

PHA Governance and Audit Committee Meeting Minutes

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| **Date and Time** | **Venue** |
| 13 February 2025 at 10.00am | Fifth Floor Meeting Room, 12/22 Linenhall Street |

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| **Member** | **Title**  | **Attendance status** |
| Mr Joseph Stewart | Non-Executive Director (Chair) | Present |
| Mr John Patrick Clayton | Non-Executive Director | Present |
| Mr Robert Irvine | Non-Executive Director | Present |
| Dr Joanne McClean | Director of Public Health  | In attendance |
| Ms Leah Scott | Director of Finance and Corporate Services | In attendance |
| Mr Stephen Wilson | Head of Chief Executive’s Office | In attendance |
| Mr Stephen Murray  | Interim Assistant Director of Planning and Business Services | In attendance |
| Mr Stephen Bailie | Head Accountant | In attendance |
| Mrs Catherine McKeown | Internal Audit, BSO | In attendance |
| Mr Ryan Falls | Cavanagh Kelly | In attendance |
| Mr Roger McCance | Northern Ireland Audit Office | In attendance |
| Mr Ryan Christie | Northern Ireland Audit Office | In attendance |
| Mr Robert Graham | Secretariat | In attendance |

# **1/25 - Item 1 – Welcome and Apologies**

**1/25.1** Mr Stewart welcomed everyone to the meeting. There were no apologies.

# **2/25 - Item 2 – Declaration of Interests**

**2/25.1** Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda.

**2/25.2** Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

# **3/25 - Item 3 – Minutes of previous meeting held on 10 October 2024**

**3/25.1** The minutes of the previous meeting, held on 10 October 2024 were **APPROVED** as an accurate record of that meeting.

# **4/25 - Item 4 – Matters Arising**

**4/25.1** Mr Stewart noted that an Action Log had been circulated in advance of the meeting which indicated that many of the actions from the previous meeting had been completed.

**4/25.2** Mr Clayton commented that with regard to action 4, concerning PHA’s legal responsibilities, there had been a useful meeting held, but there remains a risk given that PHA previously had a statutory role in relation to the Commissioning Plan and there is now a legal vacuum. He said that this is something the Board needs to keep cognisance of. Mr Stewart noted that there is very little PHA can do until the Framework Document is revised, and PHA is at risk until the Document is reformulated. Mr Clayton said that it would be useful to raise this with the full Board **(Action 1 – Mr Stewart)**. Mr Stewart added that it is empirical that PHA can influence behaviours around public health without its statutory responsibilities being undermined.

**4/25.3** Mr Stewart said that he would raise with the Board the issue of the rating of the risk on the Corporate Risk Register in relation to Public Inquiries being “medium” **(Action 2 – Mr Stewart)**. He noted that following the last Committee meeting the Agency Management Team (AMT) had determined that the risk should remain “medium”.

# **5/25 - Item 5 – Chair’s Business**

**5/25.1** Mr Stewart advised that next week, he will be attending a meeting of the Audit Committee Chairs’ Forum at the Department of Health and he would report back on this at the next meeting **(Action 3 – Mr Stewart)**.

# **6/25 - Item 6 – Corporate Governance**

*Corporate Risk Register as at 31 December 2024* ***[PHA/01/02/25]***

**6/25.1** Ms Scott advised that the Corporate Risk Register has been revised as at 31 December 2024 and was considered by AMT on 29 January. She reported that one new risk has been added, and that no risks have been removed or had their rating changed.

**6/25.2** Mr Stewart thanked the team for preparing the Register and making the changes easy to follow. He noted that the Chief Executive had made the Board aware of the new risk. He said the Register will be brought to the full Board at the end of February. He added that the Chair is keen to do a “deep dive” into the Corporate Risk Register and he would perhaps welcome some input from Internal Audit at that session so members can be informed about the 3 Lines Model of assurance.

**6/25.3** Mr Clayton noted that Risk 55, which relates to staffing, had initially been a risk relating to public health consultants, but then morphed into a more general risk about the Reshape and Refresh programme, and is also picked up in the Public Health Directorate Risk Register. Mr Stewart said that it is more helpful to have a corporate approach looking at skills shortage. Mr Clayton commented that in Risk 59, relating to quality assurance and screening, there is no reference to the update given at the last Board meeting about the external review of the quality assurance function for the cervical screening programme.

**6/25.4** Mr Clayton advised that within Risk 74, on the Integrated Care System, he had highlighted previously the use of the term “*ultra vires*” and the suggestion that PHA is acting outside its legal powers. He said that he would welcome some clarity around that. He acknowledged that there have been some meetings, but it remains a legal risk and needs to be fleshed out. Mr Stewart said that he would raise this again with the full Board **(Action 4 – Mr Stewart)**, and suggested that the Chair should write to PHA’s Sponsor Branch.

**6/25.5** Mr Clayton said that the new risk around the Child Health System is a significant risk with the potential that it loses functionality once it goes under the Encompass system. He asked what more PHA can do in this regard. Dr McClean advised that since this risk was added, PHA has agreed to put together a project team to ensure this moves forward. She explained that the System will continue to work, but it needs updated. She added that there is a question around whether it should be part of the Encompass system at all.

**6/25.6** Mr Irvine commented that PHA should seek legal advice as it needs to be clear about what framework it is operating within and he agreed that this should be discussed by the full Board.

**6/25.7** Mr Stewart asked if the Child Health System is at risk if it is not supported. Dr McClean explained that the current license is due to expire in March 2026 and there is a risk because it is an antiquated system so a new longer term solution is required, irrespective of Encompass.

**6/25.8** Mr Stewart asked about the reference to training for Board members on cyber security and Mr Graham advised that he was following this up with Ms Karen Braithwaite **(Action 5 – Secretariat)**.

**6/25.9** Members **APPROVED** the Corporate Risk Register.

*Public Health Directorate Risk Register as at 31 December 2024 [GAC/02/02/25]*

**6/25.10** Mr Stewart asked Dr McClean if there were any specific matters she wished to highlight. Dr McClean said that the Register requires further work, and she took members through each of the risks in turn.

**6/25.11** Dr McClean said that the first risk relates to the R&D grant management system, but advised that there is a plan to get a new system in place. Mr Stewart asked if this will be impacted by the retirement of Dr Janice Bailie, but Dr McClean replied that Dr Bailie is continuing to work 2 days a week for PHA until her replacement takes up post, adding that her replacement is an individual who has previously worked in the team.

**6/25.12** Dr McClean suggested that the next risk, relating to ICS should be included as part of the risk on the Corporate Risk Register. Mr Clayton agreed, but sought clarity as whether the risk is about lack of clarity of roles, or whether there is a disconnect in terms of the expectations on PHA staff. Dr McClean replied that PHA staff attending Area Integrated Programme Board (AIPB) meetings do feel vulnerable as these forums are attended by senior leaders. Mr Clayton asked if there is a capacity issue, but Dr McClean said that PHA is putting in staff who are best placed and they obtain support from other parts of the organisation, for example, staff in health intelligence are helping develop population profiles.

**6/25.13** Dr McClean advised that the risk around staffing in screening has been on the Register for some time and is linked to the gap in consultant posts. She explained that there are now additional Band 7 staff and an offer has been made to fill the Assistant Director post. She added that PHA will also bring in support from the Leadership Centre. Mr Stewart asked if the composition of the team is being looked at. Dr McClean replied that the appointment of the Assistant Director is a first step and then there will be a review of the skill mix. She explained that having staff at Band 7 in each of the screening programmes frees up consultant time.

**6/25.14** Dr McClean said that the next risk relating to delays in screening is not a huge risk as the delay is short. Mr Stewart asked if there is a target date and Dr McClean replied that it should be resolved by the summer.

**6/25.15** Dr McClean advised that with regard to the risk relating to IT systems, a new Programme Board, chaired by the Chief Executive is being established. Mr Clayton noted that this had been referenced at a previous Board meeting and asked about progress. Dr McClean advised that a terms of reference has been developed and Mr Gary Loughran will be involved in this work.

**6/25.16** Dr McClean explained that the Breast Screening Select System needs input from NHS England and there is a delay at their side. Mr Stewart asked whether the system is already operational and PHA is trying to link into this and Dr McClean replied that this is the case and it relates to NHS England being able to take on this work.

**6/25.17** Dr McClean advised that the next risk relates to Valproate, which is known to cause abnormalities in babies. She said that progress is slow in getting individuals off this drug, and work is ongoing with SPPG. Mr Stewart said that he is unsure as to why PHA is leading on this work and felt this should be on the Department’s Risk Register. Dr McClean explained that it is on PHA’s Risk Register because PHA has been asked to carry out a specific piece of work and it cannot be removed until the issue is fully sorted. Mr Stewart commented that PHA does not have any influence in getting this resolved, but Dr McClean said that PHA has a statutory role with regard to input into commissioning and it can flag this as a priority. Mr Wilson said that PHA can check if this is on the Department’s Risk Register **(Action 6 – Mr Wilson)**. Mr Clayton said that if PHA is aware of the risk, then it is a public health risk and falls within PHA’s health protection remit.

**6/25.18** Dr McClean said that the next risk around leadership could be removed following the next review as there were some issues around governance, but with the appointment of new Assistant Directors and the introduction of governance and operational meetings, the risk has now reduced.

**6/25.19** Dr McClean reported that there is a high vacancy rate among the consultant workforce, but PHA will be advertising permanent positions soon. Mr Stewart noted that this risk had been elevated to the Permanent Secretary by the previous PHA Chair. Mr Clayton asked when the risk might recede and if there is support from the Department. Dr McClean advised that one of the reasons this was escalated to the Department is because the Department was having the same issue. She added that PHA used to be able to replace staff with individuals coming through the training programme, but this will not close the gap, but there is the portfolio route whereby individuals can get qualified in 3 years. She noted that the terms and conditions in the Republic of Ireland are more favourable. She added that PHA is speaking to the UK Health Security Agency (UKHSA) about an SLA as it has capacity. Mr Stewart asked how many new trainees are coming through and Dr McClean replied that there are about 13/14 trainees who will come through over the next few years.

**6/25.20** Dr McClean advised that there is a turnover of non-consultant staff, but this probably affects other organisations. She added that recruiting, and retaining, administrative staff is a challenge for all directorates as individuals who take up posts have degrees and only stay for a short period before leaving or moving on.

**6/25.21** Dr McClean said that PHA needs to look at its approach to encourage vaccine uptake and how vaccination programmes are overseen. She advised that there is a lot of wastage but she hoped that the recruitment of an individual with a background in logistics will help reduce this. Mr Stewart asked if GPs are inputting vaccine data into the Vaccine Management System (VMS). Dr McClean advised that the situation is improving as there is now a link between VMS data input and GPs getting paid. Mr Clayton suggested that if VMS is being used, there should be less wastage. Ms Scott advised that the quantities of vaccines being ordered are being scaled back. Dr McClean said that PHA can now see how many vaccines GP practices have ordered and how many they have administered.

**6/25.22** Dr McClean advised that the risk around the management of change process within the Health Improvement team will likely be removed as the staff are now working in thematic teams.

**6/25.23** Dr McClean said that there is a plan in place to update the drugs and alcohol website. Mr Wilson advised that the new site is now up and running. Mr Clayton noted that PHA does have an issue in terms of the number of websites it provides input to, but does not have control over. He asked if PHA has carried out a “deep dive” on these websites. Mr Wilson confirmed that this has been carried out, and there are some sites which are on platform that will soon no longer be sustainable so there is a dedicated lead looking at this. He added that PHA has recently been audited by the Cabinet Office in terms of the accessibility of its website. Mr Clayton said that it would be useful for the Board to have an overview of this **(Action 7 – Mr Wilson)**.

**6/25.24** Dr McClean explained how outbreaks or increased rates of infections may not be picked up unless there is improved surveillance so there are now weekly surveillance and Duty Room meetings to look at trends, and the situation is improving.

**6/25.25** Dr McClean said that there is a risk of having a single point of failure in surveillance systems so Dr Declan Bradley and Ms Trudy Brown have been working to improve the IT infrastructure and the co-ordination between teams.

**6/25.26** Dr McClean outlined that there continues to be challenges in relation to changes to IT systems with the introduction of new systems. She said that there is a lot of work required in getting the data, understanding it and processing it. Mr Stewart asked who is carrying out this work and Dr McClean said that it is the surveillance team.

**6/25.27** Dr McClean advised that the next risk relates to the analytics platform as there is now much more reliance on this platform, but more people need to be trained in its use.

**6/25.28** Dr McClean said that the next risk concerns information governance in surveillance and explained that Dr Bradley is aiming to ensure that all the appropriate agreements are in place. Mr Clayton noted that there had previously been issues around getting returns from all directorates, and he asked whether training is an issue. Dr McClean replied that while she was unsure what the specific issue is within the surveillance team, she said that staff have flagged that there has never been a complete list of all information assets. She advised that there is now improved awareness of information governance issues.

**6/25.29** Dr McClean reported that the smoking cessation website is not fully secure, but work is ongoing to deal with that.

**6/25.30** Dr McClean advised that a new risk has been added to the Register regarding the Northern Ireland Laboratory Information System (NILIS) and that there is a lot of work required to deal with the issues there.

**6/25.31** Dr McClean outlined a new risk relating to RAPID drug disposal bins and issues relating to the collection of these by the PSNI as they use plastic bags. She advised that work is ongoing with PSNI. Mr Clayton said that if PHA has commissioned this programme then there is a health and safety issue for PHA, but Dr McClean said that it is more for PSNI, but PHA can assist them. Mr Clayton said that if PHA is the commissioner, then it has a role in recommending how the bags should be disposed of.

**6/25.32** Dr McClean advised that the final section contains those risks which have been removed. Mr Stewart thanked Dr McClean and said that it was good to have this review.

**6/25.33** Members noted the Public Health Directorate Risk Register.

*Outstanding Internal Audit Recommendations for Screening Programmes [GAC/03/02/25]*

**6/25.34** Mr Stewart noted that the Committee had discussed these two issues previously and had agreed that as PHA could not discharge the recommendations that they should be written off via a formal request to the Committee.

**6/25.35** Mr Clayton said that he had asked for clarity on this and the paper was helpful to show the difference between PHA’s and Internal Audit’s point of view. He noted that there is a desire from PHA to do this work, so the recommendation is not being rejected. Mr Stewart said that as PHA was unable to obtain funding, the recommendation would remain outstanding.

**6/25.36** Mrs McKeown noted that there is a risk on the Public Health Directorate Risk Register in relation to screening, and while there is an acceptance that PHA would like to undertake this work, she asked how PHA is mitigating the risk and if it is content that PHA is getting the necessary assurance to mitigate it in the absence of an external quality assurance programme. Dr McClean replied that this risk exists across other screening programmes. Mr Stewart said that it is a question of scale. He noted that there was a lengthy discussion at the last Board meeting about what quality assurance looks like and a lot of the issues here could be put together into one risk around how a service like screening is commissioned and whether it is of an adequate standard. Dr McClean said that PHA is doing the best it can with the resources that it has.

**6/25.37** Mr Clayton stated that it is important not to lose sight of this issue, and suggested that it could be included as part of the narrative on the Risk Register.

**6/25.38** Mr Irvine said that there has been previous discussion at the Committee about long standing audit recommendations, and there is now an explanation regarding these two, there is a procedural issue in that it should go back to Internal Audit. Mrs McKeown said that it is for the organisation to accept. Mr Stewart advised that the area of quality assurance is one that has been on the Board agenda over the last year and the Chair is keen that PHA gets clarity on what it is accountable for. Members **APPROVED** the closure of the recommendations. Mr Stewart said that he would include this as part of his report to the Board **(Action 8 – Mr Stewart)**.

*Complaints Report [GAC/04/02/25]*

**6/25.39** Mr Wilson presented the Complaints Report for the period up to 31 December 2024 and said that it now includes information on compliments and claims as well as performance against KPIs. He advised that to date this year, PHA has received three complaints, with one of these being received during the last quarter, and this compares with six for the same period last year.

**6/25.40** Mr Wilson advised that there is further detail on the complaints themselves within the Report and noted that there are currently no open complaints and no open investigations with the Northern Ireland Public Services Ombudsman (NIPSO).

**6/25.41** Mr Wilson moved on to outline details of compliments and claims. He advised that one claim has been closed this year with one claim still open, which pertains to an issue relating to SBNI that members are aware of.

**6/25.42** Mr Clayton welcomed the Report and asked how the learning applied can be seen, citing the example of the complaint about COVID-19 vaccines. Mr Wilson said this particular complaints raised the issue of how up to date information is on the NI Direct website.

**6/25.43** Members noted the Complaints Report.

*Complaints Policy [GAC/05/02/25]*

**6/25.44** Mr Wilson advised that the Complaints Policy has been heavily revised following a recommendation by Internal Audit as the previous policy had been in place since 2012. He said that this update has been carried out as part of wider work in relation to how complaints are being handled in the Agency with the Policy needing to go onto the PHA website as well as Connect.

**6/25.45** Mr Wilson explained that the Policy was revised in line with Department guidance and research from looking at other best practice. He added that the Policy will be reviewed again because in 2025/26 a new HSC model complaints procedure will be developed following work being led by NIPSO. He noted that PHA could not delay until then, hence this review.

**6/25.46** Mr Stewart commented that the Policy does not indicate the role of Non-Executives, for example if there is a complaint about the Chief Executive. Mr Wilson advised that there are two amendments that need to be made, one in relation to that issue, and one to state that the Policy covers both staff and PHA Board members. Ms Scott noted that there is also the Whistleblowing Policy, but Mr Clayton said that it is a separate policy.

**6/25.47** Subject to amendments, members **APPROVED** the Complaints Policy.

# **7/25 - Item 7 – Internal Audit**

*Internal Audit Progress Report [GAC/06/02/25]*

**7/25.1** Mrs McKeown began her update by highlight the proposal that an audit on the Governance and Assurance Framework has been deferred until 2025/26 to allow for the new structures to take effect and replace it with an audit of PPI. She sought approval that the Committee is content with this approach. Members **APPROVED** the deferral.

**7/25.2** Mrs McKeown reported that the KPI in relation to getting audit reports turned around from draft to final is falling behind. She advised members that all assurance audits have now been completed for the year but she has not yet prepared her Head of Internal Audit Report. For this, she said that the outcome of the follow up on outstanding recommendations will be important as there has been a number of limited audits this year. However, she noted that for some of those audits, the deadline for implementing recommendations falls into next year so she encouraged officers to focus on those recommendations that are due to be completed in-year.

**7/25.3** Mrs McKeown advised that a satisfactory level of assurance has been given to the financial processes element of the Financial Review audit, but a limited level of assurance for the element relating to Staff in Post (SiP) reports. She explained that to date there have been 11 overpayments and they would have been detected in SiP reports. She also noted that in two areas, SiP reports have not been checked for seven months. She advised that management have accepted all of the recommendations.

**7/25.4** Mr Clayton said that an issue of overpayment arose recently and it has been area of discussion at meetings with regional HR Directors. In terms of the factors behind this, he asked if it is a capacity issue, or an awareness issue as it seems to be concentrated in particular areas. Ms Scott replied that the Chief Executive has reviewed this and measures have been put in place to effect improvement, including an additional layer of sign-off for SiP reports at Assistant Director level. She added that one of the areas of non-compliance was within Connected Health, but that function is being transferred to another organisation. She noted that there has been a lot of flux in some departments but she is confident that when this is reviewed again, it will be satisfactory. Mr Clayton agreed that changes within an organisation can have an impact.

**7/25.5** Mr Irvine commented that there is an issue with the Payroll and IT systems and these are inherent across the HSC whether it relates to induction, checking new staff coming and staff who are leaving, and he asked if perhaps staff are not using the system correctly. Ms Scott advised that some of the overpayments are due to adjustments not having been put on the system and added that the system relies heavily on user intervention. She added that there has not been good communication between systems in PHA and systems in BSO which has added to this, but she hoped that the new Equip system will address some of the issues. Mr Irvine said that if user intervention is required then there should be a form of physical note that user intervention has taken place. Mr Bailie advised that there is a dashboard for the SiP reports which gives traceability of who has done what, but it is up to PHA to ensure that checks are being carried out.

**7/25.6** Mr Stewart said that he was satisfied that the issue is not an organisation-wide one and it is disappointing that this has received a limited assurance. Mrs McKeown pointed out that the overpayments emanated from different areas across the organisation.

**7/25.7** Mrs McKeown reported that a limited level of assurance is being given to an audit of Trust commissioned services. She outlined that PHA spends £44m on commissioned services. She advised that there are three significant findings in the audit, the first of which relates to a specific service where the business case and Post Project Evaluation were not available. She added that there is a lack of clarity around how funding is used. She explained that there is a Priority 1 finding which queries whether this initiative falls under the remit of PHA or whether the controls around it should be strengthened. She outlined that the other two significant findings related to commissioning and performance management, and business cases.

**7/25.8** Mr Stewart advised that this was an audit of commissioned services that Non-Executives were keen to see, and that it is a significant report.

**7/25.9** Mr Clayton said that the Priority 1 finding around the Ward Sisters initiative is concerning, both in terms of the length of time and the level of the spend. He noted that the recommendation has been accepted and that the management response is that the funding should be transferred to SPPG. However, he said that this does not answer the question as to whether this work falls under the remit of PHA and what is being done to strengthen controls. Ms Scott replied that PHA needs to make arrangements with SPPG to get the budget transferred. Mr Clayton said that in the absence of a clear description of what the programme does, he wondered why the Trusts do not do this programme themselves.

**7/25.10** Mr Irvine asked how PHA monitors the effectiveness of commissioned services that are rolled forward. He said that these contracts have been ongoing with a perception that the programme is being commissioned within the Trusts, but it may have been directed to other areas. He asked how PHA can prove how it is being spent.

**7/25.11** Mr Murray outlined that in terms of the history of this initiative, it was Minister McGimpsey who awarded this funding as a means of ensuring that Ward Sisters spend more time on the wards, and less time doing paperwork. He explained that the funding went to Trusts, it is a Trust-based service and it sits within the compliment of money that SPPG has. However, he added that it is not a function of PHA and it was almost if a point was being made at the time by giving the money to PHA when really it should sit with SPPG. He advised that Ms Heather Reid is working with SPPG to agree the transfer. Mr Stewart agreed that it should not sit within PHA. Dr McClean echoed this and pointed out that the funding is sitting within PHA’s baseline and affects savings targets PHA has to meet. She said that the bigger issue is PHA’s ability to performance manage the Trusts. She added that she would be unsure that the funding is being used for its original purpose and queried how SPPG would know. Mrs McKeown said that the funding would likely be re-packaged. Mr Stewart queried why PHA cannot re-purpose the funding. Ms Scott said that it is used to employ staff, but Mr Stewart expressed doubt that it is being used for that purpose and added that he would not be confident that it is being monitored.

**7/25.12** Ms Scott said that these recommendations are endemic across the whole system and that this is a big ask. She added that PHA risks over-burdening Trusts with more bureaucracy and to provide more reports. She said that this needs to be looked at realistically in terms of the internal resources that PHA has. Mr Stewart disagreed stating that Non-Executives have been raising this issue for some time and this report has brought to light what has been suspected all along in that there is no accountability and PHA needs to know what its funds are being spent on from a governance perspective. He added that this is a significant finding which goes beyond the Ward Sister initiative.

**7/25.13** Dr McClean agreed that PHA does need to look at this. She pointed out that when PHA was established, the responsibility of performance management of Trusts lay with HSCB so this is a new area of work for PHA and is a big piece of work. She agreed that PHA needs to get a better handle on it.

**7/25.14** Mr Stewart said that something needs to be done because it is not acceptable that it is not known where funding is going. Mr Murray stated that PHA does have a good understanding of where its funding goes to. He noted that Trusts are not used to being monitored by PHA, but said that this can be fixed relatively quickly. He said that there is a bigger issue about whether what is being commissioned is delivering the right outcome and added that SPPG would not have the same understanding as PHA. He expressed disappointment with how this report has been worded because PHA is carrying out monitoring and is currently bringing in new systems. He acknowledged that there are issues, but said that the situation is not as bad as is being made out.

**7/25.15** Mr Stewart said that there is a lot of work to do to move this audit from limited to satisfactory and one way of dealing with this is to have more outputs. Dr McClean acknowledged that there is a need for PHA to strengthen its commissioning and performance management arrangements with Trusts, but there needs to be cognisance of the fact that the system is changing and role of SPPG is changing. She added that PHA knows how it is allocating its funding and she gave examples of where Trusts are carrying out work for PHA that they have not been paid for, so there is a need to maintain good relationships.

**7/25.16** Mr Clayton said that Trusts need to have an ability to adapt based on need and in terms of what PHA commissions and that PHA needs to be able to performance manage that in real time. He agreed that the issue is not what funding is being allocated for, but about how it is being performance managed and how PHA can evidence that the funding is having an impact on reducing health inequalities. Mr Murray advised that this goes back to the operational model, having a more outcomes-based reporting system and looking at the funding in its totality to see what impact it is having and what the outcomes are.

**7/25.17** Mrs McKeown reported that following an audit of PPI, a limited level of assurance was being given. She acknowledged that there a Circular on PPI which dates back to 2012 and that this is being reviewed in 2025. She said that while there is a lot of good work going on in this area, there are some process issues. She gave an overview of the three significant findings and said that management has accepted all of the recommendations.

**7/25.18** Mr Stewart commented that there is no doubt about the endeavour of PPI staff and their enthusiasm for their work in this area. Mr Clayton added that the PHA Board receives annual reports on the work of the team and there is a lot of activity. From the report, he noted that there appears to be an issue about culture and that something seems to have been lost. He pointed out that there is a legal duty for Trusts and ALBs with regard to PPI, and if organisations are not participating in the PPI Forum then they should be reminded of their legal duties. He said that monitoring is an area that he has always had a concern around, because it is difficult to measure the impact of PPI. He expressed concern about the finding around Partnership Officers and if PHA has an assurance that they are carrying out the work they are meant to.

**7/25.19** Mr Stewart agreed that it is difficult to measure success and the PPI team would also agree with this. Dr McClean echoed that the team works hard and is committed.

**7/25.20** Mr Clayton noted that under equality legislation, there is recourse if organisations are not fulfilling their duties. He asked whether the forum that existed in PHA would be stood up again. Dr McClean said that PHA needs to take this report and look closely at the recommendations. She added that there is a policy element to this so PHA would need to speak to the Department as well. Mr Stewart said that it should be possible to come up with some sensible measures and that the report highlights where work needs to be done.

**7/25.21** Mr Irvine said that there is a disconnect whereby PHA has a responsibility to monitor and have oversight, but not to implement as that falls to a different body, and until the onus is put on the delivery body then the monitoring body is toothless. Mr Stewart noted that there was a reference in the report to the fact that although PHA receives monitoring reports from Trusts, it has no executive authority over Trusts. Mr Wilson said that there is a third party in this area, and that is the Department as it also has a legal responsibility and PPI reports are sent to the Department. Mr Stewart noted that PHA has flagged up issues about the monitoring reports. Mrs McKeown advised that this issue will also be flagged up with Trusts.

**7/25.22** Members noted the Internal Audit Progress Report.

*Internal Audit Definitions and Terminology Briefing Note [GAC/07/02/25]*

**7/25.23** Mrs McKeown said that she had produced this briefing note for new Non-Executive Directors across the HSC.

**7/25.24** Members noted the Internal Audit definitions and terminology briefing note.

# **8/25 - Item 8 – External Audit**

*External Audit Strategy [GAC/08/02/25]*

**8/25.1** Mr McCance presented the External Audit Strategy for the 2024/25 accounts stating that it was largely unchanged from last year. He reminded members that while NIAO is the statutory auditor for the HSC, Cavanagh Kelly carries out work on its behalf.

**8/25.2** Mr Falls gave an overview of the Strategy. He indicated that materiality is set at 2% and that any misstatements over £98k will be reported to the Committee. He reiterated that Cavanagh Kelly is subcontracted by NIAO and that the Comptroller and Auditor General will ultimately sign off the accounts. He advised that his team has worked with Ms Scott and her team regarding the audit timetable which is line with the Committee meeting dates.

**8/25.3** Mr Stewart asked about the reference to Direct Award Contracts (DACs) and if this is area being looked at across other organisations. Mr McCance confirmed that this was a finding in a number of audits last year.

**8/25.24** Members noted the External Audit Strategy.

# **9/25 - Item 9 – Information Governance**

*Information Governance Action Plan 2024/25 Update [GAC/09/02/25]*

**9/25.1** Ms Scott advised that the last meeting of the Information Governance Steering Group (IGSG) had taken place last month and this update had been considered at that meeting.

**9/25.2** Ms Scott reported that there continues to be issues in relation to ensuring that new starts are appropriately trained. She said that there is work ongoing with DLS around Data Sharing Agreements and Data Protection Impact Assessments to ensure these are compliant with best practice. She advised that no data breaches were reported to the Information Commissioner’s Office, but there were two near misses and one data breach which were dealt with quickly and did not fall within the threshold for ICO reporting. Overall, she said that there have been improvements and this area is getting more attention across PHA.

**9/25.3** Mr Clayton agreed that there has been progress, but the issues that remain are those which have been flagged previously. He said that the target relating to new starts will have to be brought forward into the Plan for 2025/26. He flagged up that while Information Asset Registers are being kept up to date and a review for 2024/25 has been completed, there was no report for 2023/24, and he hoped that this would be available soon.

**9/25.4** Mr Clayton said that the review of contracts has not progressed as much as anticipated and asked how confident PHA is that this will have improved by the end of the year. Mr Murray replied that it should be in a better position as many contracts are currently going through a procurement exercise. He added that there have been challenges in terms of capacity within the Information Governance team to review them. He anticipated that PHA will soon have met the requirements of the Internal Audit recommendation in this area.

**9/25.5** Mr Stewart agreed that there has been progress, but said that he still struggled to understand how new staff can access systems without having completed their training.

*At this point Mr Irvine left the meeting.*

**9/25.6** Mr Stewart said that there remains an issue for PHA in terms of not having a central repository for information, and he suggested that it may be worth raising with the Chief Executive that a scoping exercise should be undertaken. Ms Scott agreed that this was a good suggestion **(Action 9 – Ms Scott)**.

**9/25.7** Members noted the update on the Information Governance Action Plan 2024/25.

# **10/25 - Item 10 – Finance**

*Fraud Risk Assessment [GAC/10/02/25]*

**10/25.1** Ms Scott advised that this report was completed by the Fraud Liaison Officer and that two areas were rated “amber”, these relating to the completion of this assessment, and the other was in relation to procedures around the use of the corporate credit card, which will be developed in due course.

**10/25.2** Members noted the Fraud Risk Assessment.

# **11/25 - Item 11 – Overview of Recruitment Timelines [GAC/11/02/25]**

**11/25.1** Mr Stewart said that this was an excellent paper, but it highlighted that PHA has work to do. Mr Clayton echoed this, noting that delays in the recruitment process are at PHA’s side. Mr Stewart said that he was confident that AMT would be looking at this.

**11/25.2** Members noted the Overview of Recruitment Timelines.

# **12/25 - Item 12 – Any Other Business**

**12/25.1** There was no other business.

# **13/25 - Item 13 – Details of Next Meeting**

*Thursday 17 April 2025 at 10am*

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

Signed by Chair: ­­­­­­­­­­­­­­­­

Joseph Stewart

Date: 17 April 2025