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| Title of Meeting | Meeting of the Public Health Agency Governance and Audit Committee |
| Date | 10 October 2023 at 10am |
| Venue | Meeting Rooms 2&3, 2 nd Floor, 12/22 Linenhall Street, Belfast |

Present

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

In Attendance

- Mr Stephen Wilson - Interim Director of Operations
- Mr Stephen Murray - Interim Assistant Director of Planning and Business Services
- Ms Claire Devine - Assistant Director of Finance, SPPG
- Ms Caren Crockett - Head Accountant, SPPG
- Mrs Catherine McKeown - Internal Audit, BSO
- Mr Roger McCance - NIAO
- Mr Robert Graham - Secretariat

Apologies

- Mr Robert Irvine - Non-Executive Director
- Ms Tracey McCaig - Director of Finance, SPPG
- Ms Colette Kane - NIAO

50/23 | Item 1 – Welcome and Apologies

- 50/23.1 Mr Stewart welcomed everyone to the meeting. Apologies were noted from Mr Robert Irvine, Ms Tracey McCaig and Ms Colette Kane.

51/23 | Item 2 - Declaration of Interests

- 51/23.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda.

- 51/23.2 Mr Clayton noted that within some of the papers, 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.

52/23 Item 3 – Minutes of previous meeting held on 12 September 2023

52/23.1 The minutes of the previous meeting, held on 12 September 2023 were **approved** as an accurate record of that meeting, subject to an amendment in paragraph 45/23.34.

53/23 Item 4 – Matters Arising

53/23.1 For action 1 around training on the 3 Lines Assurance Model for Committee members, Mr Wilson advised that he has spoken to Internal Audit and both Mrs McKeown and Mr Charles will facilitate a session for members at a date to be agreed.

53/23.2 For action 2 regarding the Maximum Acceptable Outage (MAO) for screening programmes, Mr Wilson advised that this is currently being reviewed. He explained that this relates to the PHA element of screening programmes and not the Trust element. Mr Stewart suggested that this clarification should be included in the Plan.

53/23.3 Mr Clayton asked whether this would have a knock-on impact on commissioning depending on the time of the year. Mr Wilson said that this is about the quality assurance element, and reiterated that this is being reviewed by the team.

54/23 Item 5 – Chair’s Business

54/23.1 The Chair advised that he had no business to update on.

55/23 Item 7 – Internal Audit

Internal Audit Progress Report [GAC/40/10/23]

55/23.1 Mrs McKeown advised that there was no update since the last meetings, but that an audit of information governance is due to commence this month and the financial review audit is due to commence next month.

55/23.2 Members noted the Internal Audit Progress Report.

Mid-Year Follow up on Outstanding IA Recommendations 2022/23 [GAC/41/10/23]

55/23.3 Mrs McKeown reported that following the mid-year follow up on outstanding audit recommendations, 79% of the 76 recommendations had now been fully completed with 21% partially implemented.

55/23.4 Mrs McKeown advised that the oldest recommendation relates to procurement and goes back to 2014/15. She added that there are two recommendations relating to screening programmes from 2017/18 for which the implementation date has been moved to March 2025 to reflect the need for investment in this area. She reported that there is one

outstanding recommendation from the Family Nurse Partnership which is around the need for a new computer system, but work is due to commence on that shortly. She said that work is ongoing to ensure PHA contracts with providers are GDPR compliant following the information governance audit. She advised that there are two recommendations outstanding on Board Effectiveness, one relating to the development of a strategic plan and the other relating to individual Board development plans for members. She said that from the audit of Serious Adverse Incidents, a Partnership Agreement was to be drawn up between PHA and SPPG, and although this has not yet been signed, it is due to be signed shortly.

55/23.5 Mr Clayton asked about the recommendations on Board Effectiveness. He noted that a new approach is needed in terms of the development of a strategy. He said that he would welcome a wider discussion on individual training needs and perhaps this should be raised with the Interim Chair. Mr Stewart advised that this will be mentioned at the meeting on Friday. He added that there is still not yet agreement on the approach for developing a strategy but he hoped that this would be resolved by 31 March 2024.

55/23.6 Mr Clayton asked if there is clarity in terms of the investment required to address the screening recommendations. Mr Wilson said that he would have to get further information on this **(Action 1 – Mr Wilson)**.

55/23.7 Mr Stewart asked about the action plan to address recommendations around recruitment as the target date has now changed to March 2024. Mr Wilson advised that a paper is being presented at the Agency Management Team (AMT) meeting on Wednesday outlining that there are constraints with the current HRPTS system which is impacting on what HR colleagues are able to do.

55/23.8 Mr Stewart said that he wished to see many of these recommendations pertaining to limited audits cleared before the year end so it is important that these issues are dealt with. Mr Wilson advised that he is meeting with Ms Crockett and Ms Devine to look at instigating a series of audit clinics where there will be a focus on clearing outstanding audit recommendations. Mr Stewart welcomed this approach.

55/23.9 Members noted the Mid-Year follow up on outstanding Internal Audit recommendations.

Shared Services Audits [GAC/42/10/23]

55/23.10 Mrs McKeown advised that since the last meeting two audits have been completed within Shared Services, one relating to Accounts Receivable and one relating to Accounts Payable, and each received a satisfactory level of assurance. She added these will be presented to the Audit Committee of BSO next week.

Mid-Year Assurance Statement to the Public Health Agency from the Head of Internal Audit [GAC/43/10/23]

55/23.11 Mrs McKeown advised this Statement shows that to date two audits have been completed this year for PHA and these were presented to the Committee last month. She said that these related to the management of voluntary and community organisation contracts, and management of complaints and claims, and a limited level of assurance was given to each with a total of 6 significant findings.

55/23.12 Members noted the Mid-Year Assurance Statement to the Public Health Agency from the Head of Internal Audit.

56/23 Item 12 – PHA Mid-Year Assurance Statement [GAC/51/10/23]

56/23.1 Mr Wilson presented the Mid-Year Assurance Statement which he said follows the normal template in terms of picking up key issues.

56/23.2 Mr Wilson noted the reference to the SBNI unlawful expenditure as well as the fraudulent payment in Section 7. In the Internal Audit section, he said that Mrs McKeown had already made reference to the audits which had received limited assurance but he reiterated that it is hoped that the recommendations would be closed off as soon as possible.

56/23.3 Mr Wilson advised that the section on internal control divergences begins with those issues which are deemed to no longer be control issues. He said that the matter regarding SBNI unlawful expenditure has been dealt with following an assurance given at the last Committee meeting. He added that work around COVID-19 is now seen as normal business as there are now appropriate operational procedures in place, including the Vaccine Management System and the delivery of the COVID vaccine programme in line with Departmental policy.

56/23.4 Mr Wilson reported that in terms of those issues which continue to be considered issues, these are in the areas of finance, management of community and voluntary sector contracts and staffing issues. He noted that there is a figure required in terms of the percentage of consultant capacity and this would be updated. He said that members will be familiar with the issues being faced by HSCQI. He added that Public Inquiries continues to be an area that PHA has to deal with, but with limited resources and no additional capacity.

56/23.5 Mr Wilson advised that in terms of new issues, there is now a pause on campaigns. Mr Stewart said that the wording of this section needs to be strengthened given PHA's role in terms of health improvement and health protection with campaigns being a critical part of PHA's *raison d'être* as they are important in influencing people's behaviour in a positive way which will in turn reduce the demand on the HSC. Ms Mann-Kler echoed this and said that while she understood the rationale for pausing campaigns in other ALBs, she felt it made no sense to do

this for PHA. She asked whether this needed to be included on PHA's Corporate Risk Register. Mr Wilson said that he would consider this. He advised that PHA has been in discussion with the Department around this, but it has now received confirmation that there will be a pause. He added that PHA had submitted a bid for an amount of funding for organ donation, and was advised that only 10% of this was available. He said that PHA is now in a difficult position and there is an issue now in terms of the integrity of PHA's campaign programme. He added that the Department is not expecting any more bids from PHA. Mr Stewart said that this is an issue that the Board will want to raise with the Chair and an approach made to the Permanent Secretary where PHA's position is logged in terms of its role in health promotion and health protection and it not being able to take forward its statutory responsibilities.

56/23.6 Mr Clayton said that he agreed that this issue needs to be highlighted. He asked about the reference to RQIA reports and if this is standard wording around what progress has been made, or does it refer specifically to the recent review on Serious Adverse Incidents. He said that he would welcome clarity on that. He added that the wording around the ALB Self-Assessment would suggest that the assessment has been completed, when it has not, but he acknowledged that this could be a timing issue. Mr Wilson said that he would need to report back to the Committee regarding the section on RQIA (**Action 2 – Mr Wilson**).

56/23.7 Mr Stewart noted that in the narrative on the audit of community and voluntary sector contracts, it indicates that the recommendation will be completed by March 2026 but at the last meeting an assurance could not be given that this would be the case. Mr Murray explained that this timeline is achievable, providing no other issues come from left field that diverts PHA's attention. He added that PHA is also relying on other organisations. He said that PHA has a plan to deliver against that timeline, but he acknowledged that it will be difficult. Mr Stewart suggested that these difficulties should be reflected in this Statement because if the Permanent Secretary were reading this, the issues are not apparent. Mr Murray undertook to make the necessary amendments (**Action 3 – Mr Murray**).

56/23.8 Subject to minor amendments, the Committee **APPROVED** the Mid-Year Assurance Statement.

57/23 Item 13 – Draft Governance and Audit Committee Self-Assessment [GAC/52/10/23]

57/23.1 Mr Stewart advised that having gone through the draft assessment there was very little that he would wish to change. He noted that under question 2, there is a need for the Accounting Officer to attend a meeting of the Committee more often.

- 57/23.2 Ms Mann-Kler said that she was also content with the assessment and echoed Mr Stewart's comments regarding the attendance of the Accounting Officer, which Mr Clayton also agreed with.
- 57/23.3 Mr Clayton suggested an amendment under question 8 to reflect that some of the other members had attended specific training. Ms Mann-Kler asked whether there was any awareness of any training on governance in challenging times given the current environment and pressures on the HSC. Mr Stewart advised that he had previously attended an annual conference hosted by the Chief Executive's Forum and the annual NICON conference, both of which he would recommend.
- 57/23.4 Mrs McKeown advised that there is an updated template for this self-assessment available through the National Audit Office.
- 57/23.5 Subject to minor amendments, members **APPROVED** the draft Governance and Audit Committee self-assessment (**Action 4 – Mr Graham**).

58/23 Item 6 – Corporate Governance

At this point Ms Levette Lamb joined the meeting

Corporate Risk Register as at 30 September 2023 [GAC/36/09/23]

- 58/23.1 Mr Wilson advised that following a review of the Corporate Risk Register no new risks have been added. He added that one risk, regarding Lifeline, has been removed and that no risks have had their rating altered. He advised that work has continued to implement the 3 Lines Assurance model, but due to a bereavement, PHA's lead in this area has been on leave so there has not been the same level of support.
- 58/23.2 Mr Clayton asked about risk 39 on cyber security. He advised that he felt assured following the Information Governance Steering Group (IGSG) meeting last week as PHA has conducted a review of its FOI processes following the recent PSNI data breach incident. He said that it would be useful to refer to this in the narrative. He noted the reference to a training session for Board members. Mr Wilson said that this would be through BSO and he would look into this (**Action 5 – Mr Wilson**).
- 58/23.3 Mr Clayton noted that risk 61 around IT systems for screening programmes has been on the Register for some time and said that it would be helpful to receive a fuller update across each of the programmes as there could be different issues in each programme. He suggested that this could be done for the next iteration. He asked about risk 60 on the Integrated Care System (ICS) and if there has been any specific learning from the pilot for PHA.
- 58/23.4 Mr Stewart suggested that AMT needs to review both risks 59 and 61 as they both relate to screening and combine them into one new risk. Mr

Wilson agreed and said that this will be looked at. In terms of the IT systems, he advised that matters have been progressing quickly with regard to a workaround for the HPV testing.

- 58/23.5 Mr Wilson confirmed that there is an ICS pilot in the Southern Trust area and that PHA is involve principally looking at population health planning from a health needs assessment perspective. He added that it has been a useful exercise in terms of looking at how an Area Integrated Programme Board (AIPB) could work. However, he felt that what AIPBs can deliver is quite limited. Mr Murray agreed and added that the AIPB needs to be realistic about what it can achieve. He advised that it is narrowing its focus to three areas. Mr Clayton asked if there is clarity about what PHA's role is. Mr Murray replied that PHA is a partner and has a significant role in providing information, but it is not accountable in that its role is to inform. Mr Stewart advised that he had a briefing from Dr Diane Corrigan on the ICS pilot and he would pass information on regarding this.
- 58/23.6 Members **APPROVED** the Corporate Risk Register.
- Risk Management Strategy and Policy [GAC/38/10/23]*
- 58/23.7 Mr Wilson said that as PHA has now introduced the 3 Lines Assurance Model, it was timely to update the Risk Management Strategy and Policy.
- 58/23.8 Mr Stewart noted that PHA is working to ISO31000 but has not subscribed to it. He said that it is important that all staff are aware of this Strategy and AMT should ensure that this is the case.
- 58/23.9 Ms Mann-Kler asked if staff in key roles are trained in risk and assurance, and also asked if this Strategy will be brought to the Board. Mr Wilson confirmed that the Strategy will be brought to the Board. He said that it is incumbent on all organisations that staff at all levels have an awareness of risk management, and there are courses available. He added that PHA has placed emphasis on ensuring that staff complete suitable training and agreed that this is something that AMT should look at (**Action 6 – Mr Wilson**).
- 58/23.10 Mr Clayton said that it is important that Committee members receive training in the 3 Lines Model as well as staff who deal with the biggest risks. Mr Wilson agreed and noted that over the last number of years there has been quite a turnover in staff at senior level so it is appropriate that this is looked at.
- 58/23.11 Mrs McKeown welcomed the fact that the Strategy has been updated to include the 3 Lines Assurance Model but suggested that there needs to be a definition of what the RAG rating mean.
- 58/23.12 Members **APPROVED** the Risk Management Strategy and Policy.

HSCQI Directorate Risk Register as at 30 September 2023
[GAC/37/10/23]

- 58/23.13 Mr Stewart thanked Ms Lamb for attending today's meeting and invited her to present the HSCQI Directorate Risk Register.
- 58/23.14 Ms Lamb advised that there are presently 4 risks on the Directorate Risk Register, 1 of which is rated "medium" and 3 of which are rated "high".
- 58/23.15 Ms Lamb said that the first risk relates to the staffing compliment within the team and although there have been discussions about what level of staffing is required, the team is always firefighting as there is an extensive programme of work. She advised that the workload of the directorate is monitored through AMT and PHA's Sponsor Branch. She said that the team is grateful that PHA has provided some funding for staff and that new staff are currently being recruited at Band 6, Band 4 and Band 3 level.
- 58/23.16 Ms Lamb explained that the second risk is about accommodation and the need to be able to bring staff in for network meetings in a conducive environment. She noted that some of the Trusts have established hubs and that HSCQI would aim to make use of these facilities but it would still require external venues for larger events.
- 58/23.17 Ms Lamb advised that the third risk, relating to finance, has now been rated as "high". She explained that since the established of HSCQI, it has been funded through slippage. She added that there have been ongoing discussions between the Chief Executive, Director of Finance and PHA's Sponsor Branch on how to stabilise the financial position and there is now funding from the Department for 2023/24 with indications that this could continue into 2024/25. Mr Stewart advised that he had raised this matter with the Permanent Secretary.
- 58/23.18 Ms Lamb said that the final risk relates to dealing with competing priorities and particularly the impact of the recent industrial action which led to the cancellation of a recent event.
- 58/23.19 Ms Mann-Kler thanked Ms Lamb for her update. She said that in terms of innovation and improvement, the work of HSCQI is so valuable to the HSC system and leads to improved patient experience and improved service outcomes and it saddens her that HSCQI does not sit at the heart of the system and that there is no stability with regard to its funding. She added that the work of HSCQI is more important now than ever, and she asked if this should be raised with the Chair. She said that there is a very talented team and she has always felt uncomfortable that it does not have the support it needs. Mr Stewart echoed this and advised that this is why he raised that at the PHA's Mid-Year Accountability Review meeting.
- 58/23.20 Mr Clayton asked whether the funding for HSCQI is part of PHA's overall

budget or separate, but Ms Lamb replied that she did not know because she was not involved in the discussions. Mr Murray said that it is PHA's intention to put the onus on this back to the Department because it is their work and therefore they should find the funding for it. He added that there is a need for a sustainable funding model for HSCQI going forward. Ms Lamb commented that an early decision on the budget is needed because getting a decision during the year is unacceptable.

58/23.21 Ms Lamb thanked members for their kind comments about the work of HSCQI. She advised that Dr Cathy Jack has delivered a presentation on the work of the HSCQI Alliance at a recent meeting of the Performance Transformation Executive Board (PTEB) and it had been well received.

58/23.22 Members noted the HSCQI Directorate Risk Register.

At this point Ms Lamb left the meeting.

Complaints Report [GAC/39/09/23]

58/23.23 Mr Wilson reminded members that the handling of complaints was previously undertaken by the Nursing directorate but has now transferred to Operations and that this is the first quarterly report. He added that this report will also be brought to the PHA Board.

58/23.24 Mr Wilson advised that for the period up to 30 September 2023, PHA has received 7 complaints, 6 of which were acknowledged within 2 working days and 5 of which were responded to within 20 working days. He said that there is a table showing the average length of time of dealing with a complaint.

58/23.25 Mr Wilson explained that 2 complaints which were previously accepted under the complaints process are now being dealt with under a different process as they are internal to the HSC and not subject to the HSC Complaints Procedure. He assured members that they will be subject to further investigation.

58/23.26 Mr Wilson advised that one complaint has been forwarded to the Ombudsman as the complainant was dissatisfied. He reported that at present there are no open complaints.

58/23.27 Mr Stewart asked if members could receive the HSC Complaints Procedure (**Action 7 – Mr Wilson**).

58/23.28 Mr Clayton asked if work to update PHA's Complaints Policy is progressing. Mr Wilson advised that there are some resource issues, but a member of staff has been recruited to support Inquiries and complaints so this work will be taken forward. He added that the learning from the recent audit will be taken forward.

58/23.29 Mr Clayton commented that this is a useful report and that at the year end it would be helpful to see how learning has been applied.

58/23.30 Mr Wilson said that he was cognisant the report only deals with complaints, but there is work to try to capture information about compliments.

58/23.31 Members noted the Complaints Report.

59/23 Item 11 - External Auditor's Report to those Charged with Governance (Final) [GAC/51/10/23]

59/23.1 Mr McCance advised that this Report has not yet been finalised and he will bring it to the next meeting.

60/23 Item 8 – Information Governance

Information Governance Action Plan 2023/24 [GAC/44/10/23]

60/23.1 Mr Wilson advised that this is the current Action Plan for 2023/24 and he invited Mr Murray to give members an update on progress as he had been unable to attend the meeting of the Information Governance Steering Group (IGSG) last week.

60/23.2 Mr Murray said that one of the areas of focus at IGSG was training and awareness. He reported that some progress has been made in terms of new starts and the induction process and ensuring senior staff are implementing the new process. Mr Stewart queried whether the target should be rated “red” given that only 44% of staff had completed their training within one week. Mr Murray responded that all new starts undertake the training and this is about having the mechanisms in place, although he conceded that the figure is below target. Mr Stewart suggested that rating the target “red” will focus attention. Mr Murray noted that training rates for eLearning have increased and that the Information Governance training has moved from 3-yearly training to annual.

60/23.3 Mr Murray advised that work is ongoing to get the outstanding Information Asset Registers signed off and that he has written to Dr Joanne McClean regarding this. Mr Stewart commented that there will always be a reason for not completing this work and it needs to be resolved.

60/23.4 Mr Murray reported that good progress in being made in other areas and highlighted that PHA has been reviewing its FOI processes following the data breach in PSNI. He said that there is a need for information to be forwarded to the FOI team more quickly so that there is more time to analyse it.

At this point Ms Mann-Kler left the meeting.

- 60/23.5 Mr Clayton said that it would be useful to share with Board members the paper which went to AMT around FOI processes (**Action 8 – Mr Graham**). He added that he assumed that this would be an area that would be reviewed given the PSNI data breach. He said that the area of training does need to be looked at, given that there seems to be issues in particular directorates.
- 60/23.6 Members noted the Information Governance Action Plan.
Information Governance Strategy and Framework [GAC/45/10/23]
- 60/23.7 Mr Wilson advised that following a review, there have been minimal changes to the Strategy, but perhaps some elaboration in some areas.
- 60/23.8 Mr Clayton said that at the July IGSG meeting, there was some discussion around when this Strategy may be reviewed again in the context of the Reshape and Refresh programme. He noted that there was also a discussion about the frequency of updates from IGSG to this Committee, but he suggested that there is probably a timing issue as IGSG has met twice since this Committee last met. He suggested that there should be an Annual Report which goes to the Board which should come to this Committee first.
- 60/23.9 Members **APPROVED** the Information Governance Strategy and Framework.
Records Management Policy [GAC/46/10/23]
- 60/23.10 Mr Stewart noted that this Policy has been updated and asked how it is possible to ensure that staff are working to this policy. Mr Wilson agreed that there are challenges for PHA, particularly with the turnover of staff. Mr Stewart said that this is an area that he has been concerned about, in terms of when staff leave, that there is a record of decisions that have been made and the background to that.
- 60/23.11 Mr Wilson advised that as part of the Inquiries work, PHA has been interviewing key staff and emphasising the need for good records. As part of the Reshape and Refresh programme, he said that there will be a look at how policies are taken on board across the new structure.
- 60/23.12 Mr Clayton commented that this was also discussed at the last IGSG meeting and that there is a need for PHA to carry out an exercise to test its own systems. He said that this policy gives staff a good sense of why records are important and how they should be retained. Mr Stewart agreed that there needs to be a method of sampling records on a regular basis. He added that there needs to be a central repository of data. Mr Murray said that going forward, PHA is looking at how it can use MS Teams infrastructure as a filing system. Mr Stewart commented that there should be a target that AMT will put this in place. He added that when PHA is aware that staff are leaving, they should be spoken to

- about the information that they hold. Mr Wilson confirmed that this approach has started.
- 60/23.13 Members **APPROVED** the Records Management Policy.
- Data Breach Incident Response Policy [GAC/47/10/23]*
- 60/23.14 Mr Wilson said that this extant policy has been updated and will be brought to the attention of all staff.
- 60/23.15 Mr Clayton asked whether the Committee should be sighted on Post Incident Reports saying that he assumed that any learning from data breaches would be reported. He also asked how the decision is made as to whether to contact the Information Commissioner's Office (ICO). Mr Wilson replied that following any data breach, a full assessment would be carried out and he would work with Mr Murray on this. With regard to notifications to the ICO, he said that PHA would liaise with the ICO as it has a role to provide advice.
- 60/23.16 Members **APPROVED** the Data Breach Incident Policy.
- 61/23 Item 9 – Contract Assurance Process – 2023/24 Report [GAC/48/10/23]**
- 61/23.1 Mr Murray advised that this paper relates to the recent audit on community and voluntary sector contracts. He explained that there is an assurance process in place for PHA to assure itself that organisations are meeting certain standards. He said that paper outlines the current position of the 2023/24 audit where suppliers have been asked to submit certain documents which relate to 2022/23. He added that when information is submitted it is uploaded onto a central Sharepoint site so it can be shared with contract leads.
- 61/23.2 Mr Murray reported that as at 30 September, 81% of 110 organisations have returned all of the documentation required and 11% have yet to provide any information. Of the 110 organisations, he advised that 103 contract assurance returns have been made, and of these 15 organisations have noted concerns but with issues not deemed to be significant, while one organisation has highlighted that it is currently under statutory inquiry.
- 61/23.3 Mr Murray advised that 107 organisations have submitted bank statements, 101 have submitted annual accounts and 103 have submitted insurance documentation. He said that there are some issues about the level of assurance that PHA is seeking, particularly around insurance and Mr Stewart said that he would like to understand why PHA requires this information.
- 61/23.4 Mr Murray said that PHA will continue to follow up on the outstanding returns, but he wished to provide assurance that there are processes in

place.

61/23.5 Mr Clayton expressed surprise that there is still information outstanding. He asked that if there was a case where an organisation had a gap in its structure, for example there wasn't a Chair in place, if PHA would seek assurance that action is being taken. Mr Murray replied that it would be expected that the contract lead would follow up on this.

61/23.6 Members noted the Contract Assurance Process Report.

62/23 Item 10 – Finance

Fraud Liaison Officer Update Report [GAC/49/10/23]

62/23.1 Ms Devine said that there are no new cases of fraud to report on. She advised that £56k has been received by PHA from the bank where there was an account into which a fraudulent supplier received money. She added that all avenues are followed up to recover the remaining funds, but due to the materiality of the amount, the case is not being taken forward by the National Fraud and Cyber Crime Reporting Centre.

62/23.2 Ms Devine advised that the next section of the Report contained details of work that will be taken forward by Ms Crockett under the Fraud Action Plan. She added that last year's report has been included which shows that following a review by Internal Audit on the fraud case all of the recommendations made have now been closed.

62/23.3 Mr Clayton said that it was good to know that progress has been made in recovering some of the funds, and he surmised that it was not all of the funds due to how the payments were made. Ms Devine said that some of the funds had already been moved on, but that the bank is going to review how it handled the situation at its end.

62/23.4 Members noted the Fraud Liaison Officer Update Report.

63/23 Item 14 – SBNI Declaration of Assurance [GAC/53/10/23]

63/23.1 Mr Wilson noted that within the Internal Controls section there is reference to the fact that formal accountability meetings have now taken place between the SBNI Chair and the PHA Chief Executive. He added that a Business Plan has also been agreed.

63/23.2 Mr Wilson advised that a review of the Memorandum of Understanding has now commenced, and this will be carried out within the context of the Reshape and Refresh work. He added that the Chief Executive has met with the Department of Health regarding this.

63/23.3 Members noted the SBNI Declaration of Assurance.

64/23 | **Item 15 – Any Other Business**

64/23.1 | There was no other business.

65/23 | **Item 16 – Details of Next Meeting**

TBC

Signed by Chair:

Joseph Stewart

Date: 1 February 2024