has sufficient assurances or if there is duplication. She advised that the other findings include the need to have target scores in the risk register, the need to get a directorate risk register for Connected Health in place, and to improve the uptake of risk management among staff as 26% of staff have not completed this. She said that management have accepted all of the recommendations.
- 43/22.3 Mr Stewart advised that Ms McKeown had shared with him information on assurance mapping and he undertook to share this with other members (**Action 1 – Mr Stewart**). He noted that while there is a logic to it, it may take some time to be worked through.
- 43/22.4 Ms Mann-Kler thanked Ms McKeown for the report and was pleased that management have accepted the recommendations. She noted that the organisation is going through a change in terms of tighter arrangements around governance. She asked if the training has been reviewed to determine if it is meeting staff needs or if it is a standard package. Mr Wilson advised that there has been some discussion internally about the 3 lines model and arranging a workshop for senior staff to look at it. In terms of the training, he said that a number of the eLearning training programmes are regional and tailored for ALBs and PHA does not have the ability to change them. However, he said that support can be provided where there is a need. He noted that risk management is an area that the organisation will be paying attention to during the course of the review as the new directorate structures become clearer.
- 43/22.5 Mr Clayton asked about Connected Health and where it presently sits in the organisation. He added that he would welcome an update about how it might develop its own risk register. He welcomed the idea of target scoring of risks. Mr Wilson reminded members that the functions of Connected Health previously sat within the Nursing and AHP directorate, but the staff are presently working as part of the Digital Team at the Department under Mr Dan West. He said that from a

pragmatic point of view, it may be appropriate for them to develop their own directorate risk register.

43/22.6 Mr Stewart thanked Mrs McKeown for the update and said that he was pleased that management had accepted the recommendations.

43/22.7 Members noted the Internal Audit Progress Report.

#### **44/22 Item 7 – Corporate Governance**

*Corporate Risk Register as at 30 June 2022 [GAC/27/07/22]*

44/22.1 Mr Wilson advised that the Corporate Risk Register and directorate risk registers have been reviewed as at 30 June and that four risks have been removed from the Corporate Risk Register, namely those relating to the PHA website, corporate priorities, PHA leadership and the risk of PHA not achieving financial breakeven for 2021/22. He reported that a new risk has been added following an update that Ms McCaig had given at the last meeting about the sustainability of a supplier of the HRPTS system. He added that one risk, relating to COVID vaccinators, has had its rating reduced.

44/22.2 Mr Stewart noted the changes and said that he was expecting the one new risk that had been added. Ms Henderson said that she was pleased to report that earlier this week a purchase of the sub-contractor has been completed which means that this risk has now closed. She added that BSO has removed it from its Corporate Risk Register. She noted that a lot of work had been completed in respect of a continuity plan, but the issue was now resolved.

44/22.3 Mr Stewart advised that during a pre-meeting with Mr Wilson, there had been a discussion about the risk relating to the closure of HSCB, and he felt that this risk needed to be changed to focus more on PHA's relationship with SPPG. He said that he has asked that this be reviewed by the Agency Management Team. He added that there should be risks on the Register around recruitment and on the review of PHA.

44/22.4 Mr Clayton said that, with regard to the risk on procurement and market testing, he would welcome a separate discussion on that at a future meeting. He recognised that it is an evolving piece of work, but given the length of time it has been on the Register it may be worth that separate discussion. He said that he was pleased to see the risks on staffing have been combined but while the focus on that risk is on public health and HSCQI, he queried if there were other staffing risks. In terms of the risks which have been removed, he sought clarity on the rationale for removing the risk concerning the PHA website. Mr Wilson advised that for the PHA website, a number of fixes have been put in place which allow for more functionality. He added that PHA has been liaising with the Digital team in the Department about repurposing the COVID website and putting PHA's website on to it, but there are still some

issues to be resolved.

- 44/22.5 Mr Stewart said that he welcomed the suggestion about the separate discussion on the procurement risk and he would invite the Chief Executive to attend the next meeting of the Committee (**Action 2 – Mr Stewart**).
- 44/22.6 Members **APPROVED** the Corporate Risk Register.
- HSCQI Directorate Risk Register as at 30 June 2022 [GAC/28/07/22]*
- Ms Levette Lamb joined the meeting for this item*
- 44/22.7 Mr Stewart welcomed Ms Lamb to the meeting and invited her to take members through the key risks.
- 44/22.8 Ms Lamb thanked members for the opportunity to attend today's meeting. She said that the directorate risk register presently contains five risks, three of which are rated "high" and two of which are rated "medium".
- 44/22.9 Ms Lamb said that the first risk relates to staffing and the potential for HSCQI to be unable to fulfil its functions. She added that as a Trust-facing service there are growing demands, but she advised that Dr Aideen Keaney has been discussing this with the Chief Executive and with PHA's Sponsor Branch. She reported that funding has been agreed for two temporary posts (a Communications Assistant and a Data Analyst) and an Improvement Advisor will be commencing permanently in September.
- 44/22.10 Ms Lamb moved onto the risk around accommodation and said that HSCQI has outgrown its footprint in PHA, but it is looking at how it can adopt a hybrid model. She noted that a lot of the work of HSCQI involves meeting people outside of the organisation. In terms of finance, she explained that there is a risk because HSCQI does not have a core funding stream for its programmes, but it is working with Operations to look at this and there are also discussions ongoing with the Chief Executive and PHA Sponsor Branch about getting more sustainable funding. She added that HSCQI has submitted bids against PHA slippage.
- 44/22.11 Ms Lamb outlined a link about HSCQI staff being released from frontline duties to attend regional events, a risk exacerbated by the pandemic. She said that staff appreciate the opportunity to be able to meet in person for such events. She noted that a hybrid model is still being used.
- 44/22.12 Ms Lamb stated that there is a risk as the HSCQI website is not presently covered under the PHA SLA with BSO ITS, but Ms Tracey White has been in discussions with BSO regarding this and BSO will

provide support.

- 44/22.13 Mr Stewart said that there is a fundamental issue in that HSCQI was moved across to the PHA without any funding to support it. He added that it working hard to support the Trusts, but the Trusts do not provide any funding.
- 44/22.14 Ms Mann-Kler said that Dr Keaney is her “buddy” on the Board “buddy” scheme and this has given her a good understanding of the work of HSCQI. She advised that she had sat on the panel for the HSCQI Quality Awards and was impressed by the level of innovation that is happening across the HSC. She said that it is good that staff across Trusts were able to create pathways which led to effective and better patient outcomes. She commented that a lot of the risks relate to administrative type issues which is unfortunate and says a lot about how HSCQI came to PHA and how it was not set up properly to deliver. She welcomed that there will be additional staff recruited but noted that as they will only be temporary appointments, that will reduce the calibre of individual that will be attracted to the posts. She said that while it is beyond the scope of this Committee, she queried whether HSCQI should be part of PHA or whether it would better sit within the Department so it can have a link with the whole HSC system as it may be limited in that regard by being housed in PHA.
- 44/22.15 Ms Lamb thanked Ms Mann-Kler for her comments and said that she agreed with her. She said that it will be a challenge to recruit to temporary posts. She added that she was delighted that Ms Mann-Kler had been able to participate on the panel for the Quality Awards which help to highlight work that is being done across the system.
- 44/22.16 Mr Stewart said that PHA is in the middle of a review and it will be interesting to see the outcome of that with regard to the future of HSCQI.
- 44/22.17 Members noted the HSCQI directorate risk register.

#### **45/22 Item 8 – Information Governance**

*Information Governance Action Plan 2021/22 Update [GAC/29/07/22]  
Information Governance Action Plan 2022/23 [GAC/30/07/22]*

- 45/22.1 Mr Wilson said that he welcomed the fact that the Information Governance Steering Group had met in June. He reflected that during the pandemic, information governance was an area that PHA needed to keep on top of to ensure that good governance practice was being observed. He advised that at the last meeting the Group had considered the update against the Action Plan for 2021/22 and the new Plan for 2022/23. He noted that a number of outstanding actions have been carried forward and that there are areas that need to be improved, e.g. the uptake of mandatory training.

- 45/22.2 Mr Stewart noted the number of actions that had not been achieved and invited Mr Clayton to comment on the Plans. Mr Clayton said that firstly he was pleased that the Group had been reconvened and that it was obvious that the staff on the team had been undertaking a huge amount of work. He noted the Action Plan shows that there has been some slippage, but this reflects the volume of work the staff have had to undertake in areas such as FOIs and governance around data streams. He said that the importance of the mandatory training was emphasised and that there were some good practical suggestions made around improving uptake. He added that the need to complete the training will form part of staff appraisals. On a positive note, he said that the number of FOIs is less than this time last year, but it still remains high and the majority of responses are being issued within the statutory timescale. He added that there was a discussion about publishing FOI responses. He said that it is important that the Group meets on a quarterly basis. Mr Stewart said that from his time on the Group, he felt that quarterly meetings were essential and that is now more important given the greater responsibility PHA has for data management. He added that he would support the return to quarterly meetings.
- 45/22.3 Mr Stewart returned to the issue of training and expressed concern that staff should have access to IT equipment when they start. Mr Wilson confirmed that any staff have to complete training within 2 weeks and then they can obtain access to any other specific programmes they need. He said that he would review the wording of the target (**Action 3 – Mr Wilson**). Mr Stewart commented that staff should undertake their training but not have access to specific systems until they have completed their training.
- 45/22.4 Members noted the Information Governance Action Plan Update for 2021/22 and the Action Plan for 2022/23.
- 46/22 Item 9 – Finance**
- Fraud Liaison Officer Update Report [GAC/31/07/22]*
- 46/22.1 Ms Henderson presented the latest Report and took members through each of the five sections. She began by advising that the end of year Fraud Report for 2021/22 has been disseminated to all PHA staff and includes link to the Anti-Fraud and Anti-Bribery Response Plan which were approved recently by the Committee. She said that the Counter Fraud Services Report is also available and noted that the level of fraud reported in PHA is significantly lower than that in other organisations. She reported that there are presently 243 open cases, 105 of which are new. As at 1 April 2022, she advised that 153 cases were open and 90 had been closed. For PHA, she reported that there are no new cases.
- 46/22.2 Ms Henderson advised that the Northern Ireland Audit Office has published the findings of the last data matching exercise. She said that all PHA cases had been closed with no issues raised. She added that

this was the seventh data matching exercise with pensions being the area that saw the highest increase in terms of number of cases.

46/22.3 Ms Henderson said that the Fraud Action Plan for 2022/23 has been developed and it retains many of the actions from 2021/22. Noting the earlier discussion on the uptake of information governance training, she said that staff are being encouraged to complete the fraud training module. She noted that only 25% of staff have done so, but acknowledged that it has only recently been released. She said that regular reminders will be issued to staff. She advised that the National Fraud Initiative for 2022/23 will be issuing imminently.

46/22.4 Mr Stewart commented that within the context of the HSC as a whole, it was positive to note that the extent of reported fraud is not at the level he would have expected given the amount of funding that health receives from the public purse. Mr McCance advised that NIAO is assured that fraud receives a lot of attention at Committees such as this. He said that fraud is high on organisations' agendas and there is a zero tolerance policy.

46/22.5 Members noted the Fraud Liaison Officer Update Report.

**47/22 Item 10 – Governance and Audit Committee Terms of Reference [GAC/32/07/22]**

47/22.1 Mr Stewart noted that as PHA is undergoing a review, there may be implications for the Board and its Committees. He said that the terms of reference for the Governance and Audit Committee are comprehensive and he did not feel that there were additions required. He sought views from other members and auditors. Mr McCance said that from his reading of them, there did not appear to be any gaps.

47/22.2 Mr Wilson noted that there is a reference to complaints and the Committee's role in reviewing these and he will ensure that in future information on complaints is brought to the Committee.

47/22.3 Members **APPROVED** the Governance and Audit Committee terms of reference.

**48/22 Item 11 – Any Other Business**

48/22.1 With there being no other business, Mr Stewart drew the meeting to a close.

**49/22.1 Item 12 - Annual meeting with Auditors (External and Internal) without officers present**

49/22.1 Following the conclusion of the meeting, Non-Executive Directors held their annual meeting with representatives from Internal and External Audit.



**50/22** | **Item 13 – Details of Next Meeting**

*Thursday 13 October 2022 at 10am*

*Fifth Floor Meeting Room (or via Zoom).*

*12/22 Linenhall Street, Belfast, BT2 8BS*

Signed by Chair:

Joseph Stewart

Date: 13 October 2022