

<b>Title of Meeting</b>	Meeting of the Public Health Agency Governance and Audit Committee
<b>Date</b>	15 April 2021 at 10.00am
<b>Venue</b>	12/22 Linenhall Street

## Present

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

## In Attendance

- Miss Rosemary Taylor - Assistant Director, Planning and Operational Services
- Mr Stephen Wilson - Interim Director of Operations
- Ms Andrea Henderson - Assistant Director of Finance, HSCB (*via video link*)
- Ms Tracey McCaig - Interim Director of Finance, HSCB (*via video link*)
- Mrs Catherine McKeown - Internal Audit, BSO (*via video link*)
- Mr Roger McCance - NIAO (*via video link*)
- Ms Christine Hagan - ASM (*via video link*)
- Mr Robert Graham - Secretariat

## Apologies

None

		Action
<b>13/21</b>	<b>Item 1 – Welcome and Apologies</b>	
13/21.1	Mr Stewart welcomed everyone to the meeting. There were no apologies.	
<b>14/21</b>	<b>Item 2 - Declaration of Interests</b>	
14/21.1	Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	
<b>15/21</b>	<b>Item 3 – Minutes of previous meeting held on 8 March 2021</b>	
15/21.1	The minutes of the previous meeting, held on 8 March 2021 were <b>approved</b> as an accurate record of that meeting.	

**16/21** | **Item 4 – Matters Arising**

*4/21.3 Training*

16/21.1 Mr Stewart reported that he and Mr Clayton had attended the Audit Committee training.

*6/21.11 Review of Risk Register*

16/21.2 Mr Stewart advised that the latest review of the PHA Corporate Risk Register is already underway.

**17/21** | **Item 5 – Chair’s Business**

17/21.1 Mr Stewart reported that he and the PHA Chair had held a useful meeting with Ms Martina Moore to discuss the future of the PHA finance function. He said that a paper has been prepared and in essence, there are two options – the full absorption of the finance function into the Group, or PHA to have its own stand-alone function. He advised that he and the Chair expressed their preference for the latter option as it would better allow PHA Non-Executive Directors to discharge their financial responsibilities.

17/21.2 Mr Stewart said that he had met with Mrs McKeown to discuss the Internal Audit plan and that a paper has been issued for approval by members and will be discussed later in the meeting.

**18/21** | **Item 6 – Internal Audit**

*Progress Report [GAC/09/04/21]*

18/21.1 Mrs McKeown presented the latest Progress Report and advised that since the last meeting one audit has been completed, that relating to the management of contracts with the community and voluntary sector, and that the report of the audit relating to contact tracing is currently in draft and with management for comments.

18/21.2 Mrs McKeown said that the latest audit on community and voluntary sector contracts was slightly different to other audits in this area as the focus was on the management of these contracts during COVID-19 and ensuring that regional requirements were being met. She advised that a satisfactory level of assurance was being given as PHA was following the guidelines and there was evidence of regular contact with contract holders. She added that there was one priority 3 recommendation which related to service user feedback.

- 18/21.3 Ms Mann-Kler noted the change of method of contact from face to face to online and pointed out that this could be an issue where an area has poorer quality broadband or there are population groups where there is digital poverty. She asked if these considerations had been taken into account. Mrs McKeown said that the audit would not have looked at that issue in depth. Ms Mann-Kler asked if this was outside the parameters of Internal Audit, but Mrs McKeown said that it was not within the scope on this occasion. Mr Stewart agreed that this was a fair point, and noted that while this audit was a particularly focused one, it could be an issue to be explored in future.
- 18/21.4 Members noted the Internal Audit Progress Report.
- Year End - Follow Up on Outstanding Internal Audit Recommendations 2020/21 [GAC/10/04/21]*
- 18/21.5 Mrs McKeown advised that by the end of March, 84% of PHA's outstanding audit recommendations were now fully implemented, with the remainder being partially implemented. She said that the 12 that were still outstanding were spread across a range of audits and across different years. She advised that the oldest dated back to 2014/15 and concerned the delivery of the social care procurement plan, but she was aware of the progress that PHA has made and how this has been hampered by COVID-19. She noted that there was a recommendation in relation to R&D from 2017/18. She also reported that there were three recommendations relating to screening from the same year, but these now have an implementation date of March 2022. Finally, she said that there was a recommendation relating to a PPI audit from 2018/19.
- 18/21.6 Mr Clayton said that this report was very helpful and he agreed that COVID-19 has had an impact on the social care procurement plan. He asked about the screening recommendations and whether these were still relevant given other issues relating to screening. Mrs McKeown said that Internal Audit will bear that in mind, but noted that it was the screening team who had agreed these dates and are aiming to work towards those dates. Mr Stewart said that although he would normally have concerns about the need to continue to monitor older recommendations, he was pleased that the relevant teams have taken on board the feedback from the Committee regarding putting more realistic implementation dates in place.
- 18/21.7 Members noted the Internal Audit follow up Report.

*Shared Services Audit [GAC/11/04/21]*

- 18/21.8 Mrs McKeown said that she was presenting the findings of the most recent payroll audit but the audit of recruitment was not yet finalised and would be brought to the next meeting, although she said that it had received a satisfactory level of assurance.
- 18/21.9 Mrs McKeown reported that for the audit of payroll she was giving a split level of assurance with the elementary payroll processes being given a satisfactory level of assurance, but other elements, including timesheet processing, overpayments and holiday pay a limited level of assurance. She said that although improvements have been made, there continue to be significant issues in some areas. She advised that the Payroll Centre is putting in a Quality Improvement Programme.
- 18/21.10 Mr Stewart said that previously the issues picked up in this audit may have had limited impact on PHA, but with COVID-19, this may have changed. Ms McCaig said that she would not be particularly concerned about any risks to PHA.
- 18/21.11 Mr Clayton, declaring an interest as an employee of a Trade Union, asked what potential impact there may be. He referenced the £500 recognition payment due to HSC employees and asked whether the processing of this could be problematic given previous issues with the processing of pay awards. Ms McCaig advised that there has been a lot of discussion in terms of how the recognition payment will be processed and that a task and finish group has been set up to look at the cost of the payment and that it will take a few months to be resolved. She acknowledged that there were concerns over the last few pay awards, but she felt that they went well as there was a project in place for those. Ms Henderson added that there are regular meetings of the group looking at the recognition payment as there is a need to ensure that there is proper co-ordination so that all staff receive payment at the same time. Mr Clayton clarified that there will be a slight delay in getting the payment made, but this is to ensure that it is all carried out correctly. Ms Henderson said that payroll is waiting for the go ahead to proceed but said that there may be a timing issue as for example, dentists have to claim to receive the payment. Ms McCaig said that it is the Minister's intention that everyone across health is treated in the same way.
- 18/21.12 Members noted the Shared Service update.

*Internal Audit Plan 2019/20 to 2021/22*

18/21.13	Mr Stewart advised that he and Mrs McKeown had met to discuss the revised Plan. Mrs McKeown took members through the Plan and said that most of the narrative had remained unchanged but with COVID-19, the Plan will be kept under review.
18/21.14	Mrs McKeown said that the audit of vaccination programmes has been extended to 20 days due to the range of vaccination programmes for which PHA is responsible, and given the potential transfer of the COVID vaccination programme from the Department to PHA. She explained that in order to obtain the 10 extra days, an audit on screening has been pushed into 2022/23 and she felt this was appropriate given the current issues in screening and that the outstanding recommendations from previous audits now have an implementation date of March 2022. She added that an audit of the recruitment of vaccinators has been included as per the Committee's request and there will also be audits of performance management and Board effectiveness. She said that 5 days have been held for looking at any issues relating to the HSCB migration. She advised that an audit of SAI learning will be carried out in conjunction with a similar audit in HSCB.
18/21.15	Mr Stewart agreed with the decision to defer the screening audit as he noted that Dr Bergin had advised the Board of some of the issues and it would be appropriate to wait until next year to see what progress has been made. Ms McCaig suggested that some Internal Audit time could be used to look at any issues emanating from whatever decision was made regarding the finance function. Mr Stewart noted that he and Mrs McKeown had discussed that as part of their meeting.
18/21.16	Ms Mann-Kler said that she was content with the Plan but asked if there is the flexibility to review it given the constraints of the frequency of how often the Committee meets. Mrs McKeown said that if the Committee can link with her if they wish to amend the Plan and similarly she would engage with the Chair if Internal Audit wished to change anything. Mr Stewart noted that the Plan had been amended to facilitate the audit on contact tracing in 2020/21.
18/21.17	Members <b>APPROVED</b> the Internal Audit Strategy.
<b>19/21</b>	<b>Item 7 – Draft PHA Annual Report [GAC/12/04/21]</b>
19/21.1	Mr Wilson advised that the draft Annual Report required further work. He reminded members that the Report is set

out in line with parameters laid down by the Department but that it aims to give an overview of the work PHA has undertaken in the last year dealing with COVID-19, but also other key achievements. He said that due to staff workload it has not been easy to obtain the content for the Report and although some information has been harvested from the recently published Director of Public Health Report, he felt that the health protection section required further work. He hoped that the timeline included in the Report would help to refresh people's memory in terms of COVID-19.

19/21.2 Ms Mann-Kler said that this year's Report felt different, both in terms of style and length. She suggested that it would be useful to make reference to the fact that the PHA Board held more regular briefings as this would be useful to have on record as part of any look back exercise. She queried whether there was some information missing in the section on complaints. Mr Wilson confirmed he was awaiting that information. Ms Mann-Kler asked that for next year's report, if consideration could be given to reporting PHA's achievement against Programme for Government (PfG) and the accountability framework. Mr Wilson said that in terms of governance, reference could be made to the additional Board meetings. With regard to the performance framework and alignment with PfG, he noted that Ms Mann-Kler's comment was timely as there is work ongoing within the Operations directorate to see how it can engage with the other directorates about how best to report on PfG etc., and if that work is completed, it can be reflected in next year's Report.

19/21.3 Mr Clayton noted that the Report has a strong focus on COVID-19 and he asked whether there was scope to include narrative about the challenges going forward and any learning. Mr Wilson agreed this would be useful to include and could be done at the end of the performance section. Mr Clayton added that there could also be a piece about how PHA is looking forward, given that it is now 10 years old and there has been a review recently undertaken by the Chief Medical Officer, and its plans for the future. He added that there could be a reflection on the learning from COVID-19 and how this has highlighted that PHA requires more investment in the future. Mr Wilson said that he would be happy to look at this and consider it for inclusion.

19/21.4 Mr Stewart said that he was pleased to see the Report in this format and said that once it has been approved, it would be useful to use some of the content to produce a more user friendly Report for the general public. Mr Wilson said that he would be content to engage further with members on the

- production of such a Report.
- 19/21.5 Subject to some amendments, members **APPROVED** the draft Annual Report.
- 20/21 Item 8 – Draft PHA Governance Statement [GAC/13/04/21]**
- 20/21.1 Miss Taylor advised that the Governance Statement also forms part of the Annual Report and follows a set pattern.
- 20/21.2 Miss Taylor drew members’ attention to section 9 on internal governance divergences. She advised that two divergences, relating to EU Exit and BSTP/Shard Services (Payroll), have been moved to the section containing those divergences no longer considered to be control issues. In terms of those areas which remain control issues, she said that financial performance has been retained, but some wording is awaited from the Department. She added that the area of community and voluntary sector contracts has been retained due to the fact that there are Internal Audit recommendations which remain partially implemented. She said that the sections on neurology and staffing have also been retained, but that the section on COVID-19 is being re-worded so that it relates specifically to PHA.
- 20/21.3 Miss Taylor advised that although PHA was not required in the end to submit a Mid-Year Assurance Statement, two new divergences which were included at that time have been retained, one relating to HSCQI and one relating to staff resilience. She felt that it was appropriate the staffing issue be retained given the continuing impact of COVID-19 on those who have had to work long hours.
- 20/21.4 Ms Mann-Kler asked if the Board attendance register could be amended to reflect who replaced who. She also asked whether there should be reference in the divergences section to Muckamore given there were governance recommendations in that Report. Miss Taylor said that she would need to take this back to Directors. She suggested it could be picked up at the Board meeting later as all Directors would be in attendance.
- 20/21.5 Ms McCaig said that the wording on the divergence relating to HSCQI may need to be amended as there has been an update in relation to funding for HSCQI.
- 20/21.6 Mr Clayton asked whether the wording in the section on “recording and reviewing risk” should be reviewed as directorate risk registers are just starting to be brought to the

- Committee. Miss Taylor pointed out that today's meeting will see the second directorate risk register as the Operations one had been considered at a previous meeting. Mr Clayton said that given that, he was content for the wording to remain.
- 20/21.7 Members **APPROVED** the draft Governance Statement.
- 21/21 Item 9 – Corporate Governance**
- Public Health Directorate Risk Register [GAC/14/04/21]*
- Dr Stephen Bergin and Dr Liz Mitchell joined the meeting for this item.*
- 21/21.1 Miss Taylor reminded members of the commitment that the directorate risk registers are now brought to the Committee on a rotational basis. She said that the public health directorate has carried out an extensive review of its risk register and this is the situation as at 31 March 2021. Mr Stewart thanked Dr Bergin for the work of his staff in bringing the register up to date but expressed concern about the longevity of some of the risks, referring to the R&D risk from June 2014 and the staffing risk from November 2013.
- 21/21.2 Dr Bergin proposed that Dr Mitchell should lead the discussion specifically on the risk on contact tracing and leave the meeting and then he would deal with queries on the other risks.
- 21/21.3 Dr Mitchell advised that the risk on contact tracing has been added to the directorate risk register having previously been on the Corporate Risk Register, but that the focus of the risk has shifted towards the sustainability of the service. She said that the risk has a governance aspect as well as a reputational aspect, given the high amount of media and political scrutiny of the service. She added that there are also risks relating to information governance and resources. With regard to sustainability, she said that these challenges have always been in place given that the pandemic has been coming in waves. She informed members that at a meeting yesterday modelling was presented to suggest there may be thousands of daily cases over the summer and given it is unlikely there will be any further lockdowns this will have an impact, particularly on workplaces.
- 21/21.4 Dr Mitchell said that PHA remains in business continuity mode and in terms of the contact tracing service there is a Programme Board in place and relevant staff in place to cover all operational aspects of the service. She said that



- communications continues to be an issue. She advised that the Minister is expected to announce that shortly all close contacts of positive cases will be tested.
- 21/21.5 Dr Mitchell advised that a lot of effort is being put into ensuring that information flows are being properly developed and that the Data Privacy Impact Assessment continues to be reviewed and updated.
- 21/21.6 Dr Mitchell said that the staff working in the contact tracing centre are a mix of full time and part time and that the centre can flex up and down as required. She added that there is a pool of bank staff who are brought in on a rotational basis so as to ensure their skills are kept up to date and if they cannot commit to this, they are removed from the bank. She explained that PHA uses the latest modelling to work out the number of contact tracing hours it needs each week, and each day it uses the number of tests carried out as an indicator of how many positive cases there may be the next day. She added that in recognition of the fact that there may be an increase in the number of daily cases, PHA is looking to extend the contracts of staff in the centre.
- 21/21.7 Mr Stewart said that on behalf of the Committee he is very grateful for all the work that has been carried out since the centre was established. He said that his main concern relates to the longer term. He noted that while there is this increased focus on the work of the centre it may be less difficult to secure the funding that is required, but if there is less focus this may not be the case. He asked about the resilience of the centre going forward given the evidence suggests that COVID-19 will be around for some time. Dr Mitchell agreed and said that there are currently discussions about using the current model for contact tracing in other areas, e.g. Hepatitis C and HIV. She suggested that there could be a core team working within the health protection team. She said that PHA would not want to have to keep setting up a service each time there is a wave. Dr Bergin said that contact tracing is one element of PHA's response as there is also testing and genome sequencing.
- 21/21.8 Mr Clayton thanked Dr Mitchell for her presentation. He said that he was struck by the suggestion that there may be thousands of daily cases over the summer and given the challenges the system is already facing, he asked whether PHA would be able to retain the staff that it currently has. Dr Mitchell said that it has been helpful that the Department has agreed that the contracts of the current staff can be extended and she hoped that they could be extended further as there is an excellent group of staff in place. She added

that there is an excellent bank of staff, but some of these individuals are also helping out with the vaccination programme. She said that the centre is in as good a position as it can be at this moment and she felt that it has been helpful that Northern Ireland has not had to use a call centre model. She added that there has been good feedback from individuals who have received calls from the centre.

- 21/21.9 Dr Mitchell said that there is a high level of complexity in the work of the centre given there is now the vaccine programme in place, there are different variants of the disease and there is a need to follow up on travellers so the centre needs to move in quickly where there may be a potential cluster or outbreak, therefore it is important to keep staff stimulated and motivated.
- 21/21.10 Ms Mann-Kler thanked Dr Mitchell for her overview and asked how the modelling is playing out in terms of future planning and resourcing. Dr Mitchell explained that PHA is not carrying out the modelling, but said that the modelling needs to consider a range of factors, for example the impact of the vaccine and any new variants. She advised that while most of the cases in Northern Ireland relate to the Kent variant, there has been a small number of the South African variant. She said that the modelling brings all these complex issues together.
- 21/21.11 Ms Mann-Kler asked about links with contact tracing in the Republic of Ireland. Dr Mitchell advised that PHA is in close liaison with its counterparts in the Republic of Ireland. She said that the health protection team has a long standing cross-border relationship and there are weekly meetings with representatives from border counties. She added that there is another strategic group that meets three times a week and that there is also a weekly report prepared for the two countries' Chief Medical Officers, who also have a weekly meeting. She noted, however, that there are some slight differences in guidelines, for example the self-isolation requirement in the Republic of Ireland is still 14 days compared to 10 days in Northern Ireland. She advised that PHA monitors travel closely, particularly now that there are international flights coming into Dublin on which there may be travellers coming into Northern Ireland. She said that there is a Data Sharing Agreement in place.
- 21/21.12 Mr Stewart thanked Dr Mitchell for her comprehensive overview of the key risks affecting the contact tracing service and how these are being managed.

*At this point Dr Mitchell left the meeting.*

- 21/21.13 Mr Stewart returned to the other risks and reiterated his concern about the antiquity of some of them, but noting that action is being taken. Dr Bergin drew members' attention to the series of risks concerning screening, on which there will be an increased focus post-COVID. He said that the challenge of getting the programme back on track is compounded by issues relating to the IT system. He reminded members that PHA has a corporate responsibility for the quality assurance of screening programmes so it is important that these risks are included on the register and are managed.
- 21/21.14 Mr Stewart referred to the risk on call/recall and noted the risk of a potential failure in the administration system. He asked if there is a proposal to resolve this issue as he said that it is important that this is addressed very quickly or there could be reputational damage for the PHA. Dr Bergin agreed and said that this issue can be resolved quickly. Mr Clayton also made reference to the issues around IT systems and asked whether there was anything the Board or Committee could do to help secure the additional funding required to get the necessary infrastructure in place. He cited the issues which arose with the cervical screening programme in the Republic of Ireland and the potential reputational damage that could be caused. Dr Bergin advised that for the breast screening programme, there is a solution in place and PHA will be working with counterparts in England to progress this. On a wider point, he noted that as each of the screening programmes has come online at a different point over the last 30 years, there are stand-alone IT systems for each one so there is a need to move away from up to 8 different systems and databases and merge these into one single system, but he pointed out that this may take up to 5 years to complete. He said that within one of the risks there is reference to an IT risk assessment, and he advised that this is taking place. Going forward, he said that PHA will be working with the Department, BSO and HSCB to get a new system in place.
- 21/21.15 Mr Stewart asked for more information on valproate. Dr Bergin explained that this is an anti-epilepsy drug but it has a potential side effect of causing foetal abnormalities. He said that PHA is working with HSCB to put a system in place to ensure that those people who have taken it are monitored.
- 21/21.16 Mr Clayton moved onto the risks about accessing data and not being able to determine where there are gaps in terms of

the uptake of vaccinations. He said that not knowing where there is low uptake presents challenges. He also noted the issue of not being able to access the Child Health System. Dr Bergin said that the databases are held across the HSC IT infrastructure in silos and there is a need to be able to join up the various data sources, and that this is linked to one of the recommendations in the Hussey Report. He said that PHA needs to combine all of its data into a single system and this will help address issues like, for example, determining those pockets of low vaccine uptake. Ideally, he said that PHA should aim to have this work done by next winter. Mr Stewart agreed that this is a complex area.

21/21.17 Ms Mann-Kler noted a common theme in terms of a lack of joined up IT systems and while she appreciated that PHA is working to resolve this, she asked whether PHA is in control or whether it is relying on assistance from others. She felt that there needs to be one HSC overview. Dr Bergin said that at the moment PHA is still formulating its plan, but if it could secure the appointment of a Chief Information Officer, as suggested in the Hussey Report, this would give the organisation the required capability and leadership to work through all of the issues. He suggested that PHA needed its own public health version of the Encompass programme, and he said he would come back with a further update.

21/21.18 Ms Mann-Kler said that it would be useful to ensure that the Board is kept informed. She agreed with the earlier comments made about needing the data from the various systems to be able to identify gaps in the vaccination programme, and about the need for screening programmes to be up and running again. She suggested that when outlining proposed actions the use of the word “consider” should be rethought as it suggests not fully committing to a plan. She felt that there was a broader issue about succession planning. Dr Bergin advised that there is a public health practitioner programme and pre-COVID it was PHA’s ambition to look at establishing itself as a PHA school where all staff could avail of public health training. He pointed out that the current system in place is only relevant to the 10% of the workforce who are consultant staff so there needs to be an option available for the other 90%. He said that consultant staff have to actively maintain their training and remain on a register, but that option is not there for other staff. He explained that the Faculty of Public Health has a framework which consists of 9 levels and staff could be matched across to an appropriate level depending on their band, therefore more public health specialists could be trained which would reduce the reliance on the small cohort of consultants. He noted that PHA has mandatory

training in areas such as GDPR so there could be mandatory training in public health. He added that this training could be offered to not only PHA staff, but to partners in the community and voluntary sector and Local Government. He suggested that PHA could become a public health institute.

21/21.19 Mr Stewart said that the Board would support Dr Bergin in such an endeavour as there is a clear rationale for considering this approach. He thanked Dr Bergin for attending today's meeting and felt that the discussion had been very useful.

*At this point Dr Bergin left the meeting.*

*PHA Assurance Framework [GAC/14/04/21]*

21/21.20 Miss Taylor advised that the Assurance Framework is normally reviewed twice a year and that earlier this year a substantial review was carried out following recommendations made by Internal Audit. She said that the outworking of the last review was brought to the Committee in December so a "light touch" review has been carried out on this occasion.

21/21.21 In terms of any changes, Miss Taylor said that reference was made to the fact that the Business Continuity Plan had not been brought to the Board because it has not been reviewed as PHA remains in business continuity mode. She added that references were included to new risks on the Corporate Risk Register following its last review and that some of the narrative for one of the items in the Finance section had been updated.

21/21.22 Mr Stewart said that he had a number of comments on the Framework, primarily around whether items should be for approval or for noting, but in the interests of time, he said that he would follow up on these after the meeting.

*Gifts and Hospitality Register [GAC/15/04/21]*

21/21.23 Miss Taylor said that the Gifts and Hospitality Register is brought to the Committee annually and this update shows that there has been very little to declare over the last year. She explained that the one item on the Register related to a gift that was part of a scheme offered to all HSC organisations and in which PHA participated.

21/21.24 Members noted the Gifts and Hospitality Register.

**22/21 Item 10 – Information Governance Update**

- 22/21.1 Miss Taylor reminded members that she had given a verbal update on the last Information Governance Steering Group (IGSG) meeting at the last meeting and said that there was no Action Plan in place for 2020/21 because of the focus on COVID-19.
- 22/21.2 Miss Taylor said that many of the issues on the Action Plan are similar to previous years, particularly around training, both mandatory training for all PHA staff and specific IAO/SIRO/PDG training. She added that many of the other issues are self-explanatory. She noted that over the last year there was a significant increase in the number of FOIs and there will be an end of year report brought to the Committee on this. She reported that there was one data breach which members were aware of and which has been dealt with. She said that the aim is to develop an Action Plan for 2021/22 which will include work on the information governance arrangements that will need to be put in place for any new public health data system that is developed.
- 22/21.3 Mr Stewart said that given the PHA is holding more personal information than it ever has previously, it is essential that the Personal Data Guardian training is undertaken as this represents a major risk. He also suggested that the action about the uptake of eLearning among staff should be rated red rather than amber and that action needs to be taken to improve the uptake.
- 22/21.4 Mr Clayton agreed that the PDG training needs to take place and asked if there any other options to avail of this. Miss Taylor advised that it is organised by the regional Privacy Advisory Committee but she hoped that a session would be arranged soon. She undertook to contact the Committee to see if PHA could get an early indication of when this training may happen. Similarly, she said that IAO and SIRO training will be arranged. Mr Clayton also agreed that the rating of the action regarding staff uptake of training should be reviewed. Miss Taylor noted that as the IGSG has not met as often, Directors have not been receiving reminders about the need to ensure their staff have undertaken their training. She said that an update on this will be obtained for the next IGSG meeting.
- 22/21.5 Members noted the Information Governance Action Plan update.

**23/21 Item 11 – Governance and Audit Committee Annual Report**

23/21.1 Mr Stewart presented the Committee's Annual Report which he said is in line with its normal reporting process. He asked members if there were any gaps.

23/21.2 Ms Mann-Kler asked whether there should be any reference to the change of Chair of the Committee and to the fact that the Committee is down one NED member. Miss Taylor said that the change of Chair would have occurred before the reporting period for this Report, but agreed that the point about the Committee being one NED short was a valid one.

23/21.3 Members noted the Governance and Audit Committee Annual Report.

**24/21 Item 12 – Any Other Business**

24/21.1 Mr Stewart informed members that this was Miss Taylor's last Governance and Audit Committee meeting before her retirement next month. He said that Miss Taylor has been with PHA since its inception and has been a pillar of strength to the Agency and this Committee and a fount of knowledge which will be a loss to himself as Chair. On behalf of the Committee, he wished Miss Taylor well for her retirement.

**25/21 Item 13 – Details of Next Meeting**

*Friday 11 June 2021 at 12:00pm*

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

Signed by Chair:

Joseph Stewart

Date: 11 June 2021