

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	20 April 2023 at 10am
Venue	5 th 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

In Attendance

- Mr Stephen Wilson - Interim Director of Operations
- Mr Stephen Murray - Interim Assistant Director of Planning and Business Services
- Ms Tracey McCaig - Director of Finance, SPPG
- Mr David Charles - Internal Audit, BSO
- Mrs Catherine McKeown - Internal Audit, BSO
- Mr Roger McCance - NIAO
- Mr Robert Graham - Secretariat

Apologies

- Mr Robert Irvine - Non-Executive Director

14/23 | Item 1 – Welcome and Apologies

- 14/23.1 Mr Stewart welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine.

15/23 | Item 2 - Declaration of Interests

- 15/23.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda.
- 15/23.2 Mr Clayton noted that within the Governance Statement, there are references to Public Inquiries, and how the PHA is responding to these, and therefore given Unison’s involvement with Inquiries, he felt he should declare an interest.

16/23 Item 3 – Minutes of previous meetings held on 7 February 2023

16/23.1 The minutes of the previous meeting, held on 7 February 2023 were **approved** as an accurate record of that meeting.

17/23 Item 4 – Matters Arising

17/23.1 Mr Stewart went through the actions arising from the last meeting.

17/23.2 For action 1, Mr Stewart confirmed that he has spoken to the Chair about the possibility of having a half-day workshop to carry out an in-depth review of the Corporate Risk Register.

17/23.3 Mr Stewart advised for action 2, the meeting for Non-Executives with both Internal and External Audit will take place as part of the June meeting.

17/23.4 For action 3, Mr Graham advised that he had followed up with Ms Curran and it was agreed that the paragraph within the Joint Emergency Planning Report should be redrafted as there is not a specific role for a Non-Executive in emergency planning, but rather oversight by the Board as a whole.

18/23 Item 5 – Chair’s Business

18/23.1 Mr Stewart reported that on Wednesday evening he had received correspondence from the Chief Executive regarding unlawful expenditure made by SBNI. He said that he wished to raise this issue with the Committee given PHA hosts SBNI, although he noted that PHA has zero visibility on this matter.

18/23.2 Mr Stewart commented that this should be reported to the Programme Board looking at the Review of PHA given the Programme Board has raised concerns about PHA’s role in hosting SBNI. He advised that the Chief Executive had received this letter in his role as Accounting Officer.

18/23.3 Mr Clayton sought clarity about the reference to the Department of Finance. Ms McCaig explained that SBNI was in breach of a Department of Health circular, and that the expenditure needed to be approved by the Department of Finance. She noted that there is a difficulty for PHA in that as it hosts SBNI, it only becomes aware of such incidents after they have happened and that even though SBNI shares its half-yearly Declaration of Assurance, these types of issue would not feature as they would not be known as the time those Declarations are being prepared. She added that PHA will need to include this as part of its Governance Statement. She said that this should be looked at as part of a future finance audit. Mrs McKeown advised that a sample of SBNI payroll and payments processes was reviewed as part of the Financial Review audit and there was no irregular activity.

19/23 | **Item 6 – Internal Audit**

Internal Audit Progress Report [GAC/10/04/23]

- 19/23.1 Mrs McKeown presented the latest Internal Progress Report and said that Internal Audit has completed its work programme for the year, but that one report, regarding recruitment processes, is currently in draft. She said that once it is finalised she will be able to complete her Head of Internal Audit Report. She noted that the draft report indicates a limited level of assurance.
- 19/23.2 Mrs McKeown advised that the Financial Review audit has been completed and that a satisfactory level of assurance has been given. She gave an overview of the areas the audit focused on and added that this included a sample of payroll and payment processes for SBNI. She noted that for this audit last year a limited level of assurance was given due to overpayments given to contact tracing staff and issues with enhancements, but since then she said that there is evidence of improvements having been made with fewer processing errors. She advised that there were no significant findings, but there were two key findings, the first of which related to Staff in Post (SiP) returns. She reported that 14% of these had not been returned so there is a lack of an audit trail in terms of managers checking these and this needs to be strengthened. She advised that a high level review of payments was carried out to ensure that these complied with Agenda for Change terms and conditions and one underpayment was identified. She said that the second key finding related to the need for the PHA's Direct Award Contracts (DACs) register to contain more information on cumulative spend. She said that management have accepted all of the recommendations.
- 19/23.3 Ms Mann-Kler said that it would be helpful to know if there is a way of ascertaining value for money when it comes to spend on bank staff and locum staff compared to permanent staff and asked if it is possible to do a comparison. Ms McCaig commented that this may not be possible, but she noted that this would not be so much of an issue now for PHA but there would have been more spend during COVID. Mr Clayton said that there may have been more staff on temporary and agency contracts. Ms McCaig advised that she would not include agency staff as they are "on contract", but she would look at any "off contract" expenditure (**Action 1 – Ms McCaig**).
- 19/23.4 Ms Mann-Kler noted that PHA does not have any cost relating to management consultants. Ms McCaig explained that some of what may be deemed consultancy falls under staff substitution and gave the example of the Review programme where there is a team supporting PHA as it does not have the resource. She added that there is a Circular that is followed. Mrs McKeown advised that if an organisation is declaring that it has no consultancy spend, Internal Audit would test this. Ms McCaig said that there is very little that is pure consultancy. Mrs

- McKeown said that this will be picked up in next year's audit when areas such as locum payments, agency spend and use of associate consultants through the Leadership Centre will be looked at.
- 19/23.5 Mr Clayton said that it will be helpful to see more information on DACs for comparative purposes.
- 19/23.6 Mr Stewart expressed concern about the 14% of SiP reports not being returned and said that he did not understand how managers were not on top of this. Ms McCaig said that this issue will be picked up later in the meeting.
- 19/23.7 Mr Charles gave an overview of the report on the review of a control failure which led to fraudulent payments being made following the approval of a request to change an organisation's bank account details. He advised that following this approval, 7 payments were made totalling £104k. He said that when the fraud was discovered, management took action and Internal Audit was asked to carry out an investigation. He advised that Internal Audit engaged with a range of staff and there appeared to be a lack of awareness of the regional procedures.
- 19/23.8 Mr Charles explained that when the request was made, the form was completed and sent to Accounts Payable, but independent verification of the request was not carried out and this was the main reason for the controls breach. He advised that the Business Services Team (BST), which processes these changes, has a list of authorised staff who can approve these amendments, but there are no PHA staff who can do this so he suggested that in future a small number of senior staff should be authorised to do this.
- 19/23.9 Mr Charles reported that when the staff member received confirmation of the bank account being changed, they contacted the Chief Executive of the organisation to confirm this, but the Chief Executive did not answer the call, so an e-mail was sent. He suggested that had the phone call taken place there would have been an increased chance of the inappropriate change of bank details being flagged up sooner.
- 19/23.10 Mr Charles advised that 5 recommendations were made and have been accepted by management. He advised that the 4 which had an implementation date of 31 March 2023 have all been implemented.
- 19/23.11 Ms Mann-Kler asked if there is any chance of the money being recovered. Ms McCaig said that there is a very slim chance. She added that PHA will write off the loss but she is awaiting further information from the banks. She noted that while she accepted the findings of the report, there are questions to be asked about how the fraudulent bank account was able to be set up in a bank in London. She advised that the matter has passed from the PSNI to the City of London police, but that the case will be pursued from a civil perspective. She said that there was an opportunity to prevent this.

- 19/23.12 Ms Mann-Kler said that how this happened is significant. Ms McCaig agreed that there were opportunities missed and the process fell short. She added that PHA gets very few of these types of request. Ms Mann-Kler asked if the charity itself will lose out, but Ms McCaig advised that it will be paid. Ms Mann-Kler suggested that if there is not a satisfactory resolution, this matter could be raised with the Financial Ombudsman. Ms McCaig agreed that this is an option, but she has to await a response. She added that legal advice has been taken. She said that when she became aware of this incident, she requested that the audit be carried out immediately and she thanked Mrs McKeown and Mr Charles for facilitating this. She advised that the members of staff involved are devastated by this, and there is a lot of learning for everyone.
- 19/23.13 Mr Clayton welcomed the level of detail in the report. He asked what is meant by “independent verification”. Given that this type of request is infrequent, he asked if a staff member would know who to ask for advice and if the internal forms are explicit in terms of outlining the ask. Ms McCaig advised that the forms do not ask if independent verification has been sought and that is part of the learning. She said that there is now a clear guide and now only 3 members of her team can implement such a request, namely herself, Mrs Andrea Henderson and Ms Caren Crockett. Mr Clayton noted that the person also asking the question has to be satisfied with the response and Ms McCaig said that in future she would contact the organisation herself. Mr Clayton noted that it is a significant amount of money.
- 19/23.14 Mr Stewart commended the work carried out by Internal Audit. He acknowledged that mistakes can be made, but noted that the recommendations from this report have been implemented ahead of schedule and that Ms McCaig will oversee any future change requests.
- 19/23.15 Ms McCaig said that updates on this matter will be contained within the Fraud Liaison Officer Report until all avenues have been exhausted. Mrs McKeown noted that BSO has not yet seen this report.
- 19/23.16 Mr Clayton asked if this incident has been reported to the Department and Ms McCaig advised that PHA notified the Counter Fraud Unit so the Department’s Audit and Risk Assurance Committee will be aware. She added that the Department of Finance is also aware and that she, and the Chief Executive, met with the Permanent Secretary. She advised that the Chief Medical Officer and PHA’s Sponsor Branch have been informed. She said that this incident will be included on PHA’s Governance Statement.
- 19/23.17 Members noted the Internal Audit Progress Report.

*Year End - Follow Up on Outstanding Internal Audit Recommendations
2022/23 [GAC/11/04/23]*

- 19/23.18 Mr Charles reported that of the 85 outstanding audit recommendations, 65 are fully implemented, 17 are partially implemented and 1 has not been implemented. He went through each of the audits in turn and their outstanding recommendations.
- 19/23.19 Mr Charles advised that the oldest outstanding recommendation relates to the procurement of contracts with the voluntary sector, but noted that there is a Procurement Plan which is being worked through. Mr Stewart said that this recommendation needs to be looked at because there has been engagement with the Chief Executive on this and a review of the risk around this was carried out as a lot of the narrative on it was no longer relevant. Mr Wilson echoed this and added that there needs to be a discussion with Internal Audit regarding this. Mrs McKeown said that she would welcome the opportunity to look at this as part of the forthcoming audit of community and voluntary sector contracts.
- 19/23.20 Mr Charles reminded members that there were 2 recommendations outstanding in relation to Family Nurse Partnership (FNP) audit but one of these has now been implemented. He said that as the original contract could not be found, new contracts with Trusts have been prepared. He advised that the outstanding recommendation relates to the need to develop an information system that provides management information.
- 19/23.21 Mr Charles said that there is a piece of work outstanding around information governance in ensuring that contracts are GDPR compliant. He acknowledged that it is a big piece of work but the Information Governance Manager has agreed to take it forward. Mr Stewart noted that it may not be applicable for 90% of the organisations. Mrs McKeown said that this could be picked up as part of the contract renewal process. Mr Murray said that this is a complex area and PHA is trying to simplify it as there would not be the capacity to work through 500 contracts.
- 19/23.22 Mr Charles noted that the assurance level for the most recent audit of performance management had increased to satisfactory, but there remained one outstanding recommendation from the previous audit relating to performance reporting. Mr Wilson reported that there has been a significant amount of time spent looking at outcomes reporting.
- 19/23.23 From the previous Financial Review audit, Mr Charles advised that a piece of work on indemnity for independent chairs of Case Management Reviews by SBNI had been put on hold due to the long term absence of a member of staff. Ms McCaig said that this should have been picked up by the most recent Declaration of Assurance and she suggested that the Chief Executive may wish to write to SBNI concerning this.

- 19/23.24 Mr Charles advised that 3 recommendations from the Board Effectiveness audit remain partially implemented and these relate to a Board Development Plan, workshops and information. Mr Clayton said that as the Board Development Plan relates to members both collectively and individually, it may be worth discussing this at a future meeting or workshop to determine how this could best be taken forward.
- 19/23.25 Mr Charles said that 2 of the recommendations from the risk management audit have been partially implemented, but the other one, which relate to the Connected Health directorate risk register has not been implemented, but he was aware that this was being followed up. Mr Wilson advised that there has been impacted by discussions between PHA and Mr Dan West and the situation now is that the Connected Health are now contractually seconded into Mr West's team in the Department and are no longer working on Connected Health business. However, Mr Wilson explained that PHA had contracts in this area with the Trusts, but it is now his understanding that these will also transfer to the Department so there is no longer any risk to PHA and therefore no need for a directorate risk register. He added that Mr Eddie Ritson has confirmed that there are appropriate risk management arrangements in place within the team in the Department.
- 19/23.26 Mr Clayton sought clarity that this means that Connected Health is moving to the Department but the staff will remain PHA staff. Ms McCaig advised that there are other HSC staff working in the Department. In response to Mr Clayton's query about a hosting arrangement, Ms McCaig said that this needs to form part of a larger conversation and that this links with the ongoing review of PHA.
- 19/23.27 Mr Charles said that the other recommendations on the risk management audit relates to assurances and target scores, but he noted that work has commenced in terms of the recommendation on assurances with some risks on the Corporate Risk Register being mapped using the "3 lines" model.
- 19/23.28 Mr Charles advised that there is one outstanding recommendation following the audit of Serious Adverse Incidents (SAIs), and it relates to the development of an MOU between SPPG and PHA. He said that there is a draft and he is aware that there are still some ongoing conversations about this at senior level. Mr Stewart commented that this needs to be resolved as soon as possible because the role of PHA in SAIs has been a concern of the PHA Board for many years. He said that PHA needs to indicate that its sole role is the dissemination of learning letters.
- 19/23.29 With regard to population screening, Mr Charles noted that 4 recommendations were outstanding and that for some of these, the target implementation dates have been reset. He said that Internal Audit will review these again in August/September.

- 19/23.30 Mr Clayton recalled that there was a discussion around screening programmes at a Board meeting last year where a comprehensive update was given and he suggested that it should be raised again with the Chair and Chief Executive. Mr Stewart noted that Dr McClean had made reference to wanting to do more than merely get the programmes up and running, and is wanting to be able to compare performance between Trusts.
- 19/23.31 Mr Charles advised that for the remaining recommendations, the implementation dates have not yet passed, but he noted that the 4 recommendations from the independent review of fraudulent payments have all been fully implemented.
- 19/23.32 Mr Stewart said that he did not feel that a 78% achievement rate on the outstanding recommendations was satisfactory and he asked that this be discussed by the Chief Executive at AMT as a target of 90/95% should be set. Ms Mann-Kler agreed with this, although she noted that for some audits 100% of the recommendations have been implemented.
- 19/23.33 Members noted the year end follow up on outstanding Internal Audit recommendations.
- Internal Audit Plan 2023/24 [GAC/12/04/23]*
- 19/23.34 Mrs McKeown presented the Internal Audit Strategy and Plan for the next 3 years. She said she accepted that PHA is going through a period of organisational change, but in conversation with the Chief Executive it was agreed to develop a 3-year plan which can be refreshed and resubmitted to the Committee as required.
- 19/23.35 Mrs McKeown advised that the Strategy sets out the purpose, how the Plan is built and the independence of Internal Audit and how it brings its own experience when reviewing key documents. She explained that when developing the Plan, Internal Audit looked at high risk areas, core areas and areas which are new or where they have been changes. She added that the input of management was sought in terms of what areas it deems as priority.
- 19/23.36 Mrs McKeown explained that Internal Audit aims to provide “reasonable” assurance, and that 104 days is allocated to PHA. She said that there has been engagement with External Audit and with the Chief Executive. She noted that there have been challenges in being able to recruit internal auditors and she did not expect that situation to change in the short term. She said that she had to request the deferral of audit in some of the larger organisations, but this was not the case for PHA. She advised that she has met with the Chief Executive and the Director of Operations to discuss this Plan and that it has been agreed by the Agency Management Team (AMT) and the Committee Chair. She said that the Plan will be reviewed annually and that it is split between finance audits, corporate risk-based audits and governance audits.

- 19/23.37 Mrs McKeown outlined the proposed elements of the Financial Review audit for 2023/24 which she reiterated as being locum payments, agency spend and use of associate consultants through the Leadership Centre as well as the use of the SLA with BSO and the management of revenue business cases. She added that in 2023/24 there will be an audit of contracts in the community and voluntary sector, business continuity arrangements in the event of a cyber attack as well as audits of complaints and information governance.
- 19/23.38 Mr Clayton noted that the different number of days allocated to the Financial Review audit in 2024/25 given the potential complexity of the areas to be reviewed. Mrs McKeown said that the days have been allocated based on how much time she felt was needed. She said that some elements may not require as much time as others.
- 19/23.39 Mr Stewart commented that 10 days have been allocated to complaints, but yet there has never been a report received on complaints against PHA so perhaps the full 10 days will not be required. Mr Charles advised that the complaints audit has commenced and there are complaints. Mr Stewart said that this in an area where the Board has had no visibility and that this should be a standing item at Board meetings. Mr Wilson advised that there are presently discussions about transferring the management of complaints from the Nursing directorate to the Operations directorate and he suggested that it will be useful to have the audit report.
- 19/23.40 Members **APPROVED** the Internal Audit Plan.
- 20/23 Item 7 – Corporate Governance**
- Ms Deirdre Webb joined the meeting for this item.*
- Corporate Risk Register as at 31 March 2023 [GAC/13/04/23]*
- 20/23.1 Mr Wilson advised that there have been some amendments made to the Corporate Risk Register, but over the next period, there is a plan to carry out a more in-depth review as over the last few months there has not been that opportunity due to other competing demands.
- 20/23.2 Mr Wilson reported that a new risk regarding financial break even has been added and that two risks, one relating to out of hours payments for senior staff during an emergency response, and one relating to the COVID vaccinators banks, have been removed having been downgraded to “low” at the last review. He added that those risks have now been de-escalated to the appropriate directorate risk registers. He advised that the majority of risks have retained their rating and work is being taken forward on the use of the “3 lines” model.
- 20/23.3 Ms McCaig advised that the risk relating to break even would now be rated as “medium”, but by next week she hoped that it could be rated as

- “low” as PHA should achieve a year-end break-even position. However, she said that the bigger risk for PHA will be risk 69 around savings.
- 20/23.4 Referring to risk 61, Ms Mann-Kler asked if PHA knew how many women were impacted by the cervical screening recall. Mr Wilson said that he would have to come back on this, but it was noted that Dr Brid Farrell had given an update to the Board on this issue at a recent meeting (**Action 2 – Mr Wilson**).
- 20/23.5 Mr Clayton asked if it would be possible for Non-Executives to receive training on the “3 lines” model. Mr Stewart agreed with this, but noted that at the moment staff are getting themselves familiarised with the model so a session will be arranged at an appropriate time. Mr Clayton noted that risk 55 on staffing makes reference to workforce planning and he presumed that this related to the PHA as a whole rather than the specific directorates, particularly given the “Our People” report that was presented at the last Board meeting.
- 20/23.6 Mr Clayton asked about risk 60, which relates to migration from HSCB to SPPG and its impact on PHA, and if there is any update on the timeline for the Integrated Care System (ICS), although he noted the plan to move to the new system is linked to a legislative timetable. Ms McCaig advised that a test site is being worked through in the Southern Trust area with a view to this being rolled out across other Trust areas in September 2023. She suggested that the wording of the risk needs to be updated as it is more about clarity of roles. Mr Wilson noted that the HSC Framework Document is presently being revised. Mr Clayton asked how PHA can get an assessment of the work of the ICS. Ms McCaig said that PHA needs to look at where it can have influence, but all organisations are at an early stage in this journey.
- 20/23.7 Mr Clayton asked if there is an overarching solution for the issues relating to IT systems for screening (risk 61) as this has been a risk for several years. Mr Wilson advised that there is a proposal that this can be picked up through the Encompass programme, but he was not confident that this would be a solution in the short term.
- 20/23.8 For risk 68, Mr Clayton sought clarity on the nature of the legal risk around information governance and Data Protection Impact Assessments (DPIAs), and if it is the case that PHA could find itself in breach of GDPR regulations. Mr Stewart advised that he had raised this issue with Dr Joanne McClean and that there is the possibility shares information with UKHSA about small groups of people, then individuals could be identifiable. He asked what approach is being taken by other UK nations. Mr Murray replied that PHA is very focused on the potential Data Protection issues. He added that in addition to UKHSA, there is the World Health Organisation (WHO) so PHA is ensuring that it is covering itself. He commented that this is a complex area which has arisen since COVID and one which PHA is focused on and is getting advice on. Mr Clayton noted that there will be an impact on other areas

- of PHA's work.
- 20/23.9 Mr Stewart commented that risk 63 relating to Lifeline should be removed shortly once the data has been migrated across. He added that there should be a risk on the Corporate Risk Register relating to the Refresh and Reshape Programme given the impact on PHA if this project were to fail. Mr Clayton agreed, noting that there was a risk on the Register around the closure of SPPG. Mr Stewart asked that Mr Wilson go back to AMT and raise this (**Action 3 – Mr Wilson**). Mr Wilson agreed to do so, but assured members that in the project methodology for the Programme, there is a risk log.
- 20/23.11 Members **APPROVED** the Corporate Risk Register as at 31 December 2022.
- Nursing and AHP Directorate Risk Register as at 31 March 2023
[GAC/14/04/23]*
- 20/23.12 Mr Stewart welcomed Ms Webb to the meeting and he acknowledged that there has been considerable disruption for the directorate with not having a Director in post and therefore the directorate risk register may not have received as much attention as it should. He invited Ms Webb to give an overview of the risks.
- 20/23.13 Ms Webb advised that the risks fall within two areas – workforce and programme. Within workforce, she said that there were some budgetary issues to be sorted out which impacted on the recruitment of 3 key posts, but these have now been resolved and recruitment will commence.
- 20/23.14 In terms of programmes, Ms Webb explained that as part of the Delivering Care initiative, the HSC was to receive £60m of funding over a 5-year period, but so far only £25m has been received and she was not certain about the status of the remaining funding. She said that for the FNP programme, there is a database for which the software contract is going to expire at the end of October, and although Encompass is presently carrying out some discovery work, it may be a better solution that each Trust hosts their own database. She added that there will be a challenge to implement a new system on a phased approach over a 5-year period. She advised that there has been reduced funding for the Dysphagia programme which has created challenges in terms of delivering objectives.
- 20/23.15 Ms Webb reported that further training needs to take place within the directorate on financial governance, but she said that this would take place shortly and she was confident that this risk could be removed within a short period of time.
- 20/23.16 Mr Stewart said that the Board is aware of the strength and significance of FNP and also the issues around the database. He asked if Trusts

- maintain their own. Ms Webb explained that the Trusts are data owners and that they sent PHA anonymised data for its Annual Report. She reiterated that the current system will no longer function from October. Ms McCaig cautioned against the use of Encompass as a solution as she said that its focus is more on secondary care. She said that while she did not dispute its value, she suggested there needs to be an interim mitigation. Ms Mann-Kler suggested that each Trust should hold its own data, but she conceded that there may be issues around data quality. Mr Stewart commented that PHA would not then be able to get the high-level data.
- 20/23.17 Ms Mann-Kler noted that some of the risks have been on the Register for some time which may be a reflection of the intrinsic challenges facing the directorate. Mr Wilson said that once Ms Heather Reid takes up post as Interim Director, she will carry out a full review of the Register.
- 20/23.18 Ms Mann-Kler also expressed caution about the reliance on Encompass as she suggested there may be teething issues when it is first launched. Ms Webb said that PHA has produced excellent reports in the past on FNP, but perhaps in the future, these could be more limited in scope and used for research purposes. She added that she has been liaising with Digital Health and Care about the Encompass programme.
- 20/23.19 Mr Clayton welcomed having sight of the directorate risk register. For the risk on staffing issues, he noted that there is a potential for burnout. With regard to FNP, he commented that the DHCNI team would need to make sure that no data is lost during the transfer. If there is going to be a new system where data will be transferred to PHA, he asked if there will a formal arrangement in place. Ms Webb advised that a Data Sharing Agreement is in place.
- 20/23.20 Mr Clayton asked about the registration of vaccinators. Ms Webb advised that PHA is presently covering the spring booster programme, but there is a paper outlining the options for what happens after that programme. She reported that PHA has completed the registration process with RQIA, and has had its initial assessment completed, but there needs to be a telephone call between the two Chief Executives to finalise this. Returning to the options paper, she outlined that the two options are that PHA stops supplying vaccinators and looks at alternatives (for example, another agency), or that GP practices employ their own staff, but she noted that primary care is under tremendous pressure so a balanced approach may need to be considered. Mr Clayton sought clarity on what was meant by another agency, and Ms Webb explained that this could be a private provider.
- 20/23.21 Mr Stewart thanked Ms Webb for attending the meeting and presenting the directorate risk register.
- 20/23.22 Members noted the Nursing and AHP Directorate Risk Register as at 31 March 2023.

Gifts and Hospitality Register [GAC/15/04/23]

20/23.23 Members noted the Gifts and Hospitality Register.

21/23 Item 8 – Information Governance

Information Governance Action Plan 2022/23 Update [GAC/16/04/23]

21/23.1 Mr Murray presented the year end update for the 2022/23 Information Governance Action Plan and said that the main point of discussion at the recent Information Governance Steering Group (IGSG) meeting was around the timeline for getting new staff to complete their mandatory training and the capacity to be able to monitor that. He advised that there will be a new system, but there will be a period of transition until that is put in place. He said that the medium-term plan is that staff should complete their information governance training as part of an induction programme before they commence employment with PHA. He noted that PHA is aware that there is an issue.

21/23.2 Mr Murray said that there has been a push on eLearning in general to ensure that PHA meets its target of 95% of staff uptake. He added that reports are going out to managers, but the aim is for this to happen more regularly.

21/23.3 Mr Murray reported that Dr Joanne McClean, in her role as Director of Public Health, must complete Personal Data Guardian (PDG) training, but she was not able to do this last year due to a timing issue, but she will be undertaking the training this year.

21/23.4 In terms of other areas rated “red”, Mr Murray advised that 2 Information Asset Registers remain outstanding and despite reminders, these have not been forthcoming, but this has been followed up again with the relevant staff. He noted that there is a Register outstanding for Connected Health, but given the earlier conversation this may soon not be required. Mrs McKeown asked if Connected Health information will become Department of Health information, but Ms McCaig said that it is too early to make that determination, although she suspected that it may become the case. Mr Clayton asked about historic Connected Health data, but Ms McCaig reiterated that this would be part of a future conversation. Mr Murray suggested that this issue could become a risk in itself.

21/23.5 Mr Murray advised that the target relating to reviewing Information Governance policies is also rated “red”, but he assured members that a process has commenced but the team has had capacity issues as it is dealing with Inquiries.

21/23.6 Members noted the update on the Information Governance Action Plan 2022/23.

Information Governance Action Plan 2023/24 [GAC/17/04/23]

- 21/23.7 Mr Murray advised that the Action Plan for 2023/24 contains many of the actions from the Plan for 2022/23 which have been rolled forward.
- 21/23.8 Mr Stewart said that it was good to see that the IGSG is up and running again and that Mr Clayton can report on its work. He noted that within this Plan, the issues around training and induction are being addressed. Mr Clayton said that there was a discussion at the last IGSG meeting about the target of 1 week and that there is a need for the Governance and Audit Committee to get a sense of how that is progressing. He noted that in other organisations staff cannot commence work until they have undertaken their training.
- 21/23.9 Mr Clayton commented that for the 2023/24 Action Plan, there was discussion about how Information Asset Owners can identify those staff who have access to personal data and make it a requirement that they complete their training annually rather than every 3 years. He added that there was also a discussion about staff who have completed training in other HSC organisations transferring that to PHA, but in the end it was agreed that all new staff should undertake all of the required training.
- 21/23.10 Members noted the Information Governance Action Plan 2023/24.

22/23 Item 9 – Finance

Fraud Liaison Officer Update Report [GAC/18/04/23]

- 22/23.1 Ms McCaig presented the Fraud Liaison Officer Report but noted that there had already been discussion earlier in the meeting about the new case. She advised that a case has now been closed as the individual who had been overpaid has now refunded the full amount which they were overpaid and therefore this is no longer being treated as fraud. She added that a learning exercise was carried out and the report on this is on the agenda.
- 22/23.2 Ms McCaig reported that PHA has received its matches from the National Fraud Initiative (NFI) exercise and these will be reviewed shortly.
- 22/23.3 Ms McCaig updated members on the Fraud Action Plan and noted that to date only 54% of staff have completed their eLearning. She advised that she is currently preparing a financial training pack for budget holders which will include areas such as budgetary control, financial governance and audits and this will be rolled out across PHA once it is completed around the end of June. She added that she will liaise with the Non-Executive Director with a financial background. She reported that work on Fraud Risk Assessments will be carried out in May. Mr Clayton noted that there will be a lot of contracts to review, but Ms McCaig explained that is more about the process and looking at other

- learning from across the public sector.
- 22/23.4 Members noted the Fraud Liaison Officer Update Report.
- PHA Staff in Post – Outcome of Lookback Exercise and Planned Response [GAC/19/04/23]*
- 22/23.5 Ms McCaig explained that this Report links in with the earlier discussion on Staff in Post (SiP) reports. She suggested that it may be useful for Ms Karyn Patterson to attend the next meeting to give an update on this. She said that there is good learning in this Report for PHA (**Action 4 – Mr Graham**). Mr Clayton said that his concern was staff knowing where to go to get HR support and Ms McCaig confirmed that it would now be Ms Patterson as she is PHA's HR Business Partner.
- 22/23.6 Members noted the report on the PHA staff in post lookback exercise.
- At this point Mr Clayton left the meeting.*
- 23/23 Item 10 – Draft PHA Annual Report 2022/23 [GAC/20/04/23]**
- 23/23.1 Mr Stewart said that the draft Annual Report was comprehensive and he commended the effort that had been put into compiling it.
- 23/23.2 Members **APPROVED** the draft PHA Annual Report 2022/23 which will be brought to the PHA Board meeting on 27 April.
- 24/23 Item 11 – Draft PHA Governance Statement [GAC/21/04/23]**
- 24/23.1 Ms McCaig said, following the discussion earlier in the meeting, there will need to a section included in the Governance Statement regarding the unlawful expenditure by SBNI. She added that PHA will receive wording from the Department regarding the section on the budgetary position for 2023/24.
- 24/23.2 Members **APPROVED** the draft PHA Governance Statement 2022/23 which will be brought to the PHA Board meeting on 27 April.
- 25/23 Item 12 – Governance and Audit Committee Annual Report [GAC/22/04/23]**
- 25/23.1 Mr Stewart presented the report which outlined the work undertaken by the Committee during the previous year.
- 25/23.2 Members noted the Governance and Audit Committee Annual Report.
- 26/23 Item 13 – Any Other Business**
- 26/23.1 There was no other business.

27/23 | **Item 14 – Details of Next Meeting**

Thursday 8 June 2023 at 10am

Fifth Floor Meeting Room (or via Zoom).

12/22 Linenhall Street, Belfast, BT2 8BS

Signed by Chair:

Joseph Stewart

Date: 8 June 2023