

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	7 October 2021 at 10am
Venue	12/22 Linenhall Street

Present

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

In Attendance

- Mr Stephen Wilson - Interim Director of Operations
 Ms Karen Braithwaite - Senior Operations Manager (Delivery) *(via video link)*
 Ms Tracey McCaig - Interim Director of Finance, HSCB *(via video link)*
 Mr David Charles - Internal Audit, BSO *(via video link)*
 Mr Roger McCance - NIAO *(via video link)*
 Mr Robert Graham - Secretariat

Apologies

- Mr John Patrick Clayton - Non-Executive Director
 Ms Andrea Henderson - Assistant Director of Finance, HSCB
 Ms Jane Davidson - Head Accountant, HSCB
 Ms Christine Hagan - ASM

		Action
39/21	Item 1 – Welcome and Apologies	
39/21.1	Mr Stewart welcomed everyone to the meeting. Apologies were noted from John Patrick Clayton, Ms Andrea Henderson, Ms Jane Davidson and Ms Christine Hagan.	
40/21	Item 2 - Declaration of Interests	
40/21.1	Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	
41/21	Item 3 – Minutes of previous meeting held on 11 June 2021	
41/21.1	The minutes of the previous meeting, held on 11 June 2021 were approved as an accurate record of that meeting.	

42/21 Item 4 – Matters Arising

31.21/5 Contact Tracing Service IA Recommendation

42/21.1 Mr Stewart advised that the PHA Chair has written to the Deputy Chief Medical Officer regarding the recommendation in the audit on the contact tracing service about the relationship between the PHA Board and the Department, and also roles and responsibilities. He said that a response is awaited.

31/21.8 Workforce Plan

42/21.2 Mr Stewart reported that he has raised this matter with the PHA Chair who will in turn raise it with the Chief Executive. He added that he had invited the Chief Executive to today's meeting, but he was unable to attend due to speaking commitments at the NICON conference.

43/21 Item 5 – Chair's Business

43/21.1 Mr Stewart said that with regard to the future finance function post the closure of HSCB, PHA had received a letter from the Permanent Secretary and that that the correspondence was not satisfactory. He explained that while the Permanent Secretary was content for a Director of Finance for PHA to recruited, no additional staff resources would transfer to PHA and these would be subsumed within the new Group.

43/21.2 Mr Stewart said that he and the PHA Chair had met with Ms Martina Moore and the Chief Executive and that the Chief Executive will discuss this matter with the Chief Executive of HSCB to determine what interim arrangement can be put in place before responding to the Permanent Secretary's letter. He noted that none of the potential options outlined in the paper to the Minister were met in the correspondence, hence further discussion is needed. Ms McCaig assured members that she and the Chief Executive are striving to come up with options and that work is continuing.

43/21.3 Ms Mann-Kler asked if there was awareness of the reasons behind the Permanent Secretary's outlined approach. Mr Stewart suggested that PHA may be more successful if it put forward its own proposals. However, he expressed concern that one of the reasons was that there is no money for the additional resources, but in his view, the total cost of this would be in the region of £300k-£400k which is small in the context of the overall HSC budget. Ms Mann-Kler said that without an understanding of the reasons, it is likely that any

further proposals will be knocked back. She asked if there was an opportunity to do any work behind the scenes. Ms McCaig said that she felt that the Permanent Secretary was trying to be helpful and that any reasonable options will be considered, but funding is an issue. She said that she remained positive about a solution being found. She added that she will be reviewing the options and meeting with Mrs Paula Smyth to discuss this and reiterated that she was confident that if PHA submitted a proposal the Department would work with them.

43/21.4 Mr Stewart advised that following the last meeting, the Non-Executive Directors had held a separate meeting with representatives from Internal and External Audit and that this was a positive and useful meeting.

44/21 Item 6 – Internal Audit

Progress Report [GAC/29/10/21]

44/21.1 Mr Charles advised that as at 1 September 2021, Internal Audit had delivered 20% of its audit days and had issued 100% of draft reports within four weeks, and that one of these reports was finalised within five weeks of issue. He said that he was presenting two reports today, one on the recruitment of vaccinators, and the other being the mid-year follow up. He added that fieldwork has commenced on two further audits, one on performance management and one on board effectiveness. He said he was confident that by the end of the year Internal Audit will have delivered on its work programme.

44/21.2 Mr Charles moved onto the report about the audit on the recruitment of vaccinators which had been undertaken following a request by the Committee.

44/21.3 Mr Charles advised that the governance arrangements for the vaccination programme sit with the Department of Health with the Chief Medical Officer (CMO) as the Senior Responsible Officer (SRO). He added that a number of groups were set up to oversee the establishment and rollout of the vaccination programme with a number of PHA staff working in those groups. Given the immediate need to recruit staff, he explained that the “Hirelab” model of recruitment was used with 582 staff recruited. He reported that in January 2021 the primary care model for vaccination delivery commenced and the timeline from that point on is contained within the report.

44/21.4 Mr Charles reported that a satisfactory level of assurance

was being provided for this audit. He said that there was a recognition that this work was not in line with PHA's statutory functions, but under the direction of the Department with subsequent correspondence from the Department confirming this. He noted that once PHA had begun to recruit vaccinators and had identified the challenges of doing so, it took a number of steps including transferring recruited vaccinators to HSC Trusts. Following receipt of the correspondence from the CMO directing PHA to carry out this work, he advised that a governance framework was developed, and engagement commenced with the Directorate of Legal Services (DLS) which resulted in the development of a Placement Agreement for GP practices that clarified the roles of responsibilities of PHA and the GP practices in terms of issues such as liability and indemnity. He noted that when the Department approached the Assistant Director of Nursing to commence this work in November 2020, the matter was not reported to the Agency Management Team (AMT) until January 2021 and the PHA Board was not informed until February 2021. He said that when requests of this nature are made, there should be a requirement that the AMT and Board are properly briefed so that there is visibility and transparency.

44/21.5 Mr Charles said that when the recruitment of vaccinators commenced PHA should have approached other agencies and sought advice from DLS which may have mitigated some of the risks. He noted that when staff were recruited, one of the ways in which the risks were mitigated was through the development of the Placement Agreement which defined roles and responsibilities and clarified the liabilities and indemnities. However, he reported that of the 75 GP practices that these Agreements had been sent to, only 28 had returned them at the time of the audit, but he understood this number had now increased to 60.

44/21.6 Mr Charles advised that Volunteer Now, Ulster GAA and the British Red Cross had provided volunteers at the vaccination centres to help with patient flow. He said that while PHA had paid monthly invoices, he felt that there could be further controls to ensure the spend was appropriate through, for example, the use of signing in and signing out sheets and timesheets. In terms of other key findings, he reported that from a sample of payments to 20 vaccinators, 18 of these were incorrect as they had been underpaid and a small number of dentists had been paid at the Agenda for Change Band 5 rate rather than the medical and dental rate. He noted that while there were regional agreements in place, there are differences in the pay rates. He also reported that at present PHA does not have procedures in place regarding

- the equitable allocation of vaccinators to GP practices.
- 44/21.7 Mr Charles reported that management had accepted all of the recommendations and that these would be followed up at the year end.
- 44/21.8 Mr Stewart thanked Mr Charles for the report. He said that it was a significant report for PHA and its Board in terms of its relationship with the Department. He added that he had discussed the findings with Mr Charles and Mrs Catherine McKeown earlier this week and invited Ms Mann-Kler to make any comments that she had.
- 44/21.9 Ms Mann-Kler asked if there had been any discussion in terms of the rating this audit was given as she was surprised that it received a satisfactory level of assurance. Mr Charles explained that the reason it was given this level of assurance was because of the reaction of management when it recognised that there was an issue and that fact that a number of steps were immediately taken, including linking with DLS, developing the Placement Agreements and putting this onto the Corporate Risk Register. He added that a further mitigation was that when over 500 staff were initially appointed, 85% of them were quickly moved off PHA's books which minimised the risk. He said that a series of meetings took place promptly with DLS which resulted in the development of the Placement Agreement which clearly set out the roles and responsibilities for PHA and GP practices and clarified issues around insurance and indemnity. He added that when a sample of 20 vaccinators was taken, it was found that they had all been recruited appropriately and had the right level of qualifications to be able to perform this work. He acknowledged that there was a point at the start where the PHA Board was not sighted on this, but he felt that with the early engagement with DLS, PHA had responded very quickly to mitigate the risks when it became aware that there was an issue.
- 44/21.10 Ms Mann-Kler said that she still had concerns around governance, oversight and exposure to risk given that PHA was involved in this work from November 2020, but the correspondence from the Department was only received in February 2021, therefore there is a three month gap. She said the fact that the Board had no oversight or knowledge of this instruction that was given to PHA by the Department was significant and that it was such a divergence to the work that PHA would normally do. She expressed surprise as to the length of time it took for AMT to be made aware of the situation.

- 44/21.11 Ms Mann-Kler noted that at the time of the audit only 20 of the Placement Agreements had been signed, therefore if something had gone wrong, PHA would have been held liable. She added that at present there are still 18 unsigned. She commented that there are still a number of vaccinators on PHA's books and queried their productivity and value for money. She said that she did not understand why PHA was tasked to recruit vaccinators when 85% immediately went to the Trusts where they should have gone in the first place. She expressed concern that this could happen again and that there remains a lack of understanding.
- 44/21.12 Ms Mann-Kler said that in effect PHA became a nursing agency but there was no regulation or oversight nor was there any discussion about the measures that had to be put in place. She added that she was still unclear about how the initial request happened and she felt that there needs to be a discussion about this with the full Board.
- 44/21.13 Mr Stewart said that he had hoped that the Chief Executive would be in attendance at today's meeting but that he was unable to be present. He added that he agreed with Ms Mann Kler's comments which mirrored his thoughts exactly said and that this report does need to be discussed at a Board meeting sooner rather than later and suggested that this should happen at the next meeting. He agreed that there should be a clearly agreed process for requests coming from the Department so that everyone is sighted and that this links to some of the findings from the recent report on governance in RQIA in terms of lines of communication. He added that he would be surprised if the Comptroller and Auditor General (C&AG) was not looking at this. He said that there is good guidance in this area issued by the NIAO, but it is difficult for NEDs to adhere to this guidance when these types of matters occur. He suggested that the C&AG should look at how the Department operates. Mr McCance confirmed that this is an area that the C&AG is interested in.
- 44/21.14 Mr Charles pointed out that the first recommendation in the report is about the need to ensure that when requests come in from the Department there needs to be a mechanism where the Chief Executive, AMT and Board are all informed. He said that formalising this will ensure that AMT and NEDs find out about such requests more quickly. He referred to the audit on contact tracing where there was a similar recommendation for the PHA Chair to engage with the CMO to get clarity about roles and responsibilities. He said that he had gone through the rationale for why a satisfactory level of assurance had been given, but referred to the fact that a meeting took place on 3 March between DLS and the

	then Interim Chief Executive. He added that the spend for PHA was relatively low, which also helped support the level of assurance.	
44/21.15	Mr Stewart said that the status of the Placement Agreements needs to be clarified in terms of how many staff are employed under them, how many are not signed and where the liability lies.	
44/21.16	Mr Wilson undertook to get the information on the status of the Placement Agreements. He said that while he did not wish to gloss over the important issues that were being highlighted, he felt that some context was important. He explained that at that time there was considerable programme of activity taking place in relation to contact tracing with the number of cases escalating and the PHA was facing criticism so there was a focus on stepping up the resource in the contact tracing centre. He added that the governance of the vaccination programme was seen as a matter for the Department and while that does not excuse what happened, he said that an honest mistake had been made and once the issue was raised, the then Interim Chief Executive took steps as she recognised the seriousness of the situation. He said that this report should be brought to the Board for a full and frank discussion as there are lessons to be learnt and taken on board by AMT and then cascaded throughout the organisation.	Mr Wilson
44/21.17	Mr Stewart said that fundamentally this was seen as an informal request for PHA to act outside its statutory remit and as far as PHA's legal position is concerned he said that he is not satisfied that PHA is in the clear. He noted that correspondence had been received from the Department setting out its view but it stated that PHA should seek its own legal opinion. He commented that this matter has now been ongoing for a year and PHA still cannot say whether it should have been doing this work or not. He agreed to follow this up with the PHA Chair and Chief Executive.	Mr Stewart
44/21.18	Ms Mann-Kler thanked Mr Charles and Mr Wilson for their comments and said that she appreciated the context and the pressure that PHA was working under and the need to respond to this request. She added that she felt assured that PHA is looking at this and she supported the view that PHA needed to obtain its own legal advice. She asked how PHA could share the learning from this report with the Department. Mr Stewart said that he had discussed this with the Chief Executive and advised that the Chief Executive holds weekly meetings with the CMO so there may be an opportunity through those meetings. He	

	proposed that at the next Board meeting he would ask the Chief Executive how he intends to take this forward. Ms McCaig suggested that the learning could be shared through the Sponsor Branch as there are ongoing arrangements in place there.	Mr Stewart
44/21.19	Mr Stewart brought the discussion to a close and said that this should be discussed at the Board meeting next week.	
44/21.20	Members noted the Progress Report.	
	<i>Mid-Year Follow up on Outstanding IA Recommendations 2021/22 [GAC/30/10/21]</i>	
44/21.21	Mr Charles advised that a follow up on outstanding audit recommendations is carried out twice a year and the most recent exercise showed that of 52 recommendations, 38 were fully implemented, 13 were partially implemented with 1 not yet implemented. He referred to the table outlining those recommendations which are either partially, or not yet implemented and advised that the oldest relates to the procurement of contracts with voluntary sector organisations. He noted that COVID-19 has slightly delayed procurement processes.	
44/21.22	Mr Charles reported that there are three recommendations relating to population screening programmes which are not yet implemented and these relate to the quality assurance (QA) of newborn screening, a programme of QA visits for newborn screening programmes and an overarching framework for all screening programmes where there are standardised policies and procedures. Again, he cited COVID-19 as a reason for some of this work not yet being completed.	
44/21.23	Mr Charles said that within information governance work is still required to ensure that contracts are GDPR compliant, but he was aware that a new member of staff has been recruited. He advised that from the audit of the contact tracing service, there is an outstanding recommendation that the PHA Chair should get clarity on reporting arrangements, but he understood that following a telephone conversation he had with the PHA Chair last week that an e-mail has been sent to the Department this week.	
44/21.24	Mr Stewart noted that the recommendation on policies and procedures on rota and timesheet management has not yet been implemented. Mr Charles reported that at the time of fieldwork, this had not been taken forward as preparations were ongoing for the fourth surge. Mr Stewart said that not	

	having these policies and procedures in place at a time of surge could make the situation worse and added that he would raise this with the responsible officer at the Board meeting.	Mr Stewart
44/21.25	Mr Stewart asked if there was any prospect of progress with the procurement issues. Mr Wilson explained that at the time a new senior planning manager was recruited to focus on this work, but he has been seconded to support the contact tracing centre. Furthermore, he said that there is a number of contracts that need to be progressed, but the health improvement staff involved are also helping to support contact tracing. However, he advised that staff are beginning to be repatriated to their core functions and that he has been talking to Mr Stephen Murray about how to progress this work. Mr Stewart asked about the Procurement Board. Mr Wilson confirmed that the Procurement Board still meets and that PHA will aim to review and revise its work programme in this area and progress work as soon as possible.	
45/21	Item 7 – Corporate Governance <i>HSCQI Directorate Risk Register [GAC/35/10/21]</i> <i>Dr Aideen Keaney and Ms Dawn Clarke joined the meeting for this item.</i>	
45/21.1	Mr Stewart welcomed Dr Keaney to the meeting and thanked her for taking time away from the NICON conference to present this risk register. Dr Keaney said that this was the first time her directorate has had an opportunity to come to the Governance and Audit Committee. She advised that HSCQI is a small team and does not have a planning and project manager so she thanked Ms Clarke for her work in compiling this risk register.	
45/21.2	Dr Keaney advised that there are presently five risks on the directorate risk register, two of which are rated as “medium” and three as “high”. She said that the biggest risk relates to staffing. She explained that when HSCQI was formed, staff came from the legacy Safety Forum, but some posts, including her own, were not funded recurrently, but her post is now permanent. She added that a number of posts were identified as being required for the hub team but issues of funding still remain. She said that following the resignation of the Clinical Director a reconfiguration was done, but she continues to work with the Chief Executive and the Director of Finance to work out the best way forward.	

- 45/21.3 Dr Keaney said that there is an HSCQI Alliance, but it is currently in transition with the previous chair having retired, and it is due to meet in November. She said that without support staff, HSCQI's ability to respond is more difficult.
- 45/21.4 Dr Keaney advised that there is a risk regarding accommodation. She explained that there had been a business case for HSCQI to have its own accommodation, but with the pandemic, that need is less pressing given the virtual nature of working. Mr Stewart commented that there had been a review of accommodation and he asked Dr Keaney if HSCQI's requirements were inputted into that review. Dr Keaney said that they were and it was highlighted as a priority in that report.
- 45/21.5 Dr Keaney explained that in terms of finance, there is a risk for HSCQI because its programme of work relies on non-recurrent funding and it would be beneficial to have stability. However, she said that she has been liaising with Mr Murray and Mr Andrew Dawson in the Department, and through Ms McCaig, bids have been submitted for HSCQI work aligned to some of the 17 Ministerial priorities.
- 45/21.6 Dr Keaney said that there is a risk in relation to performance and service improvement. She explained that HSCQI would work with QI leads within the HSC, but with Trusts having competing priorities, their ability to collaborate with HSCQI can be limited at times. However, she hoped that this could be improved through the work of the Alliance.
- 45/21.7 Dr Keaney advised that HSCQI has worked with an external company on the development of its own website which is being launched at the NICON conference later this morning, therefore this risk may come off the register.
- 45/21.8 Mr Stewart said that staffing is the main issue for HSCQI and the inability to fully resolve those issues is the biggest concern.
- 45/21.9 Ms Mann-Kler thanked Dr Keaney for coming to today's meeting. She asked if the right people in the HSC understand the importance of QI work, and if there is anything that the PHA Board can do to help. Dr Keaney said that the role of the Alliance is crucial but noted that it is going through a period of transition with a new Chair coming in. She added that the other key person is Mr Andrew Dawson and she will ensure that he is kept sighted. In terms of PHA Board support, she welcomed that the Board has given HSCQI profile and space to present at meetings and asked that they maintain this interest. She said that she

would welcome the Board's participation in QI training and awareness which will be taken forward as part of the new PHA Corporate Strategy. Ms Mann-Kler said that she would like to have the opportunity to learn more about that.

45/21.10 Mr Stewart thanked Dr Keaney and Ms Clarke for their attendance at today's meeting.

At this point Dr Keaney and Ms Clarke left the meeting.

44/21 Item 6 – Internal Audit (continued)

Mid-Year Follow up on Outstanding IA Recommendations 2021/22 [GAC/30/10/21] (continued)

44/21.26 Ms McCaig returned to the discussion on the need to implement the recommendation regarding procedures for rotas and timesheets in the contact tracing centre. She said that as Director of Finance she would wish to see that issue resolved as soon as possible, but she appreciated the circumstances within which PHA is working.

44/21.27 Ms McCaig noted that implementation of 77% of recommendations is not the position in which PHA would normally expect to find itself so there is a need for some focus on this area once staff return to normal working practices. Mr Charles said that from carrying out follow up review across all the Trusts, there has been a struggle in terms of progressing the implementation of audit recommendations, and although there is a link to COVID-19, it is important that recommendations are implemented to enhance the control environment. Mr Stewart acknowledged that without staff it is difficult, but if staff are too busy delivering a service and controls aren't seen as important, then that is a different situation. Ms McCaig commented that if problems are not fixed now, they will escalate further down the line.

44/21.28 Members noted the Mid-Year Follow up on Outstanding IA Recommendations 2021/22

Shared Services Audits [GAC/31/10/21]

44/21.29 Mr Charles advised that a satisfactory level of assurance had been given following the most recent audit of accounts payable, a service on which PHA is reliant. He said that controls are operating as designed for both POP and FPM invoice management and there was no significant diminution of controls with staff working from home.

- 44/21.30 Ms McCaig said that while she was happy to see that a satisfactory level of assurance had been given, she had seen the full report and there was a number of recommendations that had been made, and it was not the first time these recommendations had been made. She advised that she has asked her team to respond, but noted that she did not see anything that would impact significantly on PHA business. She added that she would also raise this at the next meeting of the Assistant Director group.
- 44/21.31 Members noted the Shared Services Audits.
Mid-Year Assurance Statement to the Public Health Agency from the Head of Internal Audit [GAC/32/10/21]
- 44/21.32 Mr Charles said that the Mid-Year Assurance Statement summarised the audits that have already been discussed at today's meeting.
- 44/21.33 Members noted the Mid-Year Assurance Statement to the Public Health Agency from the Head of Internal Audit.
Internal Audit General Report [GAC/33/10/21]
- 44/21.34 Mr Charles said that this Report is a summary of the totality of Internal Audit work across the HSC in 2020/21. He commented that due to COVID-19 it was a unique year and in the first quarter Internal Audit effectively stood down from assurance work and did more consultancy work.
- 44/21.35 Mr Charles reported that the majority of assurances provided across all audits in the HSC were satisfactory and this figure had increased from 2019/20. He suggested that a reason for this may have been that there were less audits in patient facing areas as traditionally new work areas would have more limited assurances. He advised that the main areas where limited assurances were provided were consistent with previous years, e.g. payments to staff and management of systems. He advised that the number of priority one recommendations was less than in previous years.
- 44/21.36 Mr Charles said that Internal Audit carried out more non-assurance work, helping out with fraud risk assessments, assurance templates and work with nursing homes and domiciliary care organisations.
- 44/21.37 Mr Charles noted that there was a slight drop in the percentage of fully implemented audit recommendations. He advised that 2,136 recommendations had been fully

	implemented, 834 partially implemented and 30 not implemented. Of those not implemented, he said that 3% relate to 2016/17 with the vast majority relating to 2019/20.	
44/21.38	Mr Stewart commented that from his experience, if a date for implementation is agreed by management then management should be aiming to work towards that date and by not doing so, they are failing to meet their own target. He said that there is a lot of learning from this Report and suggested that it would be useful to share it with the PHA Board as a whole.	Mr Stewart
44/21.39	Members noted the Internal Audit General Report.	
45/21	Item 7 – Corporate Governance (continued) <i>Corporate Risk Register (at 30 June 2021) [GAC/34/10/21]</i>	
45/21.11	Mr Wilson advised that this Corporate Risk Register reflects the position as at 30 June 2021. He acknowledged that the Committee is now considering this three months later and therefore there is a need to review the scheduling of meetings to ensure more timely updates. He said that there have not been many significant changes to the Register and at AMT last week, it was agreed that there will be a thorough review of the Register to see how some of the older actions can be progressed. He advised that in this review, one new risk has been added which relates to the Lifeline information management system, and that one risk, that relating to COVID-19 allocations, has had its rating reduced from “medium” to “low”.	
45/21.12	Mr Stewart said that on the basis that the information in the Register is out of date he proposed not going through each risk individually, but he asked for more information about the new risk given that Lifeline was an issue that had previously exercised the Board.	
45/21.13	Mr Wilson advised that when the Lifeline service was TUPE’d over from the previous provider to the Belfast Trust there was always an issue about the information management system, and this has been under discussion for some time. He said that the key issue at present is that the current platform is longer supported and while there is a Direct Award Contract in place with Etain who support the system, there is a need to look at options during the period before it can be moved onto the Encompass platform. He said that PHA, ITS and Etain are looking at options.	
45/21.14	Mr Stewart asked if there is a target date for Encompass,	

	but Mr Wilson said that he was not aware of a target date, and that it is the subject of discussions. He said that there would be more information available following the next review of the Register. He advised that he had spoken to Ms Fiona Teague who informed him that a new member of staff has been brought in to lead on this work, but she is helping to support contact tracing.	
45/21.15	Mr Stewart said that because of the constant references during the meeting to staff being unable to take forward work because they are supporting contact tracing, he would be asking the Chief Executive for a full update on when staff would be repatriated to their normal duties. Mr Wilson advised that this has already been discussed at AMT and the aim is to have all staff repatriated by the end of October, and that a prioritisation process is currently being agreed.	
45/21.16	Ms Mann-Kler asked why this new risk is only appearing on the Register now when it appears to have been an issue since October 2018. Mr Wilson explained that it is because there is now an issue in terms of a lack of support for the platform. Ms Mann-Kler asked if there is any risk to people who use the system. Mr Wilson said he needed more information and undertook to provide a further update at the Board meeting.	Mr Wilson
45/21.17	Members APPROVED the Corporate Risk Register as at 30 June 2021.	
46/21	Item 8 – Update from External Audit	
	<i>Report to those Charged with Governance [GAC/36/10/21]</i>	
46/21.1	Mr McCance said that members have seen the draft Report to those Charged with Governance which confirmed that PHA's accounts had been certified with an unqualified audit opinion and no recommendations. He extended his thanks to the Finance team for their help during the audit.	
46/21.2	Mr Stewart thanked Mr McCance on behalf of the Committee and said that he was pleased to have NIAO support on a range of matters.	
46/21.3	Members noted the Report to those Charged with Governance. <i>NIAO Report into the Provision of Mental Health Services in Northern Ireland</i>	
46/21.4	Mr McCance noted that the Committee has not always had	

sight of NIAO Reports and he delivered a presentation on two recent Reports, one on Addiction Services, and one of Workforce Planning for Nurses and Midwives.

- 46/21.5 Beginning with the Report on Addiction Services which was published in June 2020, Mr McCance said that there were several key messages. He advised that the level of harm caused by substance abuse is rising, as is the cost to treating it with no budget to meet the costs, resulting in poor outcomes for service users. He said that there has been a significant increase in the number of drug-related deaths. He added that the cost to the public sector of alcohol misuse is approximately £900m, of which approximately 25% is to the HSC. He reported that in contrast, the spend to treating addiction is low, at £16m.
- 46/21.6 Mr McCance reported that there were concerns about some of the data as the Substance Misuse database has only been published once so this raised questions as to how a determination can be made about whether expenditure in this area represented value for money. He advised that the waiting list target is 9 weeks in Northern Ireland but some Trusts have found it difficult to meet this target. He added that the number of alcohol-related deaths in Northern Ireland in 2017 was 17.4 per 100,000 population which is an increase from 12.2 in 2013.
- 46/21.7 Mr McCance advised that the number of deaths related to prescription drug misuse is also increasing which raises issues for the HSC as pharmacies are prescribing higher amounts of diazepam in Northern Ireland compared to other UK regions. He added that the number of pregabalin prescriptions is also increasing.
- 46/21.8 Mr McCance said that there needs to be a joined up approach to tackle these issues as the costs are becoming unsustainable. He felt that there should be a focus on the impact that services can have on people's lives.
- 46/21.9 Mr McCance moved onto the Report on Workforce Planning for Nurses and Midwives. He commented that the demand for care is rising significantly and that workforce planning needs to be a long term process. He added that the population is ageing and there is a growing number of people with long terms conditions. However, he reported that there are more than 2,000 nursing vacancies across Northern Ireland which represents 11% of the workforce. He said that a saving of £1m has been made by reducing the number of nursing training places but this has resulted in an increased spend on temporary and agency nurses, hence

	the need for longer term planning. He noted that a similar culture to that of working as a locum doctor is now being seen within nursing.	
46/21.10	Mr McCance pointed out that the ageing nursing workforce means that the percentage of staff who will leave their posts within the next five years is increasing. He said that although a new Strategy was launched in 2018 it takes several years to become a fully trained nurse, and therefore transformation is essential.	
46/21.11	Mr McCance gave members an overview of other health-related areas where NIAO is carrying out review work, including mental health services, PPE, pre-school immunisation, waiting lists and smoking. He advised that the Reports on PPE and pre-school immunisation are currently with the Department. He explained that the programme of work is reviewed twice a year.	
46/21.12	Mr McCance advised that the Report on Addiction Services will be the subject of a Public Accounts Committee Inquiry and that later this month the Permanent Secretary and CMO will be attending that Committee.	
46/21.13	Mr Stewart thanked Mr McCance for the presentation and expressed his frustration at the short term thinking and incorrect assessment of what is value for money.	
46/21.14	Ms Mann-Kler said that so many of these reports affect the work of PHA and that there are valuable lessons. She asked how it ties in with the work of the PHA Board. Mr Stewart suggested that Reports could be shared with Mr Graham who could circulate them to members.	
46/21.15	Ms Mann-Kler asked why the some of the data in the Addiction Services report only goes up to 2017. Mr McCance explained that the fieldwork for this Report was carried out prior to COVID-19 and some of the figures were based on the latest data that was available from NISRA. He added that it is a dynamic situation and there has been a new Strategy. In terms of learning, he said that any learning is put into Circulars which are sent to HSC bodies by the Department, but he was content to share other Reports with PHA. Mr Stewart suggested that the slides from today's meeting could be shared with the wider Board and could provoke some discussion at its next meeting. He added that the Committee would wish to be kept informed about the C&AG's Reports.	Mr McCance / Mr Graham

**47/21 Item 9 – PHA Mid-Year Assurance Statement
[GAC/37/10/21]**

47/21.1 Mr Stewart said that the Mid-Year Assurance Statement was being presented for approval. Mr Wilson pointed out that was some repetition in the document that needed to be amended.

47/21.2 Subject to amendment, members **APPROVED** the Mid-Year Assurance Statement which will be brought to the Board meeting on 21 October.

48/21 Item 10 – Draft Governance and Audit Committee Self-Assessment [GAC/38/10/21]

48/21.1 Mr Stewart said that he has reviewed this and asked if members were content to approve.

48/21.2 Members **APPROVED** the Governance and Audit Committee Self-Assessment.

49/21 Item 11 – SBNI Declaration of Assurance [GAC/39/10/21]

49/21.1 Mr Stewart said that he had no issues regarding the SBNI Declaration of Assurance.

49/21.2 Members noted the SBNI Declaration of Assurance.

50/21 Item 12 – Any Other Business

50/21.1 As there was no other business Mr Stewart thanked members for their attendance and drew the meeting to a close

51/21 Item 13 – Details of Next Meeting

Friday 3 December 2021 at 10:00am

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

Signed by Chair:

Joseph Stewart

Date: 3 December 2021