

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	11 April 2022 at 10am
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

- Mr Joseph Stewart - Chair
- Mr John Patrick Clayton - Non-Executive Director (*via video link*)
- 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 Tracey McCaig - Interim Director of Finance, SPPG (*via video link*)
- Mr David Charles - Internal Audit, BSO (*via video link*)
- Mrs Catherine McKeown - Internal Audit, BSO (*via video link*)
- Mr Roger McCance - NIAO (*via video link*)
- Mr Robert Graham - Secretariat

Apologies

None

12/22 Item 1 – Welcome and Apologies

12/22.1 Mr Stewart welcomed everyone to the meeting. There were no apologies.

13/22 Item 2 - Declaration of Interests

13/22.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

14/22 Item 3 – Minutes of previous meeting held on 27 January 2022

14/22.1 The minutes of the previous meeting, held on 27 January 2022 were **approved** as an accurate record of that meeting.

15/22 Item 4 – Matters Arising

- 15/22.1 Mr Stewart said that with regard to Action 1, on the recruitment of vaccinators, the Chair was due to speak to the Head of Legal Services regarding this matter.
- 15/22.2 Mr Stewart noted that with regard to Action 3 on the closure of HSCB, Ms Martina Moore is attending the PHA Board meeting on 19 May.
- 15/22.3 Ms McCaig advised that she would give members an update on Action 6, regarding the data matching exercise, later in the meeting as part of the Fraud Liaison Officer Update Report under Item 8.
- 15/22.4 Mr Wilson reported that under Action 4, the rationale for downgrading the risk with regarding to Lifeline was because a Direct Award Contract (DAC) has been put in place for the information management system.
- 9/22.10 Anti-Fraud and Anti-Bribery Policy and Response Plan*
- 15/22.5 Mr Stewart confirmed that Ms McCaig had shared with him the revised Plan following comments at the last meeting and he had approved it.

16/22 Item 6 – Internal Audit

Mr Rodney Morton joined the meeting for this item and the next item.

Internal Audit Progress Report [GAC/07/04/22]

- 16/22.1 Mr Stewart thanked Mr Morton for coming off his annual leave to join this morning's meeting to discuss the Internal Audit report on Serious Adverse Incidents (SAIs), and the nursing directorate risk register. He invited Mrs McKeown to first of all give members an overview of the SAI audit report.
- 16/22.2 Mrs McKeown reported that a limited level of assurance was being provided for the SAI process, although she recognised that action has been taken through the development of a Joint Improvement Plan which has resulted in some improvements. In terms of the findings of the audit, she advised that there needs to be more formality in the relationship between PHA and SPPG (Strategic Planning and Performance Group) and a need to update the relevant circulars. Secondly, with regard to the dissemination of learning, she said that there have been delays in this work due to the redeployment of staff in PHA with delays ranging from 178 days to 626 days. She cited instances where learning letters had been retracted, but not re-issued, and where learning matters articles had not been published.
- 16/22.3 Mrs McKeown said that a number of professional group meetings had been cancelled, but there was a contingency arrangement in place. She advised that while learning from SAIs did feature in the Annual Quality

- Report, this did not give a sense of the number of letters outstanding. She added that the last detailed report on SAIs was presented to the PHA Board in 2015. She noted that a Joint Improvement Plan has been produced and that 4 of the actions have been fully implemented. She said that management have accepted all of the recommendations.
- 16/22.4 Mr Stewart commented that there is a fundamental issue in terms of PHA's role, in that it is not obvious why PHA is involved in this process given it has no powers of enforcement. He suggested that this area should be included as part of the review of PHA. He added that the range of what is determined as SAIs is very wide, and queried how many actually relate to clinical issues. He said that while he welcomed the report, it raised more questions than it answered.
- 16/22.5 Ms Mann-Kler agreed saying that she does not understand the current split in terms of the governance arrangements and there is a lot of risk. She said that she is not sure if this split is normal and queried whether there is now an opportunity to have a proper review of this given the establishment of SPPG. She noted the reference to Board oversight as this has been a particular issue for PHA Non-Executives. She said that as PHA has a role in terms of learning, best practice and improvement, she looked forward to receiving more reports on this at Board level. She said that capturing the learning early will help in the context of any Inquiries.
- 16/22.6 Ms Mann-Kler said that the pandemic challenged organisations to make significant decisions at a fast pace and it wasn't possible for the Board to be across every element and now that the implications of some of those decisions are coming out, she queried if there are any issues that the Board does not know about or have oversight of, and if this should link with the Internal Audit plan.
- 16/22.7 Mr Clayton commented that this report gives food for thought and he thanked Mr Morton for the report on the actions taken to date. He said that there is a fundamental issue about the role of PHA in the SAI process as it appears that PHA does a lot of the legwork, but it is not clear what HSCB did, and perhaps now that HSCB has closed, there is an opportunity to look at this as it appears to be unbalanced and given the impact of COVID-19, he said he was not surprised to see that there is a backlog. He asked whether PHA has the workforce to be able to support this work and he queried whether this should be placed on the Corporate Risk Register in order to give it more oversight at Board level. He added that there may now be a situation where there are more SAIs as a result of COVID-19. He agreed with Ms Mann-Kler's view that following the closure of HSCB, this area is now an issue and should be considered as part of PHA's Internal Audit plan. He asked whether there needs to be a focus on this from a workplace planning perspective. He asked who is leading this work in SPPG and what PHA's role will be going forward. He felt that previously it seemed that HSCB's role was to hold PHA to account.

- 16/22.8 | Mr Morton thanked Mrs McKeown and Mr Charles for their work on this audit. He said that at the time of the audit, it was a period of transition with the Joint Improvement Plan being developed and he surmised that if the audit were to be re-done now, it would have a different outcome given the work that he and Mrs Lisa McWilliams have initiated. He explained that in his role he inherited the responsibility for supporting the PHA response to SAIs and this is co-joined with HSCB as outlined in the Circular. He advised that HSCB has the primary responsibility for ensuring that performance in relation to SAIs is discharged in line with the Circular and PHA has a pivotal role in disseminating the learning. He noted that not every SAI involves clinical guidelines, but it would involve professional guidelines. He added that PHA and SPPG have a joint responsibility and it is not up to SPPG to hold PHA to account, but where there is a partnership there needs to be an escalation protocol so that any matter can be escalated to the Chief Executive or Board. He advised that a Partnership Agreement is going to be developed to deal with the governance arrangements. He added that he did not disagree with the view that this is an area that should be looked at as part of the review of PHA.
- 16/22.9 | Mr Morton noted that within PHA, HSCQI has a role in terms of quality and it is important that safety and quality are not separated into silos, so he and Mrs McWilliams are aiming to strengthen integrated working, hence there is now a Directors' Forum to look at safety and quality. He added that there will be a Safety Framework developed which will look to triangulate data from areas such as SAIs, complaints, untoward incidents and claims. He advised that the Framework will look at the detection of issues and the development of improvement plans and it will assure the Board and the public that the HSC is a learning system. He said he hoped to bring the Framework to the Board for consideration shortly.
- 16/22.10 | Mr Morton advised that PHA is awaiting the RQIA review of SAIs and SAI management as it will make a series of recommendations that will inform the role of PHA and SPPG. He added that following the IHRD review, there was a series of recommendations about SAIs and the citizen experience of SAIs. Given PHA's role in PPI and Patient and Client Experience, he said that it has been heavily involved in work to support citizens who have had an adverse healthcare experience and this is being done in conjunction with the Patient Client Council.
- 16/22.11 | Mr Morton said that the Partnership Agreement will address some of the key findings from the audit and then the review of PHA and the RQIA review will also influence it. He added that a biannual report will come to the Agency Management Team (AMT) and the Board about PHA's performance in safety and quality and the SAI process. He agreed with the comment about capacity issues and noted that one area that PHA struggled in was in relation to maternity and paediatrics. He advised that there has been an appointment made for a paediatric nurse consultant and although that is a positive step, it does not fully resolve

the problem. He explained that the volume of SAIs is continuing to increase which is putting more demand on healthcare staff to deal with SAIs. He said that is an area that is being kept under surveillance, and that he and Mrs McWilliams have put in strict parameters around the monitoring of SAIs.

- 16/22.12 Mr Morton advised that all immediate learning is issued to the system, and the delays are largely reminders of best practice. Over recent weeks, he said that there has been an effort to clear the backlog and this is on target to be achieved and the aim is that going forward under the new system, there will not be a backlog.
- 16/22.13 Ms Mann-Kler thanked Mr Morton for his comments which she said were very helpful. She asked about the extent to which the number of SAIs is increasing that is reflective of the pressure on the system as a whole. She said that Mr Morton had alerted members to the challenge about staff time and felt that if this situation continues, it will escalate further. Mr Morton said that one of the reasons for establishing the Directors' Forum is to look at the system's ability to deal with this work. He explained that if a Trust flags up an issue, these issues are being logged and passed onto colleagues in Commissioning. He said that there is a need to ensure that issues are identified and appropriately raised. He advised that capacity does create a challenge when it comes to safety as there has been a number of SAIs, for example, delays in individuals awaiting a cancer diagnosis, and this is unfortunately a reality of the pandemic.
- 16/22.14 Mr Stewart said that what has been put in place seems a satisfactory interim solution, but he felt that this is a complex area and PHA needs to be sure as to what its statutory responsibilities are. He said that the Board will be very interested in seeing this report and the comprehensive response provided to the findings. Mr Morton noted that last year he had prepared a paper outlining PHA's role in the SAI process and he undertook to review that paper and include some commentary based on this audit to inform the discussion at a Board meeting (**Action 1 – Mr Morton**).

17/22 Item 7 - Corporate Governance

Nursing Directorate Risk Register as at 31 March 2022 [GAC/11/04/22]

- 17/22.1 Mr Stewart asked Mr Morton if there were any particular issues he wished to highlight from the nursing directorate risk register.
- 17/22.2 Mr Morton said that there were 3 key issues he wished to update on, the first of which related to strengthening capacity within his directorate by filling vacant posts. He advised that there is a recovery plan in place and that where 6 months ago there were up to 13/14 senior vacancies, he hoped that within the next 6 months progress will have been made now that a number of these posts have been approved to proceed. He

said that another issue is about capacity and capability in areas such as financial control, business case management and management of DACs. He advised that a number of internal processes have been put in place to ensure that staff are complying with requests and training is being provided for staff on business cases. In the last month, he reported that a business partner arrangement has been put in place and an individual appointed. He reported that the third issue related to the transition to SPPG as there is a significant number of staff in his directorate who are involved in areas such as planning and commissioning and going forward the role of his directorate in this work needs to be reviewed as nursing, midwifery and AHP work is inextricably linked across all programmes of care.

- 17/22.3 Mr Stewart said that he was pleased to see that the Register had been updated as it is important that the risks are kept up to date. Given the protracted nature of the recruitment process, he queried whether it was necessary to start planning for a recruitment 12 months in advance. He noted that the Permanent Secretary is no longer able to join the PHA Board workshop on 26 April as he wished to raise with him the issue of why approved posts have to be approved again by the Permanent Secretary.
- 17/22.4 Mr Irvine asked if there was an underlying issue which explained why directorate risk registers were being brought to the Committee as normally it would only be the Corporate Risk Register. Mr Stewart advised that the Committee considers the Corporate Risk Register but feel that it is good practice to look at the directorate ones as it gives the Director an opportunity to tell the Committee what is happening at their level.
- 17/22.5 Mr Irvine commented that the document is lengthy and he would prefer to see a more consolidated report with additional information appended. He added that the document is not easy on the eye, and he noted that in the summary there is no information about the previous status of the risks or what changes have been made to their ratings. Therefore he said it is difficult to determine what action has been taken if a risk has been escalated and this needs to be clear. He added that the document needs to be more readable.
- 17/22.6 Mr Clayton thanked Mr Morton for bringing the directorate risk register to the Committee and said that it was helpful to see what is going on on a rotational basis. He noted that Mr Morton had addressed the issue of vacancies and while there is a process under way in the nursing directorate there is still a high number of vacant posts. He asked for more clarity about the nature of the risk relating to the managed care network for maternal health and wellbeing and what action is being taken.
- 17/22.7 Mr Morton clarified that the Committee wished to carry out a more in depth review of directorate risk registers. He agreed that there is a need

to find a different way of tracking the movement of risks and to do this on a summary page. With regard to vacancies, he said that not only in his own directorate, but across PHA to think about the right structure and to make use of resources where there are significant gaps. In terms of the care network, he explained that there was a delay in establishing this due to the pandemic, but there is a maternity collaborative. He added that the development of a new maternal health and wellbeing network designed to look at the needs of children, women and young people has been delayed.

17/22.8 Mr Wilson said that in terms of the methodology, any changes in the risk register are made in green font, including any changes to the rating of risks. He agreed with the point about the register being shorter, and although the aim is to make the register dynamic and useful, he would take that feedback away. Mr Irvine commented that visually impaired people would not pick up the changes in green font. Mr Wilson said that this would also be looked into.

17/22.9 Mr Stewart thanked Mr Morton for his attendance

17/22.10 Members noted the nursing directorate risk register.

18/22 Item 5 – Chair’s Business

18/22.1 Mr Stewart advised that he had no Chair’s Business.

16/22 Item 6 – Internal Audit (ctd.)

Internal Audit Progress Report [GAC/07/04/22] (ctd.)

16/22.15 Mrs McKeown presented the Progress Report and advised that 5 days originally held for another audit were used to carry out the re-run of the Board Effectiveness survey and follow up interviews with a sample of Board members. She referred to the KPIs and said that there needs to be improvement in terms of the length of time to receive management comments. She gave an overview of the progress of the various audits and explained that following completion of the Board Effectiveness audit, she will be able to give her Head of Internal Audit opinion.

16/22.16 Mrs McKeown reported that following the Financial Review she was giving a satisfactory level of assurance regarding non-pay expenditure, budgetary control and reporting to the Board, but a limited level of assurance regarding payments to staff.

16/22.17 Mrs McKeown advised that the audit had found that 48 staff had received 211 incorrect enhancements due to the incorrect completion of the electronic timesheet. She said that a lot of work needs to be done in that are but she is aware that Finance has been liaising with Payroll in that regard. She explained that one of the issues is that part time staff have been claiming overtime before they have worked 37.5 hours and

there have been instances where staff have received Saturday, Sunday and Bank Holiday enhancements in error. She added that there have been delays in processing new starts, leavers and contract changes and that staff in post reports did not pick up or identify these changes. She said that 108 staff have not assigned to a line manager on the structure, but she noted that 77 of these were bank staff and issue with the remaining 31 has now largely been resolved. She noted that 8 staff out of a sample of 48 had not been assigned the correct line manager. She highlighted issues about timesheets not being processed on a timely basis and that there was an instance where a link load spreadsheet had been submitted using an electronic signature. She said that management had accepted all of the recommendations.

- 16/22.18 Mr Stewart asked how many of these overpayments related to the Contact Tracing Service. Mrs McKeown said that the vast majority of them related to contact tracing. Mr Stewart said that last year the Committee had asked for an audit of that Service, and the terms of reference had been agreed by the previous Interim Chief Executive, without approval by the Committee and in breach of established procedures. Had that not been the case and had the Committee been in a position to influence the terms of reference of the audit, he felt that this issue would have been picked up at that point. He added that given the rapid expansion of the Service in response to the pandemic these findings were not really a surprise.
- 16/22.19 Mr Clayton agreed that there seems to be an issue within contact tracing and particularly because the Service has been scaled up and down continually. He suggested that there is a further risk because the Service is about to be scaled down again and work needs to be done to ensure that staff are not overpaid and all outstanding issues are dealt with. He said he would welcome an insight into how that will be handled, and suggested it was an issue to do with line management. He expressed concern about the lack of clarity in terms of line management and staff not having appropriate support. He asked whether agency staff fell within the scope of this audit.
- 16/22.20 Mr Clayton raised a concern about the SBNI issue. He asked, given that SBNI is a separate entity that is hosted by PHA, where the responsibility lies for implementing that recommendation. He appreciated that there is a risk in asking individuals to carry out that work but whether this requires resolution by the Department or elsewhere. Mrs McKeown said that the responsibility for implementing that recommendation lies with SBNI, and assistance will be sought from the Directorate of Legal Services (DLS) and BSO HR.
- 16/22.21 With regard to the line management issues, Mrs McKeown clarified that the issue is with staff not having a line manager on the HRPTS system, not in their day to day work. She clarified that HRPTS does include agency staff and advised that the second finding related to bank staff, but the issue was not as significant as bank staff work less hours.

- 16/22.22 Ms Mann-Kler commented that in the future it is not inconceivable that PHA would have to recruit an extra 600 staff again, and she asked how confident PHA is that these issues have been addressed and there are adequate staff, and if PHA can flex up and down depending on business need.
- 16/22.23 Ms McCaig said that on the HRPTS system, there should not be any posts where there is no manager identified and that this is an HR process that starts with the manager. She added that this is an issue between Payroll and the Manager Self Service function, and although guidance has been given out, these events were inevitable. She explained that there was support from HR but the issue now relates to Payroll. She said that this situation could happen again, but she pointed out that this is not a situation that is unique to PHA and the system does need to be able to pick up on these issues.
- 16/22.24 Ms McCaig advised that the staff in post reports are key and she has asked Ms Andrea Henderson to review these as this is a critical control within Payroll and is relied on regardless of whether PHA is scaling up or down. She said that following a review there will be monies that need to be recovered and there is a regional exercise ongoing regarding this with each case being gone through one by one to ensure that Payroll is taking the appropriate action. She undertook to update members on how that work is progressing.
- 16/22.25 Mr Stewart said that there appear to be 2 issues, the first of which is adequate supervision of what is happening and that the right processes are in place and the second relates to having a system that can flag up if staff are only contracted part time. Ms McCaig concurred with Mr Stewart's assessment but noted that there are complexities, for example in dealing with virtual rotas. However, she agreed that as a first step there needs to be better controls. Mr Stewart asked that if this issue has been ongoing for some time, is the system not capable of being refined. Ms McCaig noted that there have been challenges with the systems and commented that there could be a situation where every manager is doing the right thing but the system is still not as modern as it could be. She conceded that when something is being done at pace, there is the opportunity for things to go wrong. She said that normally the situation is very stable, but this audit has picked up issues. She added that HR colleagues have been asked to give further guidance and support.
- 16/22.26 Mr Irvine said that an underlying problem has been identified and this issue needs to be flagged up to IT to say that any future system will need to be able to rectify this glitch. He asked what the likelihood is of the system being changed. Ms McCaig advised that at this stage the system will not be changed and while some improvements have been made, it will be another 2 years before it is replaced. Mr Irvine suggested that the improvements are like a sticking plaster. He noted that there is a reliance on people following guidance and that any follow up audit is likely to pick up the same issues. He said that an answer

needs to be found as it is unacceptable that a problem has been identified but is not being dealt with and there is a reliance on HR providing further guidance that will require a further intervention. He suggested that there needs to be a higher level of accountability placed on this.

- 16/22.27 Ms McCaig said issues regarding the system are HSC-wide, but there has been little impact on PHA previously. She noted that any self-service system will have an element of risk. She said that contact tracing staff have been made aware of the issues, HR has prepared guidance and her staff are replicating reports to help. Mr Irvine said that there is a fundamental issue about ownership of recommendations emanating from audits. From an organisation business improvement perspective, he said that Directors should be working with each other and taking joint ownership and this is something the Board may need to look at. He added that the number of recommendations is starting to increase. He suggested that there may be an underlying issue with regard to the structure of the organisation and in order to determine how this can be dealt with in the right way across the organisation, it may need to be discussed with the Board.
- 16/22.28 Mr Stewart advised that as far as the Contact Tracing Service is concerned, PHA is only now assuming control of the Service as that responsibility had lain with the Department of Health. However, he said that will not deal with the glitch in the Payroll system so additional measures need to be put in place to deal with these issues. He noted that these have been extraordinary circumstances, but these circumstances could come round again so PHA needs to have a level of control over and above what the system can provide and there is something that the Board needs to raise with the Chief Executive. Ms McCaig said that for the current scaling down of the Service, managers are aware of the issues and have sought HR guidance on what is the right thing to do, and she will take a retrospective look at what has happened. She agreed that there are lessons to be learnt and it would be helpful to have those written up. She said that these issues arose at the beginning, but since the audit new controls have been put in place. She conceded that the situation is less than ideal, but she undertook to give a further update at the next meeting (**Action 2 – Ms McCaig**).
- 16/22.29 Mr Stewart expressed concern as to why an in issue relating to SBNI featured in this PHA audit report. Mrs McKeown explained that it is because SBNI was included in the sampling for the Payroll element of this audit. Mr Charles added that when this payment was identified and followed by SBNI, there was no clarity as to whether this issue had been raised with HR or DLS, hence it was included in the report. Mrs McKeown added that PHA does have a hosting arrangement with SBNI, but accepted that this is an issue for SBNI to resolve. Mr Stewart said that his concern is that this finding is contributing to a limited assurance, but Mrs McKeown said that was not the case. Ms McCaig said that SBNI operates under the formal governance of PHA, and while she

- accepted that it is unusual that this would appear in this audit, she felt that it is important that there is oversight of SBNI's expenditure.
- 16/22.30 Ms Mann-Kler commented that this is another area where she does not have clarity and she asked if there was anything that needed to be discussed at Board level. Mr Stewart said that this could be picked up as part of the review of PHA especially as the work of SBNI is not within PHA's statutory remit. He suggested that this should be referred to the Chief Executive to pick up as part of the review.
- 16/22.31 Ms McCaig noted that there was a recommendation relating to a link and load payment, but said that this should not have been processed if the correct person was not cc'd in the e-mail. While she accepted the process was not ideal, she said that the payment should have been rejected by Shared Services. Mrs McKeown advised that this is an issue that is routinely picked up because the timesheet spreadsheet is a workaround for HRPTS and therefore it does contribute to a limited assurance being given. She noted that there has been progress in that Shared Services have created a new template that does not allow Bank Holiday enhancements to be paid for anything else apart from a Bank Holiday. She added that she was encouraged to note that Ms McCaig's team is going to run reports. Ms McCaig said that the issue she was referring to related to a non-pay link and load from the accounts payable side.
- 16/22.32 Members noted the Internal Audit Progress Report.
- Year End – Follow up on Outstanding Internal Audit Recommendations [GAC/08/04/22]*
- 16/22.33 Mrs McKeown advised that Internal Audit conducts follow up work twice a year on the outstanding recommendations from previous audits and this reports shows that 78% of the 59 recommendations are now fully implemented with 13 recommendations partially implemented. She drew members' attention to the summary table and then to the section giving further detail on those which remain partially implemented.
- 16/22.34 Mrs McKeown reported that the oldest recommendation not yet fully implemented relates to procurement. She advised that there are 3 recommendations which relate to screening programmes, but there will be a future audit of screening programmes. She noted that the 1 recommendation relating to PPI should be closed off shortly.
- 16/22.35 Mrs McKeown advised that there are 2 recommendations relating to the Family Nurse Partnership programme, one of which relates to the IT system, but she is aware that there is work ongoing in that area. She said that there are 2 issues relating to information governance, one of which relates to the need to ensure that PHA contracts are compliant with GDPR, but she noted that a Band 7 Information Governance Manager has been appointed.

- 16/22.36 Mrs McKeown reported that there are 2 recommendations relating to the recent audit on performance management where a limited assurance was given, and that one of these has 5 elements. She said that progress on some of those has been made in that performance reporting to the Board has improved, but there is still work to do in the development of a Performance Management Framework. Mr Stewart commented that some of the other issues are not likely to be resolved until the Framework is in place.
- 16/22.37 Mrs McCaig advised that at the next Board meeting the Chief Executive will inform members that he has initiated a series of meetings with Executive Directors to discuss their budgets, but also the need to reduce the number of DACs and to get outstanding audit recommendations completed. Mr Stewart added that the issue about DACs has been added to the Corporate Risk Register. Mrs McCaig reiterated that there is a push to get these outstanding recommendations completed. Mr Stewart said that he would like to see a higher level of completion and while he accepted that the last 18 months has been challenging, there is a need to get some of these over the line in the next 6 months. Mr Wilson said that in terms of the Performance Management Framework, this is currently being addressed, and is germane to the discussions around business planning. He hoped to have a draft brought to the Board inside the next few months.
- 16/22.38 Members noted the update on outstanding Internal Audit recommendations.
- Internal Audit Plan 2022/23 [GAC/09/04/22]*
- 16/22.39 Mrs McKeown explained that this is a 1-year Plan due to the ongoing organisational review. She advised that she met with all Directors and the Chief Executive where it was felt that a 1-year Plan would be more appropriate given the current context so she would await the outworking of the review before committing to the development of a 3-year Plan.
- 16/22.40 Mrs McKeown gave an overview of how the Plan was developed and the nature of the assurance that can be given. She outlined the breakdown of the number of audit days and explained the relationship between Internal Audit and other stakeholders.
- 16/22.41 Mrs McKeown outlined the programme of proposed audits and advised that given the recent re-run of the survey for the Board Effectiveness audit in March, a further audit would not be conducted next year. She added that the audit on vaccination programmes has been deferred to 2023/24 given that there is already an audit on screening programmes. She sought the Committee's approval of the Plan.
- 16/22.42 Mr Clayton said that he understood the rationale for not doing both the screening and vaccination audits during the same year. With regard to the financial review audit, he asked what areas this would be looking at

and if there would be follow up to the previous audit. Mrs McKeown advised that there will be an element of follow up and that this year, more time has been allocated to the audit. She said that while it will include areas such as payments to staff and non-pay expenditure, there are other areas such as legal payments or use of external consultants that are looked at rotationally.

16/22.43 Members **APPROVED** the Internal Audit Plan 2022/23.

17/22 Item 7 – Corporate Governance (ctd.)

Corporate Risk Register as at 31 March 2022 [GAC/10/04/22]

17/22.10 Mr Wilson presented the Corporate Risk Register which he advised has been reviewed as at 31 March 2022. He explained that a number of changes have been made, including the addition of a new risk relating to DACs which is an issue of particular concern to the Chief Executive and one which he wishes to monitor closely and ensure that these are eliminated as much as possible. He added that the Chief Executive has added this to each Director's objectives for the year.

17/22.11 Mr Wilson reported that 2 risks have been removed, risk 52 relating to the ability of third party providers to deliver commissioned services which has been placed on the Register during COVID-19 but was no longer felt to be an issue, and risk 58 relating to staff resilience where it was felt that a number of areas had been addressed. He advised that 2 other risks have had their rating reduced.

17/22.12 Mr Stewart said that given PHA will be assuming full responsibility for both the Contact Tracing Service and the COVID-19 Vaccination Programme, he queried if this needed to be included on the Register, but he suggested that that may be a discussion for the full Board.

17/22.13 Mr Clayton asked for more detail on the rationale for removing the risk on staff resilience. He said that the Board has been concerned about what staff have had to cope with and a concern about staff being able to take leave, so he asked whether now that staff are transitioning out of redeployment, are they able to take leave and is it too early to remove this risk or can AMT give an assurance that the picture has improved. Mr Wilson said that he understood the concerns. He explained that the measures identified to be taken forward have been taken forward and managers have impressed on staff about the need to take leave. He added that given PHA is going through a period of recovery, it was felt appropriate to downgrade this risk and manage it through staff appraisals and team meetings, but AMT will keep a watching eye on it. He said that it is likely that staff resilience will be picked up as part of the review and that the review will highlight a number of challenges for PHA.

17/22.14 Mr Clayton noted that there are 2 risks which relate to workforce capacity and recalled that there had been previous discussion about

having a single risk. While not seeking to diminish the issues that exist within health protection and HSCQI, he said that this was clearly an issue across the organisation. Mr Wilson agreed, but noted that during the period that the Register was being reviewed the Director of HSCQI was on leave so it was felt best to leave it as it was this time around, but to look to amalgamate it in future. Mr Stewart said that he felt that this is a corporate risk for the whole organisation and should feature on the Register as a single risk.

17/22.15 Ms McCaig noted that there is a risk missing from the update as there had previously been a new risk added about PHA's ability to achieve a break even position. She said that the risk remains low.

17/22.16 Mr Irvine commented that normally a Corporate Risk Register would only contain 8/10 high level risks that have been escalated by Directors. He said that the 2 risks on staffing and the risk on staff resilience could be culminated into 1 high level risk. He suggested that there should be discussion at the workshop about what is deemed as a high level corporate risk and where there is overlap, these should be combined. Mr Stewart welcomed those observations and said that it was something he had already discussed with Mr Wilson and Mr Murray. He said that while some progress has been made in refining the risks, there is still some work to do. He added that the Chief Executive would agree that there needs to be a discussion about what the high level risks are, but at present AMT is erring on the side of caution. Mr Wilson assured members that AMT is looking at this.

17/22.17 Mr Stewart said that he thought that the risk regarding the PHA website could be removed. Mr Wilson agreed that this will be the case. Mr Stewart also said that the risk on leadership needs to be brought up to date.

17/22.18 Members **APPROVED** the Corporate Risk Register which will be brought to the PHA Board in May.

19/22 Item 8 – Finance

Timetable for ALB Annual Accounts 2021/22 [GAC/12/04/22]

19/22.1 Ms McCaig advised that as per the Circular from the Department, PHA must have its financial position resolved by 25 April and draft accounts submitted to both the Department and NIAO by 6 May as well as any consolidation schedules. She said that she would share the accounts with Committee members when at the same time as they are sent to NIAO.

19/22.2 Ms McCaig said that the audit of the accounts will be completed in advance of the GAC meeting of 9 June and following approval by the Board at its June meeting, they will be signed and submitted to the Department in advance of 24 June deadline. She noted that it is a

lengthy process, but the first key date is the 25 April for submission of the financial position followed by the draft accounts being submitted by 6 May.

19/22.3 Members noted the timetable for the Annual Accounts.

Fraud Liaison Officer Report [GAC/13/04/22]

19/22.4 Ms McCaig presented the latest Fraud Report and began by giving members an update on two investigations into alleged fraud relating to third parties. For the first case, she advised that following an investigation there was no evidence of fraud committed against the PHA and there was no PSNI investigation. She advised that she has written to the Director of Finance in the Department to outline what work PHA has done regarding this matter. In the second instance, she reminded members that this related to a counselling where PHA had contributed costs to pay for rent for premises where services were provided. Following some indications of impropriety, she advised that a third party was brought in, but no issues were found for PHA and that matter has also been closed.

19/22.5 Ms McCaig reported that significant progress has been made against the Fraud Action Plan, although some Fraud Liaison Officer training remains outstanding. She advised that NIAO has recently produced some useful guidance in the area of fraud.

19/22.6 Ms McCaig returned to the outstanding action from the previous meeting regarding high risk duplicate records found in the National Fraud Initiative data matching exercise. She explained that there could be instances where there are two records with the same company, the same value, but different bank accounts. However, she assured members that all duplicate payments had been flagged up by accounts payable through internal processes and there was no suspicion found of any fraud.

19/22.7 Mr Irvine noted that in the update on the second suspected fraud investigation, it noted that although no fraud was found, the GAC could seek assurance through a forensic review and therefore it needs to be put on record whether that suggestion will be taken forward. Ms McCaig agreed and reiterated that there was no evidence of fraud found. Mr Irvine said that it should be stated that the Committee had agreed that there was no need to undertake any further investigation. This was agreed.

19/22.8 Mr Clayton noted the fraud alert included in the paper regarding a scam on COVID-19 text alerts and given the changes in testing where there is now potentially a cost for people to get tested which increases the risk of receiving such scams, he queried if PHA should disseminate information warning people about this. Mr Wilson advised that there was a meeting with the Department last week about the changes in testing, and this

- was picked up. He said that PHA will be undertaking proactive messaging.
- 19/22.9 Members noted the Fraud Liaison Officer Update report.
- 20/22 Item 9 – Draft PHA Annual Report 2021/22 [GAC/14/04/22]**
- 20/22.1 Mr Wilson advised that the draft Annual Report is the current version and requires significant work, as well as the inclusion of other parts, including the finance sections. He said that the performance section focuses mainly on the pandemic response over the last 12 months. He advised that since this version was issued he has made significant changes and reduced the narrative. He felt that it would not be appropriate to approve this version as the draft.
- 20/22.2 Ms Mann-Kler said that she did not get any sense of equality, diversity or inclusion in the Report and this needs to be reflected throughout the document, not as a standalone section. She added that she was unclear as to the presentation of the performance analysis page, but agreed that it would be useful to shorten the report. She welcomed the addition of pictures in the Report. Mr Wilson said that he would be happy to pick up with Ms Mann-Kler outside of the meeting in terms of the some of the issues raised.
- 20/22.3 Mr Irvine commented that in the first part of the Report, it outlines 5 key outcomes, but the narrative after that does not follow these and all the sections need to be more interrelated.
- 20/22.4 Mr Clayton agreed that as this is a work in progress it would be best to defer approval. He agreed with Ms Mann-Kler's comment about the need to include commentary about equality and diversity citing low vaccination uptake as an area. In terms of screening, he noted that this is a significant area of PHA work but it appeared that there was only information on 2 of the programmes. He added that the redeployment of PHA staff during the year is referenced at various points throughout the Report but perhaps needs to be more upfront. He said that the section on Health Improvement appeared to be more internally focused rather on its impact on the public. He added that he was mindful that PHA's Corporate Plan has expired so there may need to be some narrative in the Report to say that it has been extended. He said that compared to previous Annual Reports he had found this one easier to follow, but he would welcome seeing a summary version. Mr Wilson thanked Mr Clayton for his comments, all of which he said were very worthwhile points.
- 20/22.5 Mr Stewart said that at this time the Committee can give a nod of approval to the Report but would anticipate that the Report will be in better shape in advance of the Board meeting on 26 April.
- 20/22.6 Members noted the draft PHA Annual Report.

21/22 Item 10 – Draft PHA Governance Statement 2021/22 [GAC/15/04/22]

- 21/22.1 Mr Wilson advised that there are also gaps in the draft Governance Statement as it needed some information from Internal Audit as well as some narrative around the transfer of the vaccination programme. Mr Stewart said that the Committee would not be in a position to approve the Statement today.
- 21/22.2 Mr Irvine noted that Ms McCaig's attendance at Board meetings had not been included in the attendance section. It was agreed that this would be rectified **(Action 3 – Mr Wilson)**.
- 21/22.3 Ms Mann-Kler asked if the Chief Executive would be attending a meeting of the Committee. Mr Stewart said he intended to write to him to formally invite him to attend, but noted that he was due to attend the last meeting, but was unable to. Mr Wilson advised that the Chief Executive is keen to attend **(Action 4 – Mr Stewart)**.
- 21/22.4 Mr Clayton noted that there had been discussion before about a need for the Information Governance Steering Group to be reconvened and a report back to the Committee. It was agreed that Mr Murray would look into this **(Action 5 – Mr Murray)**.
- 21/22.5 Members noted the draft PHA Governance Statement.

22/22 Item 11 – Governance and Audit Committee Annual Report [GAC/16/04/22]

- 22/22.1 Mr Stewart noted that this Report was also a work in progress and would need to be brought back to the Committee.
- 22/22.2 Members noted the Governance and Audit Committee Annual Report.

23/22 Item 12 – Any Other Business

- 23/22.1 Mr Stewart thanked members for their attendance at today's meeting and apologised for his oversight in not formally welcoming Mr Irvine to his first meeting. He said that he looked forward to working with Mr Irvine and benefitting from his experience of having sat on other Committees.

24/22 Item 13 – Details of Next Meeting

Thursday 9 June 2022 at 10am

Fifth Floor Meeting Room (or via Zoom).

12/22 Linenhall Street, Belfast, BT2 8BS

Signed by Chair:

Joseph Stewart

Date: 9 June 2022