

<b>Title of Meeting</b>	Meeting of the Public Health Agency Governance and Audit Committee
<b>Date</b>	1 July 2020 at 9.30am
<b>Venue</b>	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

## Present

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

## In Attendance

- Mr Ed McClean - Interim Deputy Chief Executive / Director of Operations
- Miss Rosemary Taylor - Assistant Director, Planning and Operational Services
- Mr Paul Cummings - Director of Finance, HSCB
- Ms Jane Davidson - Head Accountant, HSCB (*via video link*)
- Ms Wendy Thompson - Assistant Director of Finance, HSCB (*via video link*)
- Mrs Catherine McKeown - Internal Audit, BSO (*via video link*)
- Ms Christine Hagan - ASM (*via video link*)
- Mr Roger McCance - NIAO (*via video link*)
- Mr Robert Graham - Secretariat

## Apologies

None

		Action
<b>24/20</b>	<b>Item 1 – Welcome and Apologies</b>	
24/20.1	Mr Stewart welcomed everyone to the meeting. There were no apologies.	
<b>25/20</b>	<b>Item 2 - Declaration of Interests</b>	
25/20.1	Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	
<b>26/20</b>	<b>Item 3 – Minutes of previous meeting held on 20 May 2020</b>	
26/20.1	The minutes of the previous meeting, held on 20 May 2020	

were **approved** as an accurate record of that meeting.

**27/20 Item 4 – Matters Arising**

27/20.1 Mr Stewart noted that at the last meeting there had been discussion about convening a special meeting of the Committee to consider the updated Corporate Risk register, but given that the Agency Management Team had spent a considerable time reviewing the Register there was no need to convene a special meeting in advance of today's meeting.

**28/20 Item 5 – Chair's Business**

28/20.1 Mr Stewart said that he had no Chair's Business.

**29/20 Item 6 – Internal Audit**

*Progress Report [GAC/15/07/20]*

29/20.1 Mrs McKeown presented the progress report and advised that there was one audit to update members on, and that was an audit of information governance where a satisfactory level of assurance was being provided. She said that there were no significant findings in the audit but she highlighted a need for PHA contracts requiring to be reviewed in light of GDPR requirements. She noted issues around the uptake of information governance training, particularly after 2018, and that there was poor attendance at Information Governance Steering Group (IGSG) meetings. Finally, she advised that Internal Audit had carried out a review of the availability of PHA Board and Committee papers following a recommendation from the Hyponatraemia Review, and that PHA was largely compliant although one set of Board minutes was not available.

29/20.2 Mr Clayton welcomed the level of assurance provided, but asked for further detail of the scale of work required in order to update all of the legacy contracts to ensure they are compliant with GDPR, and how long this might take. He also noted that PHA will be gathering a significant amount of data in relation to contact tracing, and this reinforced the importance of the need for staff to undertake training. In relation to the contracts. Miss Taylor acknowledged that this is a huge piece of work, not only for PHA, but across the HSC as a whole, and through information governance and social care procurement networks PHA is working with Trusts and Legal. She assured members that there are existing clauses in contracts regarding the need to comply with information governance requirements, but going forward a lot of work needs to be undertaken to map out

data flows. As this is a new area of work, she noted that there is an ongoing debate in terms of what is required. Mr Stewart asked whether a catch-all clause could be used. Miss Taylor said that this exists, but Mr Stewart asked what more is required. Miss Taylor explained that as part of carrying out Data Protection Impact Assessments (DPIAs), there is a lot of work involved in mapping out data flows and specifying them. Mr McClean added that PHA does not currently have sufficient capacity to do this work. He said that this is an area that carries a risk given the volume of contracts and that given the complexity of the data, there is a need to increase capacity in the short term.

29/20.3 Following on from Mr McClean's comments, Ms Mann-Kler asked whether this risk has been discussed at Executive Team level and should it go on directorate risk register. She said that following the recent public sector data breach there is a need to ensure training is up to date. She went on to express concern at the low turnout at IGSG meetings and sought further detail on why this is the case. She also noted that PHA will have access to a large amount of contact tracing data. Finally, she asked about the non-availability of the PHA Board minutes from April 2009. Mr Stewart said that it was his sense that staff did not view attendance at IGSG as a priority. Miss Taylor acknowledged that there is more work to be done on training, but she assured members that it will be critical that any new staff who are recruited to the contact tracing centre will have to undertake online information governance training. She said that the only outstanding Board minutes relate to the first meeting of the PHA, and that a copy should exist.

29/20.4 Mr McClean said that the points raised by Ms Mann-Kler were well-made and on reflection, there is perhaps a view among staff that information governance is a very specialised area and is distinct from their day to day work. He felt that the challenge for PHA is how to better communicate the importance of information governance and that it is the responsibility of everyone, but he added that staff training is an issue across all HSC organisations.

29/20.5 Miss Taylor advised that in light of the COVID-19 work approval has been given to the appointment of a temporary information governance manager, but the difficulty may be in obtaining an individual with the right skills and knowledge. She explained that staff in Operations can provide advice and guidance, but it is the programme leads themselves who need to carry out any required DPIAs etc.

29/20.6 Mr Stewart said that he hoped that with PHA's enhanced

- role in contact tracing, that there is accurate data management and control. Mr Clayton noted that a data breach can dent public confidence. Mr Cummings said that the data breach referred to in the Victims' Commissioner's Office was simply human error.
- 29/20.7 The Committee noted the Internal Audit progress report.
- Annual Plan 2020/21*
- 29/20.8 Mrs McKeown informed members that this was the second year of the 3 year Internal Audit plan. She said that the introduction to the Plan was largely unchanged but that there was some narrative included on COVID-19. She reminded members that Internal Audit had offered its services to PHA during the first quarter of the year, but by the end of the quarter PHA had not called upon these services.
- 29/20.9 Mrs McKeown advised that the summary Plan, outlined at the end of the document, can be kept flexible during the year. She said that she had engaged with PHA Directors to review the Plan before COVID-19, and then again in June and she expressed her thanks to the Directors for working with her at short notice to complete this review. She explained that this latest Plan has been aligned with the updated version of the corporate risk register.
- 29/20.10 Mrs McKeown outlined the audits that will be conducted which will be in the areas of financial management, management of contracts with the community and voluntary sector, governance during COVID-19 and risk management.
- 29/20.11 Mr Stewart queried the need for an 8-day audit on complaints and claims. Mrs McKeown advised that this audit, which is scheduled for next year, is mandated as public sector bodies are required to carry out review of complaints on a regular basis.
- 29/20.12 Ms Mann-Kler welcomed the Plan and that it was important to see that COVID-19 has been incorporated as it is becoming more important that PHA's governance arrangements are of the highest standard. She noted, however, that the Plan focuses on those areas that PHA has control over, but she was concerned about those elements that are being led by the Department and whether there are any gaps and how these could be considered as part of the remit of this Plan. She also asked whether the order of the audits in the Plan represents the order in which they will be carried out as she felt that there was an urgency in carrying

out a review of governance arrangements. Mr Stewart noted that he did not disagree with Ms Mann-Kler's comments and added that maybe there is an issue for the PHA Board with regard to the amended HSC Framework, but he said he would return to this as part of the discussion on the corporate risk register.

29/20.13 Mr Clayton welcomed the audit on governance during COVID-19, but he queried why a separate audit on the contact tracing programme is not scheduled until next year. He conceded that this may be to allow the programme to bed in, but he asked whether the audit would be done early in the year. He recognised that there is a steering group and oversight board which has PHA input, but given that this programme is integral to PHA's COVID-19 response, it is important that it is fit for purpose. He also queried why the offer of the services of Internal Audit services was not taken up by the PHA. Mr McClean said that the pressures PHA was facing were in other areas. Mr Cummings added that where a need was identified, PHA obtained assistance from the Leadership Centre from staff with project management skills. Mr Stewart said that for the contact training programme, he is aware that there is a separate risk register, updated by the Department, which goes into considerable detail on the risks. Mr McClean advised that at this moment the programme is still being set up, so later in the year may be a better time. Mr Cummings cautioned that it would be inappropriate to carry out an audit over the winter if there is a second surge as this would distract from the work of the programme. Mr Stewart suggested that perhaps a shorter audit could be carried out at the end of the year. Mr McClean said that doing an earlier audit will give an overview of the architecture of how the service is set up, but a later audit will allow for an overview of the service being in operation. Mrs McKeown proposed that as part of the audit on governance during COVID-19, due to be carried out this year, there could be a high level review of the contact tracing centre governance arrangements in advance of a more in-depth audit the following year. Ms Mann-Kler agreed that would be a suitable solution.

29/20.14 Members **approved** the audit plan.

**30/20 Item 7 – Annual Report and Accounts incorporating Governance Statement and Letter of Representation**

30/20.1 Mr Cummings tabled the Annual Report and Accounts but noted that members had received a draft copy in advance. He advised that following the audit by NIAO, there were no additional disclosures to the financial statements and no

- adjustments required to the content of the Report.
- 30/20.2 Mr Cummings took members through the Report. He said that the first section set out the role and purpose of the PHA and the next section contained an overview of PHA's performance in 2019/20 against the objectives in its business plan. He advised that the next section contained the financial performance and how PHA used its funding and there then followed the Directors' Report and the Governance Statement which is set out as per set guidance.
- 30/20.3 Mr Cummings advised that within the Governance Statement, there have been some further additions to the narrative which have been received from the Department of Health. He reminded members that the wording given by the Department is not mandated and it is within the gift of the Board to amend it. He said that the affected parts are the narratives around the financial position, EU Exit and COVID-19. He noted that the HSCB's Governance Committee had accepted the Department's wording.
- 30/20.4 Mr Cummings said that the next section contained the remuneration report and finished where the certificate from the Comptroller and Auditor General (C&AG) will be inserted.
- 30/20.5 Mr Cummings moved onto the accounts section and said that on page 69 there is a statement of comprehensive net expenditure which shows that PHA finished the year with a surplus of £119k, therefore within limits. He advised that the statement of financial position followed. He drew members' attention to the statutory financial duties of the PHA in Note 23, where an overspend against the Capital Resource Limit (CRL) of £2k was noted, and whilst technically a breach, was of no concern. He went on to say that PHA's prompt payment performance was slightly below the 95% target for paying invoices within 30 days but he commended the performance for payments within 10 days.
- 30/20.6 Mr Clayton said that he had no substantial comments to make, but he queried the wording regarding EU Exit and the uncertainty around the Northern Ireland protocol. Mr Cummings said that perhaps the issue is that there is uncertainty in how it will be implemented.
- 30/20.7 Ms Mann-Kler said that there is a challenge for PHA in terms of the narrative in COVID-19 while appreciating the period that this Report covers. She said that while the Chief Executive's foreword sets out the position, she felt that there needed to be more said about the impact of COVID-19 on

inequalities. She appreciated that these issues became more apparent in April, May and June, PHA's position and mandate as an organisation that has a role in addressing health inequalities would merit a strengthening of the wording of this section. Mr McClean advised that there had been discussion on this, but that there is no clear authoritative data for the period up to 31 March. He said that this will be a major theme of next year's Report. He advised that the Health Intelligence team in PHA has been carrying out monitoring as there has been no reporting from a Northern Ireland context.

30/20.8 Ms Mann-Kler suggested that the wording should say that PHA will be mindful of the potential of COVID-19 to exacerbate inequalities. She said that there was an issue identified early on in the pandemic regarding the impact on BME. Mr Stewart said that he was not sure the impact on BME and HSC was apparent in February or March. Mr Cummings said that there is a lack of evidence around this in Northern Ireland, and there has been a big difference in how COVID-19 has affected Northern Ireland in comparison to other parts of the UK, therefore he cautioned what should be included in the Report. Ms Mann-Kler stated that her request is that there is reference made to being mindful of inequalities. Mr Stewart noted that there is general agreement about the inclusion of wording on inequalities, but this needs to be presented to the Chair. Mr McClean proposed that some wording could be put at the end of the Chair's Report about the ongoing concern about health inequalities. Members were content with that approach.

30/20.9 Subject to the change to the Chair's section, and following discussion with the internal and external auditors (Item 9), members **approved** the Annual Report and Accounts which will be brought to the PHA Board on 7 July.

**31/20 Item 8 – External Auditor's Report to those Charged with Governance (Draft)**

31/20.1 Mr McCance said that members will be familiar with the Report. He noted that this has not been a normal year and he passed on this thanks to the Finance team in HSCB for their co-operation with the audit. He advised that this Report is a summary of the work carried out by ASM and he invited Ms Hagan to take members through the Report.

31/20.2 Ms Hagan advised that following the audit, ASM will be proposing that the C&AG give an unqualified audit opinion without modification and that there are no adjustments required. She added that there are no misstatements and

- no priority 1, 2 or 3 findings as a result of the audit. She advised that there is still some work to be finalised and a final view of the Report needs to be undertaken following receipt of comments from the Department of Health. She said that in terms of management of information and personal data she was not aware of any issues.
- 31/20.3 Ms Hagan advised that at today's meeting the Committee is required to review the findings of the audit, including the draft letter of representation and the audit certificate.
- 31/20.4 Ms Hagan said that the audit was carried out in line with the audit strategy and that no significant risks were identified.
- 31/20.5 In terms of other risks she noted that in terms of confidence and supply funding, she was pleased to report that there were no issues from a PHA perspective and that there were controls in place and all spend was deemed appropriate. Under governance structures, she said that there had been concern about who would sign off the annual accounts, but it has now been confirmed that it would be Mrs Olive MacLeod. Finally, with regard to shared services, she advised that there were no concerns identified.
- 31/20.6 Ms Hagan went through the audit findings. She said that the Annual Report was considered to be consistent with its understanding of PHA business and that only a small number of minor observations which required amendment. She said that the financial reporting was appropriate and that there were no issues of irregularity or impropriety. She advised that the Governance Statement had been reviewed and was a fair reflection of the state of internal control. She said that the remuneration report had been correctly prepared and that some suggestions had been made around the financial disclosures,
- 31/20.7 Ms Hagan noted the reliance on Internal Audit and BSO legal services. She gave an overview of the 2020/21 outlook and issues relating to the closure of HSCB and the publication of the new HSC Framework.
- 31/20.8 Ms Hagan reiterated that there were no Priority 1, 2 or 3 findings, no adjusted or unadjusted misstatements, thus giving a clean audit report. She advised that the appendices contained the draft letter of representation, and the audit certificate which has some minor wording changes. She added that there were no prior audit recommendations to be reported on.



<b>32/20</b>	<b>Item 9 – Annual meeting with Auditors (External and Internal) without officers present</b>
32/20.1	This meeting took place at the conclusion of the meeting.
<b>33/20</b>	<b>Item 10 – Corporate Risk Register (as at 31 May 2020) [GAC/16/07/20]</b>
33/20.1	Mr Stewart said that while there has been a slight delay in the production of this updated Corporate Risk Register, he was pleased that the outcome of the review showed that an extensive amount of work has gone into this update, and the new risks reflect the issues raised by the Board and the Committee around staff resilience, financial expenditure and other risks. He proposed that the Committee go through each risk in turn.
33/20.2	Beginning with risk 26 relating to procurement and the delay in market testing contracts, Mr Stewart said that he was not sure how this could be alleviated during the current COVID-19 pandemic. Miss Taylor advised that the Interim Chief Executive has taken an interest in this and that a meeting of the PHA Procurement Board has been set up during July which will help to refocus on some of the priority areas. She said that there are a number of areas that need dealt with, but due to COVID-19 work had been redirected to other programmes.
33/20.3	Mr Cummings advised that there is an issue in terms of BSO's ability to support procurement across the HSC as a whole with some procurement exercises have taken up to 3/4 years to complete and that PHA would not have anticipated this when it was developing its procurement plan.
33/20.4	Ms Mann-Kler asked for an assurance that PHA has a handle on this, and is in control. She said that she did not feel she had oversight of the gravity of the situation, but understand that COVID-19 has had an impact. Miss Taylor advised that the biggest risk for PHA is around those contracts which had previously been procured, but now require to be procured again. She added that some other contracts e.g. those in the areas of suicide prevention and mental health need to be commenced, but there have been external factors such as the delay in the publication of the Protect Life 2 Strategy. She said that there are rolling contracts in place, however, a process needs to be put in place to review these as well as others that need re-procured. She explained that initially there was one overall procurement plan for all contracts, but now there is a need

to separate those which need procured immediately, and those which require more detailed planning to ascertain if they should be procured, or if commissioning from other HSC organisations or grants may be more appropriate.

- 33/20.5 Mr Stewart suggested that it would be useful for the Committee to see the revised prioritised plan at a future meeting. He said it would be catastrophic from the PHA's perspective if there were any gaps in areas such as drugs and alcohol and suicide prevention. Mr McClean noted that there has been a turnover of staff and that some key areas where input has not been available. He advised that up to £35m of PHA's programme activity should go through a strategic planning process and the Procurement Board, and he suggested that there should be a sub-committee of the Board to look at this. He said that procurement exercises are unpredictable by nature, but it is important that they are got right as there are political sensitivities around some of the areas and it would be helpful to have the Board's support in this.
- 33/20.6 Mr Stewart said that he was confident that the staff would have the support of the Non-Executive Directors on the Governance and Audit Committee. He added that he has previous experience in this area and acknowledged the importance of being supportive to staff and being able to focus on the important issues. Mr McClean advised that when carrying out the pre-procurement planning, PHA has to ensure that there is proper engagement, screening arrangements and data to inform the exercise.
- 33/20.7 Ms Mann-Kler said that she would support this way forward. She acknowledged that there are issues emanating from COVID-19, but is happy to provide any support. Miss Taylor advised that PHA is working to build up its planning function with staff to support the programme leads. She explained that one person is already in post with another due to commence in September. Mr Stewart said that any procurement exercise always needs to start with a clear specification of what is required and over what period of time.
- 33/20.8 Mr Clayton noted that in risk 39, relating to cyber security, there was reference to a desktop exercise being undertaken. He added that the risk of losing the functionality of the PHA website would be heightened during COVID-19. Miss Taylor advised that the desktop exercise was due to be a regional exercise, but it did not happen due to COVID-19. She assured members that cyber security remains on the agenda and that a lot of upgrades have taken place to the

- security of HSC systems. Mr Clayton noted that given the increasing use of technology at this time across the HSC, cyber security should be high up the agenda.
- 33/20.9 Miss Taylor advised that for risk 46 on emergency planning, issues relating to payment and compensation to senior staff involved in an emergency situation were temporarily resolved with reimbursement for overtime for staff at Bands 8 and 9 working on COVID-19 during April to June 2020. However, she said that there has not been a permanent resolution and therefore the risk needs to remain on the register.
- 33/20.10 Miss Taylor moved on to risk 47 which concerns the PHA Intranet. She advised that work was due to be completed on a new platform for the Intranet but due to COVID-19 this was put on hold. Mr Clayton asked whether PHA staff can update the website. Miss Taylor said that staff need to go through communications staff. Mr McClean explained that although the PHA communications staff can update both the Intranet and the PHA website, the key constraint is that the architecture supporting the site is out of date and there is a need to make the site more interactive. Mr Clayton asked if there is a reliance on external agencies. Mr McClean said that there is a reliance in terms of the design element, but not for updating information on the site.
- 33/20.11 Mr Stewart moved onto the new risks that have been added to the register. There was no discussion on risk 48 relating to the website as this was covered under risk 47.
- 33/20.12 Mr Cummings took members through risks 49 and 50 which concern finance. He explained that there is a risk of procurements not being done in a timely manner given the speed in which decisions need to be made. He gave the example of the need to buy ventilators for hospitals and having to make a decision based on urgent need, but he said that the correct process had been followed in terms of putting a business case through HSC Silver and HSC Gold, however he was not certain at this point that all the business cases that were submitted will receive the funding that was applied for.
- 33/20.13 Mr Stewart noted that his concern would be that there needs to be a context for each decision that was made, particularly given Mr Cummings' impending retirement as Director of Finance. Mr Clayton added that given forthcoming retirements there is a risk that any learning from this first phase will not be captured and there needs to a rationale for each decision that was made in the event that similar

- decisions need to be made if/when there is a second surge. He asked how learning is being captured. Mr McClean said that in PHA, Dr Keaney is leading a piece of work on this. He added that leaving interviews will also be important so that any learning can be passed on to those succeeding the staff who have retired.
- 33/20.14 Mr Cummings advised that the issue of procurement is more relevant to HSCB than to PHA.
- 33/20.15 Ms Mann-Kler said that it is important that there is an opportunity to capture any lessons learnt. She asked about the level of financial exposure specifically to PHA, and if there are any other areas where PHA could be exposed. She added that it would be useful to see exactly what new expenditure has been approved, and what has not been approved. Mr Cummings advised that PHA's exposure would be very limited and would be in the areas of contact tracing and contracts with the community and voluntary sector where there may be misappropriation of funds if organisations were using funding but furloughing staff.
- 33/20.16 Mr Stewart advised that he has raised his concerns with the Interim Chief Executive. He said that the business case for contact tracing has been approved but no funding has yet been received and that the outcome remains unknown. Mr Cummings reiterated that compared to the HSC as a whole, PHA's exposure is not significant. Ms Mann-Kler said that she would welcome further detail on the costs of contact tracing as she does not have a measure of that to date. Mr Cummings advised that he can provide a copy of the business case.
- 33/20.17 Mr Clayton asked about the community and voluntary sector and the furlough scheme. Mr Cummings said that organisations would be subject to scrutiny from HMRC and so HMRC would pursue them for any overpayments.
- 33/20.18 Members considered risk 51 about the contact tracing service. Miss Taylor explained that the service needs to be able to scale up and down at short notice in order to control community transmission, and that there is a reputational risk to the PHA if the service does not function effectively.
- 33/20.19 Mr Stewart expressed his concern about the scaling aspects, but also the lack of control over those who are carrying out the contact tracing in NI Direct. Miss Taylor clarified that the contact tracing element will be carried out by PHA staff and that the NI Direct part is more akin to an information giving service assisting those who do not have

access to technology in a similar way to the 111 service in England. Mr Stewart said that it is his understanding that the first contact people have will be with NI Direct so he wished to know measures are being put in place to ensure good customer service. Miss Taylor advised that a lot of work has been undertaken in terms of developing scripts for the call handlers and there will be monitoring and supervision of calls. She added that it had been hoped that the NI Direct service would be operational during June, but it will now be the end of July so as to ensure that the scripts are fully thought through and tested.

33/20.20 Mr Clayton referenced the audit and governance arrangements and the lack of control PHA has in this regard. He noted that the contact tracing service is a Department initiative that PHA is operationalising, and that at the start of the pandemic a decision was made to stop contact tracing and looking back, this may be a decision that is challenged. He queried what control PHA would have in such a decision if there was a second surge. Mr McClean advised that would be a decision for the Department of Health and the Chief Medical Officer. He acknowledged that it is confusing in terms of who has accountability for the NI Direct element, and there will inevitably be comparisons between what is being done here and what is being done in the Republic of Ireland. However, he said that Miss Taylor and Ms June Turkington from BSO Legal have been providing as much advice and support as possible to this work. He agreed that it is an odd arrangement, but he noted that at present the scale of the work required is limited.

33/20.21 Mr Clayton asked what would happen in the event of there being 100 cases per day. Mr Cummings said that no system would be able to cope with that level. Mr McClean said that the service may have change accordingly.

33/20.22 Ms Mann-Kler said that she has concerns regarding the accountability of the contact tracing programme in terms of the governance and the quality, and asked how as a Non-Executive Director she could be assured that there are no gaps. Mr Stewart said that if there is a better way of wording this risk, they should share this. He stated that he would like the Governance and Audit Committee to receive a detailed briefing from the Interim Chief Executive as she has full oversight of this programme.

33/20.23 Mr Stewart said that the issues around information governance (risk 52) have already been discussed. He added that it was important that risk 53 around corporate priorities featured in this revision. Under risk 54 relating to

- contracts, he asked how often contracts would be reviewed. Miss Taylor advised that there should be ongoing liaison and performance monitoring, at least on a quarterly basis.
- 33/20.24 Mr Clayton queried whether risk 55 on public health staffing issues should be extended across all of the PHA given other discussions about the level of vacant posts and the number of staff in temporary positions. Ms Mann-Kler added that there is a broader issue for PHA as a whole in terms of senior appointments. She noted that the Director of Operations is due to retire and asked if a process has commenced to fill that role. She expressed concern if there were to be another interim appointment as this would not reflect well on the culture of the organisation. She said that this risk needs to be broadened.
- 33/20.25 Ms Mann-Kler said that the risks being presented today are unprecedented, and as such she felt that that only reviewing them on a quarterly basis is not sufficient. Mr Stewart said that this risk register should be presented to the Board so there will be a further opportunity to give these matters consideration.
- 33/20.26 Mr Stewart said that he had the same concern in terms of only highlighting vacancies in the public health directorate, and that the risk needs to be broadened across the whole organisation. He went on to say that he had discussed with the Interim Chief Executive the risk about the transient nature of the senior management team given that there have been 3 new appointments and 2 others moving on, and that the Board, and in particular the Chair, need to consider this as a risk that requires mitigation. He advised that he had shared some draft proposed wording of this risk with the Interim Chief Executive.
- 33/20.27 Mr Stewart highlighted another concern, which relates to the amended HSC Framework and the implications this has for the PHA Board and the PHA as a whole. He said that there may be a mitigating factor in that the Minister has written to Chairs, but he said he has raised this with the Interim Chief Executive and it should go onto the risk register. Ms Mann-Kler said that she would support this.
- 33/20.28 Mr Stewart said that he hoped that he would have the wording of the two new risks finalised in advance of the next full PHA Board meeting.
- 33/20.29 Mr Stewart noted that he had concerns about Transformation funding, but this was covered under finance.

33/20.30 Mr Clayton noted that the risk on EU Exit has been removed. Mr McClean said that it can be added back on if required.

**34/20 Item 11 – Information Governance Update**

34/20.1 Miss Taylor advised that she had no further specific issues to raise as these has been covered under Item 6.

**35/20 Item 12 – Any Other Business**

35/20.1 Ms Mann-Kler advised that she has written to Mr Stewart, Mr McClean and Miss Taylor about the recent NIAO good practice guide on raising concerns. She said that given recent events including the RHI scandal and the recent resignations in RQIA, it may be useful to see if there are any implications for PHA's Whistleblowing Policy. Miss Taylor agreed to meet with Ms Mann-Kler to discuss this.

Miss  
Taylor

**36/20 Item 13 – Details of Next Meeting**

*Thursday 1 October 2020 at 9:30am*

*Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast.*

Signed by Chair:

Joseph Stewart

Date: 1 October 2020