

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	27 January 2022 at 2pm
Venue	Via Zoom

Present

- Mr Joseph Stewart - Chair
- Mr John Patrick Clayton - Non-Executive Director
- Ms Deepa Mann-Kler - Non-Executive Director

In Attendance

- Mr Stephen Wilson - Interim Director of Operations
- Mr Stephen Murray - Interim Assistant Director of Planning and Business Services
- Ms Karen Braithwaite - Senior Operations Manager (Delivery)
- Ms Tracey McCaig - Interim Director of Finance, HSCB
- Mr David Charles - Internal Audit, BSO
- Mr Roger McCance - NIAO
- Ms Christine Hagan - ASM
- Mr Robert Graham - Secretariat

Apologies

- Mr Robert Irvine - Non-Executive Director

1/22 Item 1 – Welcome and Apologies

- 1/22.1 Mr Stewart welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine.

2/22 Item 2 - Declaration of Interests

- 2/22.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

3/22 Item 3 – Minutes of previous meeting held on 3 December 2021

- 3/22.1 The minutes of the previous meeting, held on 3 December 2021 were **approved** as an accurate record of that meeting, subject to minor amendments proposed by Ms McCaig in paragraph 58/21.14.

4/22 Item 4 – Matters Arising

56/21.2 Contact Tracing Service

4/22.1 Mr Stewart noted that there had been an update from the Chief Executive at the last Board meeting about the status of the Contact Tracing Service and the view of the Department with regard to its future, so this remained a live issue.

56/21.3 Recruitment of Vaccinators

4/22.2 Mr Stewart said that he was not satisfied that PHA received the legal opinion he was seeking as to whether the Department had the authority to direct PHA to carry out this work, and that this remained an open question. Mr Clayton noted that some actions had been discussed and it would be useful to get an update from the Agency Management Team (AMT), and that this should be taken up with the Chair and Chief Executive. Ms Mann-Kler said that there remains this gap and this would need covered in any update. Mr Stewart agreed and said that his point was there was an assumption that the Department could instruct PHA as it saw fit and its view was that as PHA is responsible for safeguarding public health it was a legitimate request, but he queried whether it is within PHA's statutory remit to hire vaccinators. He added that when the question was sent to Counsel he had made it clear what question he wanted asked, and that question still remained unanswered.

4/22.3 Mr Clayton noted that the Chief Executive had subsequently reported to the Board that he had been linking with RQIA regarding registration and he would like to receive an update on how that is progressing. He added that he had had a conversation with the Chair and suggested to him that there should be a discussion about these issues at a workshop in order to reach a resolution. He said that the Chair was going to give consideration to that proposal.

4/22.4 Mr Stewart said that he was raising this again as the Board needs to be sure that there were legitimate grounds for making the request, and he did not want there to be a gap in PHA's governance. He undertook to speak to the Chair and Chief Executive about this (**Action 1 – Mr Stewart**).

4/22.5 Mr Wilson noted that he recalled the discussions at the last Board meeting about the issue of what question should have been put, and he agreed with the suggestion of discussing this in a workshop. Mr Stewart said that he had asked to see the question before it was sent because the response received to any question will depend on the question that is asked.

56/21.6 Closure of HSCB

4/22.6 Mr Stewart noted that the HSCB is due to close at the end of March, and

- said that the Board and Governance and Audit Committee should be more aware of how that work is progressing given it touches on a range of areas that may impact on PHA, e.g. the finance function.
- 4/22.7 Ms McCaig advised that she has prepared a letter for the Chair and Chief Executive setting out that, from a finance perspective, there will be no change for PHA until PHA makes a decision regarding a Director of Finance and that the service provided by her staff will continue to be ring fenced. She said that she was holding off until the right time to send this correspondence. Mr Stewart expressed his relief as the date is looming very quickly and he said that he would speak to the Chair about ensuring that the PHA Board is kept fully informed (**Action 2 – Mr Stewart**).
- 4/22.8 Ms Mann-Kler asked if there is a document which outlines the governance implications of the closure of HSCB on PHA. Ms McCaig explained that although HSCB is closing, its staff will be hosted by BSO and there will be no change in how PHA receives its services and therefore there is no specific document. She added that there will be an MOU between PHA and BSO, and that although HSCB is closing and being replaced by the Strategic Planning and Performance Group (SPPG), it will be using the same finance system and the same HR system. She reiterated that she will set all of this out in her correspondence.
- 4/22.9 Mr Clayton agreed that it would be useful to get a sense of the work and he noted that this is on the Corporate Risk Register where there is reference to the creation of the new integrated care system. He said that he would welcome an update on what impact the closure of HSCB will have on PHA staff. He recalled that last year there was a discussion with Department officials and he felt it would be useful to have a further briefing within the next few months. He noted that Local Commissioning Groups (LCGs) will remain in place until the new Area Programme Boards are set up so he reiterated that it would be useful to understand the implications of all of this for PHA.
- 4/22.10 Ms McCaig advised that there is a lot of work ongoing with regard to the new planning boards and that PHA staff are involved in this. She suggested that the Chair and Chief Executive should write to Ms Martina Moore to invite her to give a briefing to the Board. She indicated that the end of April may be a good time for this. Mr Stewart agreed that the PHA Board should receive a briefing so it knows where it stands across a range of integrated services. Ms McCaig commented that while many things are changing, many others will remain the same. She suggested that the bigger changes will not take place on 1 April, but further down the line. Mr Stewart said that the PHA Board needs to know what the changes are so that is on the record and to be assured so that even an indication that there is no change represents an assurance.
- 4/22.11 Mr Wilson said that he agreed with what Ms McCaig said and advised

that he and Mr Murray had met recently with Ms Moore and he had no issue with bringing an update to the PHA Board (**Action 3 – Mr Wilson**).

7/22 Item 7 – Corporate Governance

*Public Health Directorate Risk Register as at 31 December 2021
[GAC/03/01/22]*

Dr Stephen Bergin joined the meeting for this item.

- 7/22.1 Mr Stewart thanked Dr Bergin for joining the meeting to discuss the public health directorate risk register.
- 7/22.2 Dr Bergin recalled his previous Committee attendance and said that many of the issues that were flagged up then remain live as the team has been tasked with other duties. He said that the public health directorate is under staffing pressures and other directorates have stepped in to help. He added that there is need for a rebuild, but that is a strategic issue for the PHA as a whole, and therefore some of the staffing issues may have to be carried forward until the wider capacity issues in PHA are worked out. He suggested that in the future there may not be a directorate of public health.
- 7/22.3 Mr Stewart asked if not filling posts heightens the risk. He noted the reference in the risk register about apprenticeships and development opportunities and asked if there was any possibility of that work going forward. Dr Bergin said that there are a lot of ideas. He pointed out that in terms of public health qualifications, only 10% of the PHA workforce have those but this should be higher. He said that there should be an incentive for staff to develop on a public health career pathway, but that work will take a couple of years. Mr Stewart said that Dr Bergin would have the Committee's support in advancing such work as PHA continues to have difficulties in recruiting staff. Ms Mann-Kler asked about the blockages that exist, and whether these are that the PHA is not an attractive place to work, or if there is a global shortage of public health staff and if other similar agencies are facing the same challenge. She noted that this problem has existed since before the pandemic. Dr Bergin replied that there should be a pathway for staff development, but he explained that in order for staff to develop they would have to do this outside PHA and there is no incentive to do that. He noted that the process could be more agile but this would go outside Agenda for Change terms and conditions. Mr Stewart said that this is about organisational development as a whole. Mr Clayton added that getting the workforce trained to have that level of public health knowledge and expertise should be a discussion for the whole Board, but he noted that it is a complex area.
- 7/22.4 Mr Stewart said that issues about the IT systems for screening programmes had been raised previously. He noted that on the Corporate Risk Register, there is a reference to the IT support for

screening programmes indicating that these are legacy systems. He asked whether that will impact on PHA's ability to mitigate the risk. He noted that there was a risk that by April 2021 the IT system for breast screening would be obsolete, but given that was almost a year ago, he asked whether a mitigation had been put in place. Dr Bergin explained that the computer system will not stop working, but it is the updating of the system that is the issue which has resulted in some processes becoming more manual, therefore there is a need to get a more modern system in place. He added that for those systems that are out of date, the solution is not for PHA to procure its own system, but to link in nationally with the NHS and if a system is developed, Northern Ireland can avail of it. He noted that at present PHA is working with private companies because it does not have the capacity to do this work. He said that the development of the Vaccine Management System for COVID-19, which will come to PHA, reinforces the need for PHA to get more staff.

- 7/22.5 Mr Stewart asked if there was a possibility of the business case for breast screening getting approved in-year given PHA is in a position where it will be returning funding. Dr Bergin advised that there has been in-year funding, but many programmes of work have suffered as a result of COVID-19 and are running behind. He said that PHA is in the queue to get funding next year. Ms McCaig concurred that the budget for next year has not yet been finalised and is awaiting Ministerial approval. She added that any IT requests would go to the digital team at the Department.
- 7/22.6 Ms Mann-Kler asked that when talking about data intelligence functions, what aspirations does PHA have in terms of the system that it needs, and how can it be future proofed. She noted that it is going to take 12/18 months for programmes to get back on track, and asked how PHA is dealing with the risk in terms of targeting screening for high risk and vulnerable groups. Dr Bergin advised that there will be an update on screening brought to the PHA Board. He said that for Abdominal Aortic Aneurysm (AAA) screening, those at higher risk would have continued to have been screened, but it will take time for the programme to catch up for those at lower risk.
- 7/22.7 Mr Stewart noted the impact of COVID-19 when reading the directorate risk register. He asked whether the risk referring to CBRN incidents was rated appropriately and if this was really likely. Dr Bergin explained that as PHA's lens is firmly focused on COVID-19, there is a risk of other infectious diseases being overlooked. Mr Stewart said that he understood the rationale.
- 7/22.8 Mr Stewart thanked Dr Bergin for attending the meeting and expressed his thanks to Dr Bergin and his staff for their work in getting this directorate risk register updated.
- 7/22.9 Members noted the public health directorate risk register.

4/22 Item 4 – Matters Arising

58/21.4 Workforce Issues

4/22.12 Mr Stewart noted that there had been a discussion at the last PHA Board about the need for a workforce plan.

58/21.8 Staff Resilience

4/22.13 Mr Stewart noted that this had also been discussed at the last PHA Board meeting.

5/22 Item 5 – Chair’s Business

5/22.1 Mr Stewart advised that he had no Chair’s Business.

6/22 Item 6 – Internal Audit

Internal Audit Progress Report [GAC/01/01/22]

6/22.1 Mr Charles advised that a draft report on the audit of Board effectiveness has been shared with the Chair and Chief Executive. He said that there has been an exit meeting and he is hopeful that the report can be finalised by mid-February. In terms of other audits, he reported that the fieldwork is ongoing for the financial review audit with a view to a draft report being issued in the next 7/10 days. He added that a joint HSCB/PHA audit of Serious Adverse Incidents (SAIs) is being carried out and a draft report should be issued in early February.

6/22.2 Mr Charles advised that there has been a request to defer the audit on vaccination programmes given the challenges facing the public health directorate, but this would need to be approved by the Committee. Mr Stewart said that Mr Wilson had written to him regarding this and he had shared that correspondence with Mr Clayton and Ms Mann-Kler. Members **approved** the deferral of the audit.

6/22.3 Mr Stewart said that he had spoken to Ms McKeown about the SAI audit as the issue of SAIs has concerned Non-Executive members for some time. He added that NEDs have been asking for clarity in terms of where PHA’s responsibility lies in this area and he is concerned that there is a gap. He said that reporting on SAIs is listed for “noting” on PHA’s Assurance Framework and he has spoken to the Chief Executive to express his view that this is not appropriate.

6/22.4 Mr Charles asked if the issue is that the Board does not have visibility of the outworking of SAIs. Mr Stewart said that as the Board is unsure as to its responsibilities, it cannot properly oversee the process. He noted that an update had been given to members but he felt that it did not cover the queries raised. Mr Clayton commented that he is not clear in terms of how PHA oversees this area. He said that part of the

responsibility lies within Mr Rodney Morton's directorate, in a not dissimilar way to other areas of joint working with HSCB. He added that the Board is not totally clear on the process and from a governance perspective, PHA's role may be affected by the closure of HSCB.

- 6/22.5 Mr Charles explained that if an SAI were to occur in a Trust, the Trust has 72 hours to report it to HSCB who then assign a Designated Responsible Officer (DRO). He said that there are number of groups in HSCB which look at SAIs and which PHA staff are involved in. He added that there are regular reports on SAIs which come through HSCB, but perhaps there is no visibility for PHA NEDs. He said that while there may be clarity on the process at an operational level, there is not at NED level.
- 6/22.6 Mr Charles said that the audit work is progressing well, but noted that there has been more time spent on audits than envisaged, particularly the Board effectiveness audit.
- 6/22.7 Members noted the Internal Audit Progress Report.

7/22 Item 7 – Corporate Governance

Corporate Risk Register as at 31 December 2021 [GAC/02/01/22]

- 7/22.10 Mr Wilson explained that this version of the Corporate Risk Register represents a review as at 31 December 2021. He advised that two risks have had their rating reduced, one relating to PHA leadership and one relating to Lifeline; and two others have been removed, both relating to finance. He said that a new risk has been added which relates to finance and in particular PHA's requirement to achieve a break even position.
- 7/22.11 Ms Mann-Kler said that it was useful to get the Corporate Risk Register to the Committee in a timely way. She asked what action is being proposed to deal with the risk on cyber security (risk 39). Mr Wilson advised that BSO lead on this area on a regional basis. He said that the recent incidents at Queen's University and in the HSE in the Republic of Ireland have opened up some complexities. He added that this is an area that is expanding and PHA will work with BSO and HSC to understand the gaps.
- 7/22.12 Ms Braithwaite advised that on the back of the incident at Queen's, a lot of work was carried out to bring HSC systems and processes up to date, and there was a proposal to carry out a piece of work across Northern Ireland on cyber security but when an update on this work was asked about at a meeting this morning, the response was that at present the Department does not have the capacity to take this forward and that no progress is expected this year.
- 7/22.13 Mr Stewart asked about risk 52, which relates to information

- governance, and noted that the review date had changed to March 2022 for all staff in contact tracing to complete information governance training prior to deployment as it was his understanding that all staff are trained before they commence duties. Mr Wilson assured members that contact tracing staff are not deployed until they have done their training.
- 7/22.14 Moving onto risk 54, regarding the the ability of third party providers to deliver commissioned services, Mr Stewart noted that 96% of providers are delivering services fully or with reasonable adjustment, and therefore he did not feel that this represented a risk. Mr Wilson reported that he had raised this with staff in Health Improvement and it was felt that this risk should be kept as “medium” because there remain some issues with contract management and there are also issues in terms of the extent to which staff can pick these up as they have been redeployed to support contact tracing. He said that he envisaged this risk having a lower risk when it is next reviewed.
- 7/22.15 Returning to risk 52, Mr Clayton noted that there was reference to arrangements with the new UK Health Security Agency (UKHSA) being finalised and he asked what this related to. From a cyber security point of view, he asked if there were risks to data sharing and if the agreements are being put in place because UKHSA is a new body, or because there are risks. Ms Braithwaite said that there is a lot of change at the moment and PHA is being careful it is not sharing information simply because it is being asked to. She said that PHA had shared data related to genome sequencing, but it is now being careful with regard to other requests. Mr Clayton said that he asked this because there was a discussion about an MOU between UKHSA and other nations and therefore he had this concern that PHA wasn’t sharing information because it was being asked for.
- 7/22.16 Mr Stewart noted that in risk 62 relating to regional vaccinators, two of the gaps concerned not having a formal letter and not having confirmed funding, but his understanding was that these were in place. Mr Wilson agreed and said that this needs to be updated.
- 7/22.17 Mr Clayton said that a previous meeting, there was discussion about the removal of a risk relating to contact tracing and he queried whether this should be placed back on the register given the current number of daily cases and given the impact it is having on other aspects of PHA’s business. He noted that previously an element of the risk was about funding, but perhaps on this occasion it is about resilience and PHA’s ability to cope. He felt it may be worth considering as it may take months for the number of daily cases to decline. He added that there was also discussion about AMT considering combining the risks about workforce into one risk rather than having separate for public health and HSCQI which could be placed on the appropriate directorate risk registers. He also asked why the rating for risk 63 relating to Lifeline has been reduced.

7/22.18 Mr Wilson said that in terms of contact tracing, this is kept under review on a daily basis and there are currently discussions about what will happen to contact tracing after the end of June. He suggested that there is potential for a digital solution. He expressed his surprise about the situation in England whereby many elements of the pandemic are starting to be scaled down e.g. testing and contact tracing. He said that this is being kept under review by AMT. Mr Clayton suggested that there may be a broader risk in terms of PHA's future COVID-19 response. He noted that at the last Board meeting, Dr Bergin had talked about a central contact tracing hub for COVID-19 and other infectious diseases. Mr Wilson pointed out that PHA has always had a contact tracing element to its work.

7/22.19 Mr Wilson advised that there are discussions taking place about staffing pressures and that on the next iteration of the Register, the two risks relating to workforce will be combined. In terms of the risk on Lifeline, he was not certain what had changed, but he suggested that it related to the contract that is in place with the service provider. He undertook to come back to the Committee with more detail **(Action 4 – Mr Wilson)**.

7/22.20 Members **APPROVED** the Corporate Risk Register.

**8/22 Item 8 – External Audit – PHA Audit Strategy 2021-22
[GAC/04/01/22]**

8/22.1 Mr McCance said that the Committee will be familiar with the content of the Audit Strategy which outlines how the audit will be completed and the proposed timeline. He advised that while the Comptroller and Auditor General signs off the audit, the work is sub-contracted to ASM.

8/22.2 Ms Hagan took members through the Strategy beginning with the key messages outlining the purpose of the document and advising that the level of materiality has been set at £1.86m. She highlighted the significant audit risks and then the actions required for the Committee. Returning to the level of materiality, she advised that any misstatements above £93k will be reported to the Committee.

8/22.3 Ms Hagan moved onto the next section which outlines the audit approach. She highlighted the changes in the financial reporting guidance in that IFRS 16 will come into effect so PHA may be required to make some transactional disclosures.

8/22.4 Ms Hagan gave more detail on the two significant risks, namely management override of controls and risk of fraud in revenue recognition. She advised that there are two other risk factors which will be monitored during the audit, the first of which is the requirement to break even. She noted that given the impact of COVID-19 on spend profiles, there may be manipulation of data in order to achieve a break even position. She added that there will also be a focus on accruals and holiday pay. She said that the second risk relates to funding and Direct

Award Contracts and ensuring that these were not applied retrospectively due to COVID-19 pressures.

At this point Ms Braithwaite left the meeting.

- 8/22.5 Ms Hagan outlined the proposed timetable for the audit and the makeup of the audit team. She advised that there were three appendices to the Strategy, including some public reports which may be of interest to members. She said that the final appendix indicated that there are no prior concerns being brought forward to this audit.
- 8/22.6 Mr Stewart asked whether the Committee was content that the assessment of risks is adequate and members said they were content.
- 8/22.7 Ms McCaig advised that she has had a meeting with Ms Hagan and there are no other matters to be raised. She referred to the Grant Fraud Risks publication and that while PHA does not award grants in that way, there was some good practice in the document that Ms Lyn Benson will review and bring through into PHA's practice.
- 8/22.8 Ms Mann-Kler asked how the public reports could be obtained. Mr McCance advised that all of the reports are published on the NIAO website and that he had previously brought two of the reports, those relating to addition services and workforce planning, to the Committee. He said that he was happy to bring future reports to the Committee's attention and give a presentation if requested.
- 8/22.9 Members noted the PHA Audit Strategy 2021/22.

9/22 Item 9 – Finance

*Updated Anti-Fraud and Anti-Bribery Policy and Response Plan
[GAC/05/01/22]*

- 9/22.1 Ms McCaig said that regular reviews of policies are carried out and that Ms Benson has worked with regional colleagues to bring this policy up to date and ensure that it complies with current good practice.
- 9/22.2 Ms McCaig advised that the policy begins by defining fraud and bribery and some key areas to be mindful of. She said that PHA has a zero tolerance approach to fraud so takes seriously any matters that are brought to its attention. She added that the policy also outlines the disciplinary process that may need to be followed.
- 9/22.3 Ms McCaig said that staff are encouraged to report suspected fraud or bribery and raise their concerns, and these concerns will be investigated. She advised that PHA has not had a lot of cases but will continue to promote awareness. She said that if the policy is approved a communication will issue to staff drawing it to their attention and reiterating that if staff have concerns, they should raise them, and they

will be supported. She advised that an equality screening has been conducted and is included with the policy.

- 9/22.4 Mr Stewart asked why staff are asked not to contact the PSNI, and how this policy links with the Whistleblowing Policy. Ms McCaig advised that previously there have been matters which have been reported to the PSNI and HSCB/PHA has not been made aware so it is about ensuring that the policy is correctly followed. She assured members that the Counter Fraud and Probity Unit will link with the PSNI if appropriate. She said that whistleblowing is a process which may ultimately lead to a fraud investigation so it is about ensuring that matters are dealt with in the right way and that there is no cross over.
- 9/22.5 Mr Clayton said that he hadn't picked up on the issue of staff contacting the PSNI directly and suggested that the reasons for not doing so should be explained. In relation to the link with the whistleblowing policy, he accepted that they are two separate policies, but a member of staff may go to someone to raise a whistleblowing issue that relates to fraud so it may be useful to point out the distinction between the two. Ms McCaig said that she is always mindful about saying that the policies are completely connected, but it is important not to put staff off from raising concerns. She said that the policies may be linked in some matters, but not in others and it's important not to draw conclusions. She added that the outworking of each policy will determine which one is more appropriate.
- 9/22.6 Mr Stewart felt that the instruction for staff not to contact the PSNI needs to be moderated. He also suggested that there should be a box in the flow chart diagram referring to whistleblowing. Ms McCaig said that she would wish to give that further consideration as whistleblowing does not necessarily mean fraud and she was concerned about the message that this conveys. She reiterated that she did not wish to put people off raising issues.
- 9/22.7 Ms Mann-Kler said that it was her view that the policies should be separate as she concurred with Ms McCaig's view that it could prevent people from coming forward. She asked if there was any good practice in the system, and how other organisations promote this. Ms McCaig said that the policies would be separate. On balance, she suggested that by connecting them formally it gives people a direction, but people need to consider each policy on its own merit.
- 9/22.8 Mr Clayton said that he understood the points being made, but one the reasons he raised it is because in the whistleblowing policy, there is an assurance about staff being protected, and he did not know if that language applied in these policies. He suggested that this could be highlighted in any training. Ms McCaig advised that part of the policy is about supporting individuals. She added that policies are developed in order to prevent these incidents happening and are designed to be supportive. She said that staff can also pass information to Counter

Fraud and Probity anonymously.

9/22.9 Mr Stewart said that he was happy to approve the policies subject to an amendment around the narrative about contacting PSNI.

9/22.10 Subject to amendment, members **APPROVED** the Anti-Fraud and Anti-Bribery Policy and Response Plan.

Fraud Liaison Officer Report [GAC/06/01/22]

9/22.11 Ms McCaig advised that there were two matters that she wished to bring to the Committee's attention. However, she noted that in both cases there has been no suspected actual fraud found following preliminary investigations.

9/22.12 Ms McCaig said that the first case related to an organisation which provides services in relation to substance misuse. She advised that some irregularities in reporting on a particular project had been reported to the Department of Health by another Department and given that the organisation has a range of contracts with HSC bodies, a process was established to review each contract and the latest performance management information. She added that an assessment had to be made about stopping payments. She reported that each service provider has received a phone call and face to face meetings with a sample of providers will take place over the next week.

9/22.13 Ms McCaig advised that there are no indications that PHA is not receiving the services it has commissioned. She clarified that there has not been a PSNI investigation and at this point there is no indication that this matter needs to be taken to the next stage and that this is the case for all HSC bodies with one exception, where an irregularity in reporting was picked up.

9/22.14 Ms McCaig reported that there is a regional review being chaired by the Director of Finance in the Department of Health and that all contract managers and fraud liaison officers have been asked to determine if this matter needs taken to the next stage. She reiterated that to date, she has not seen anything that would merit this. She advised that she is required to send an assurance to the Department, which she will undertake following completion of the face to face meetings.

9/22.15 Ms Mann-Kler asked whether the action taken was proportionate in this case. Ms McCaig said that a meeting in December with Directors of Finance there was a request to suspend payments, but it was pointed out that this would put HSC bodies in breach of contract so there was an agreement that each organisation would carry out its own due diligence. She added that she has almost completed her assurance, and to date there are no concerns, but if that situation changes she would update the PHA Board. Mr Murray agreed that PHA was happy with the services it was receiving and felt that there had been over reporting of

the matter. Ms McCaig said that there are lessons to be learnt, and added that PHA has received a lot of information, has had telephone conversations with providers and will be following up with visits.

- 9/22.16 Mr Clayton thanked Ms McCaig for the update and asked whether the sample of services reflects the diverse nature of the work that this organisation does for PHA. He also asked about the timeline for this work. Ms McCaig replied that the work should be completed in the next week, and that she chose the sample ensuring that there was a range of services in different areas so there were different contract managers and it was not the same staff going out and doing the visits. Mr Clayton said that this was a sensible approach. With regard to the suggested PSNI investigation, he asked where PHA got the information that there wasn't an investigation. Ms McCaig thought that this information had come from a press release but she undertook to check this (**Action 5 – Ms McCaig**). Mr Clayton said that the conjecture did not help, but Ms McCaig said that it would not have changed PHA's approach. She added that PHA will continue to work with the evidence it has and if there is no evidence of fraud, the matter will not go any further. Mr Murray said that he hoped that the investigations would be completed by the end of next week and reported back to Ms McCaig as soon as possible in order to draw a line under this matter.
- 9/22.17 Ms McCaig advised that the second matter was a situation where the PHA was contacted by the Chief Executive of a third party to advise that a review of financial accounting and governance was being initiated at the request of another funder. She added that on 12 January a draft report was received which indicated that there may be irregularities and so a meeting was held with joint funders on 18 January to plan further actions. She said that the Fraud Liaison Officer provided a report to BSO Counter Fraud. She noted that this is a difficult one as there are many different organisations involved, but she agreed to keep the Committee informed.
- 9/22.18 Ms McCaig said that the rest of the Report gives an update on the fraud action plan for the year. She advised that the data matching exercise has been completed and there were no suspected fraud issues.
- 9/22.19 Mr Stewart asked about the financial value of the 117 high risk matches relating to duplicate records. Ms McCaig suggested that the issue may not be in relation to the payment but she agreed to get some further information on this (**Action 6 – Ms McCaig**). She explained that the Shared Services centre has monthly processes in place so any issues of overpayment would be picked up in the monthly reports.

10/22 Item 10 – Any Other Business

- 10/22.1 With there being no other business, Mr Stewart thanked members for their time and drew the meeting to a close.

11/22 | **Item 11 – Details of Next Meeting**

Monday 11 April 2022 at 10am

Fifth Floor Meeting Room (or via Zoom).

12/22 Linenhall Street, Belfast, BT2 8BS

Signed by Chair:

Joseph Stewart

Date: 11 April 2022