

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	7 February 2023 at 10am
Venue	Via Zoom

Present

- Mr Joseph Stewart - Chair
- Mr Robert Irvine - Non-Executive Director
- Ms Deepa Mann-Kler - Non-Executive Director

In Attendance

- Mr Stephen Wilson - Interim Director of Operations
- Mr Stephen Murray - Interim Assistant Director of Planning and Business Services
- Ms Andrea Henderson - Assistant Director of Finance, SPPG
- Ms Caren Crockett - Head Accountant, SPPG
- Mr David Charles - Internal Audit, BSO
- Mr Roger McCance - NIAO
- Ms Amanda McMaw - ASM
- Mr Robert Graham - Secretariat

Apologies

- Mr John Patrick Clayton - Non-Executive Director
- Ms Tracey McCaig - Director of Finance, SPPG
- Ms Christine Hagan - ASM

1/23 Item 1 – Welcome and Apologies

- 1/23.1 Mr Stewart welcomed everyone to the meeting. Apologies were noted from Mr John Patrick Clayton, Ms Tracey McCaig and Ms Christine Hagan.

2/23 Item 2 - Declaration of Interests

- 2/23.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

3/23 Item 3 – Minutes of previous meetings held on 13 and 17 October 2022

3/23.1 The minutes of the previous meetings, held on 13 and 17 October 2022 were **approved** as an accurate record of those meetings.

4/23 Item 4 – Matters Arising

4/23.1 Mr Stewart went through the actions arising from the last meeting.

4/23.2 For action 1, Mr Wilson confirmed that Ms Catherine McKeown had facilitated a session with Directors and Assistant Directors on the “3 Lines Assurance Model” and he was now aiming to get a date arranged for Non-Executive Directors.

4/23.3 With regard to action 2 relating to the risk on the Corporate Risk Register around procurement, Mr Stewart noted the Corporate Risk Register had been reviewed and would be looked at later in the meeting.

4/23.4 For action 3, Mr Wilson advised that Dr Joanne McClean would be joining the meeting this morning and would pick up any queries relating to screening programmes. He further advised that for action 4, relating to PHA’s registration with RQIA as a nursing agency, PHA has yet to have a pre-registration inspection and that a date for this has not yet been confirmed.

4/23.5 Mr Stewart noted that action 5, concerning the Audit Committee Self-Assessment had been completed.

56/22.12 Family Nurse Partnership

4/23.6 Mr Stewart asked what work could be done to remove the Internal Audit recommendation relating to finding the original agreement for the FNP programme. Mr Wilson advised that he had spoken to Ms Deirdre Webb about this and given there is no possibility of finding the original agreement, new agreements have been drafted for the Trusts to sign and Ms Webb is collating the return of these.

5/23 Item 5 – Chair’s Business

5/23.1 Mr Stewart reported that he had attended a meeting of other HSC Audit Committee Chairs which was hosted by the new Chair of the Department of Health’s Audit Committee. He said that he had found the meeting very interesting and informative. Following the meeting, he advised that there was an opportunity for the Chairs to speak in private.

5/23.2 Mr Stewart highlighted that one of the issues discussed was the need for PHA to be more aware of Departmental risks so this will need to be followed up through the appropriate channels. He added that there was also considerable conversation about the use of consultants, which is

particularly relevant given the work EY is doing for PHA, and the need to ensure that there are proper scrutiny arrangements in place.

5/23.3 Ms Mann-Kler said that it was great to see that these meetings have been started up given the current political vacuum so governance, risk management and assurance are now more important. She asked whether there was any action for PHA with regard to its work with EY. Mr Stewart advised that there are no actions as it was a general conversation and not specific to PHA. He said that organisations should only be using consultants where internal resources cannot be used and he had made the point that for PHA, it is not possible to carry out a complete refresh programme with its current resources. He added that the majority of the discussion was around the challenges facing health in the next financial year and what measures can be put in place to bridge the gap and the implications of not being able to do so.

5/23.4 Mr Irvine commented that the Governance and Audit Committee needs to have oversight of any consultancy spend and if there is an issue about the use of consultants, this should go back to the Board and Agency Management Team (AMT) and in future, for any occasion where consultants are to be used, there should be a scoping paper signed off by the Chief Executive or Board and this should look at why consultants are needed and the financial implications of using them. Mr Stewart advised that in the case of EY, there was a scoping paper which was signed off by the Programme Board which is jointly chaired by the Chief Medical Officer and the Chief Executive and on which there is representation from the Department. He added that the use of consultants was agreed by the Permanent Secretary and was signed off by the Chief Executive. He noted that this consultancy work is only partly owned by PHA, but there is a need to ensure that the Chief Executive is assured that this issue is being managed, and that any expenditure incurred is being closely monitored. He added that he is aware that the Chief Executive has been putting a lot of effort in this area. Mr Wilson noted that the PHA Chair is also on the Programme Board. Mr Stewart acknowledged this, and commented that at some point this contract will transfer over to PHA in its entirety. Mr Wilson advised that PHA is currently seeking to recruit a Transformation Manager.

6/23 Item 6 – Internal Audit

Dr Joanne McClean joined the meeting for Items 6 and 7.

Internal Audit Progress Report [GAC/01/02/23]

6/23.1 Mr Charles presented the latest Progress Report and said that Internal Audit is well through its planned programme of work for this year. He said that a draft report following the Financial Review audit has been issued and the fieldwork is ongoing for the recruitment audit and the year-end follow up. He advised that he was presenting two audits

reports today.

- 6/23.2 Mr Charles advised that PHA has responsibility for 8 population screening programmes, and 3 of those programmes were looked at as part of this audit, namely Infectious Diseases in Pregnancy, Diabetic Eye and Cervical Cancer. He reported that a limited level of assurance had been given based on two significant findings relating to governance and quality assurance.
- 6/23.3 With regard to governance, Mr Charles noted that the Annual Reports relating to screening programmes have not been presented to AMT or the PHA Board in recent years. He said that the Screening Programme Board, chaired by the PHA and consisting of senior officers from PHA, SPPG and BSO, has not met since June 2021. He added that key performance indicators which were developed in 2018 have not been measured or monitored.
- 6/23.4 Mr Charles advised that in relation to quality assurance, structures need to be strengthened and operationalised. He noted that a Quality Assurance Framework for the Infectious Diseases in Pregnancy programme remains in draft, and some of the groups within the structure have not yet met, or have not yet been established in all Trusts. He said that there is a need to get this framework finalised and the groups put in place. For the cervical cancer programme, he outlined that there is not full representation from all service providers on groups. He added that Quality Assurance visits were paused during COVID with a desktop exercise being carried out in 2021/22. Within the Diabetic Eye screening programme, he noted that a Quality Assurance structure was considered as part of a modernisation project, but this was paused due to COVID and has not yet been re-established. He advised that RQIA had carried out a review of the Diabetic Eye programme in 2015 and that 3 of the 19 recommendations from that report have not yet been implemented.
- 6/23.5 Mr Charles said that 7 recommendations have been made following this audit and all 7 have been accepted by management. He noted that 3 recommendations remain partially outstanding following a previous audit of screening.
- 6/23.6 Mr Stewart commented that screening is an area where the Board has raised queries in terms of whether programmes are being delivered to the right standard. He noted that some members may be unaware that the Board should be receiving annual reports.
- 6/23.7 Ms Mann-Kler expressed concerns around the gaps in governance highlighted in this report and asked if there are any other areas where there could be potential gaps or could there be an assurance that there are not. She said she was concerned to see that a limited assurance had been given in this area given screening is one of PHA's major programmes. She asked to what extent is PHA still dealing with the

legacy of COVID and is it limited in terms of staffing and IT issues.

- 6/23.8 Dr McClean thanked Mr Charles for the report and said that PHA is aiming to move forward on the issues raised. She advised that during the pandemic staff had been redeployed, but now there is a need to reset and get back to delivering these programmes. She said that the Annual Reports will come to the Board and advised that the Screening Programme Board has been re-established and has met. She agreed that there is a need to develop an action plan and get on with implementing it.
- 6/23.9 Mr Stewart asked if there had been any difficulty in getting Trusts to engage with the Programme Board, but Dr McClean explained that the Programme Board is made up of representatives from PHA, SPPG and BSO. However, she said that there is a need to re-energise other organisations. She noted that there are challenges, for example for the cervical screening programme, the funding sits within PHA. Within staffing, she said that there are many new risks and there is a need to look across the whole public health directorate and see where the gaps are. She noted that there may be an issue in terms of whether the right skillset is there as some of the programmes require specialist commissioning skills that don't naturally sit within PHA. She said that PHA needs to reflect on what skills it needs when faced with vacancies. She added that PHA needs to engage more with SPPG and the Department as SPPG is now more focused on performance. Ms Stewart thanked Dr McClean for her comments, particularly those regarding skillset.
- 6/23.10 Mr Irvine said that anything to do with population health and governance is worrying as these two areas are connected. He said that this work needs to be completed sooner rather than later and any staffing issues brought to the attention of the Chief Executive. If there are issues in terms of oversight, he asked that a review should be carried out of what has and what has not been brought to the Board and said that this is now the opportunity to do a reset.
- 6/23.11 Mr Wilson pointed out that the Assurance Framework is also on the agenda for this meeting and this gives the opportunity to look at what should be coming to the Board.
- 6/23.12 Mr Stewart noted that management had accepted all of the recommendations relating to the Quality Assurance element of the audit. Dr McClean said that the recommendations are being worked on. She advised that programmes are being restarted, and added that there is a need to refresh engagement with other organisations. She said that PHA has been linking with Medical Directors. In terms of Quality Assurance for the Infectious Diseases in Pregnancy programme, she reported that a new consultant lead has been identified and she hoped that they can dedicate one day a week to the programme. For the Diabetic Eye programme, she acknowledged that there has been a lot of

- issues and there is a need to focus on that programme. She noted that access to treatment is an area that SPPG is responsible for so there is a need for PHA to link with them.
- 6/23.13 Mr Stewart thanked Dr McClean for her comprehensive response to the questions raised.
- 6/23.14 Mr Charles moved on to the second audit report which related to Performance Management and advised that this was a positive one whereby following an audit in 2021/22 where a limited level of assurance was given, a follow up audit looking at the recommendations of the original audit has now resulted in a satisfactory level of assurance being given. He said that management has taken action to enhance controls in this area, there have been improvements in the business planning process, a new performance report has been developed to include RAG ratings, a new Performance Management Framework has been developed and each directorate is required to have their own business plan.
- 6/23.15 Mr Charles gave an overview of the key findings. He said that having a Corporate Plan is central to any performance framework, and while he acknowledged that there are good reasons why the development of a new Corporate Plan has not progressed, he noted that the objectives in PHA's Business Plan are linked to the Corporate Plan for the period 2017/21. He recognised that there is a connection with the Department, but he felt that this work needs to progress.
- 6/23.16 Mr Charles said that while the Performance Management Report has improved, it could be improved further so that it contains more qualitative information rather than quantitative in order to be able to better measure performance. He noted that a Performance Management Framework has been drafted, but not yet finalised and that in 3 of the 4 directorates there are directorate business plans in place, but a plan for the public health directorate remains outstanding. He reported that work has commenced on outcomes-based reporting, but this is still in its infancy.
- 6/23.17 Mr Charles advised that there have been 6 recommendations made, 5 of which are Priority 2, and management has accepted these.
- 6/23.18 Mr Stewart said that he was grateful to receive this report and the satisfactory level of assurance given the amount of work that both Executive and Non-Executive Directors have put into this area over the last 12 months. With regard to the Corporate Plan, he advised that the Board has been working steadily on that and that the Board is concerned about the fact that the current Plan ended in 2021 as this is not a good place to be.
- 6/23.19 Mr Wilson thanked Mr Charles and Internal Audit for helping AMT to get to this point. In relation to the Corporate Plan, he said that there has

been some discussion with the Department about this. He acknowledged that Executive and Non-Executive Directors have been developing a new Plan, and while the target date in this report for completing the Plan is April 2024, he hoped that this date could be brought forward. He pointed out that the Performance Management Framework has been completed and was approved by the Board in January.

6/23.20 Members noted the Internal Audit Progress Report.

7/23 Item 7 – Corporate Governance

Corporate Risk Register (at 31 December 2022) [GAC/02/02/23]

7/23.1 Mr Stewart noted that there has been a radical review of the Corporate Risk Register since it was last brought to the Committee and he paid credit to AMT for the work that has gone into it.

7/23.2 Mr Wilson said that there was a good discussion about the Register and the need to cleanse and update it as it is an essential element of PHA's internal controls. For this review, he reported that 2 new risks have been added, 2 risks have been removed and 2 risks have had their rating changed. He advised that as part of PHA's work to implement the 3 Lines Assurance Model, this has been applied to 2 of the risks and PHA has worked with BSO on these risks which relate to cyber security and IT.

7/23.3 Ms Mann-Kler said that she feels a greater level of assurance having seen the amount of work that has been undertaken during this review. She noted that in some other organisations, Boards would have an annual half-day workshop to carry out a in-depth review of the Corporate Risk Register and she suggested that PHA should consider this. Mr Stewart welcomed the suggestion and said that he would speak to the PHA Chair and Chief Executive about it (**Action 1 – Mr Stewart**).

7/23.4 Mr Stewart noted that some of the risks rated "low" could be removed from the Register at the next review. He also noted that the issues around the Lifeline IT system could be resolved shortly. Mr Wilson agreed that the "low" rated risks could be removed, but he noted that although there is a mitigation in place for the Lifeline risk, it may take another quarter to see how that arrangement is performing. He added that there had been a discussion about whether it should be de-escalated. Mr Stewart agreed that once there is an assurance that the IT system is working, the risk can be closed off.

7/23.5 Mr Stewart noted that a risk around financial planning has been added, but he expressed concern around the new risk relating to information governance.

7/23.6 Members **APPROVED** the Corporate Risk Register as at 31 December

2022.

Public Health Directorate Risk Register [GAC/03/02/23]

- 7/23.7 Dr McClean advised that a major review has been carried out of the public health directorate risk register, but there is still work to be done. She said that a number of new risks have been added and others have been removed.
- 7/23.8 Dr McClean reported that there is a number of risks relating to screening which link to the earlier discussion. She added that there are risks relating to IT systems and some of these are being addressed. She said that there are risks relating to information governance which have been added, but action is being taken to get some of this work progressed in terms of completing Data Privacy Assessments (DPAs). In terms of staffing risks, she reported that some interim appointments have been made. She added that during the pandemic a lot of new staff were brought in, but there has not been the opportunity to give them a full induction. She noted that there are gaps in a number of posts which were filled by senior and experienced staff.
- 7/23.9 Ms Mann-Kler said that she would be interested to know if there is a culture change in terms of how staff view the directorate risk register and if staff are equipped with the right skills to review it, or if this is a learning and evaluating exercise. Dr McClean said that it would be more of a learning exercise. She commented that it can be difficult to engage with staff as they do not feel connected to this type work and they need to understand the importance of the Business Plan and the Risk Register. She said that there is now a better understanding of the purpose of these documents and acknowledged that some training may be helpful. She said that it may be useful to carry out a skills assessment given the rapid recruitment that was carried out during the pandemic to ensure that all staff are properly trained. She added that she expected more vacancies to arise. Mr Stewart said that Dr McClean's proposed approach was a breath of fresh air. He added that he is looking forward to seeing the outcome of the audit of recruitment and see what improvements can be made there. He said that there also needs to be better workforce planning.
- 7/23.10 Mr Stewart commented that the risks around IT and screening could add up to a reputational risk for the PHA and maybe there is a need to have a risk around reputation on the Register. He said that if PHA is not carrying out its functions properly then individuals will suffer and there will be reputational damage, and this is something that has never been mentioned before.
- 7/23.11 Mr Stewart asked for more information about the issues relating to data sharing. Dr McClean explained that PHA needs to have all the right agreements in place for sharing data and it is about having the capacity to get those agreements in place. Mr Wilson added that during the

pandemic, the whole world of information governance was brought into sharper focus for PHA as it had so many new data sets so there is a need to address all issues relating to data sharing and therefore it does merit being on this risk register. Mr Stewart asked whether this relates to personal data or statistical data. Mr Wilson explained that it is a mixture of both and while most of PHA's data is non-personal, collating data sets and narrowing these down could lead to potentially identifiable information being put together. Mr Stewart said that he did not believe that PHA held much personal data apart from that held on the Vaccine Management System.

At this point Mr Irvine stepped out of the meeting.

7/23.12 Mr Stewart queried whether PHA is overstating this risk. Dr McClean advised that PHA would hold data individual data, for example cases of monkey pox, and it would get requests from the UK Health Security Agency (UKHSA) to share this information. She noted that while the default position for PHA is that, from an information governance perspective, it does not share anything, that can be a risk from a public health perspective, hence the need to ensure that any data shared is shared appropriately.

7/23.13 Mr Stewart asked why PHA is so involved in the area of Valproate. Dr McClean advised that there is a request from the Department for PHA to co-ordinate this and have an overview what is happening in this area. She added that she felt this to be a reasonable request. She said that there is a challenge in that there are long waiting lists in neurology services and ensuring that women are reviewed is the responsibility of SPPG. She added that from a public health perspective, it is important that babies are not affected. Mr Stewart said that there should be some discussion as to why this ended up with PHA, but that was not for this meeting. He commented that this was another area where there could be a reputational risk. Dr McClean agreed that where a matter is beyond PHA's control it can become tricky, but she still felt that it is a public health matter.

7/23.14 Mr Stewart thanked Dr McClean for attending today's meeting and presenting this updated directorate risk register.

7/23.15 Members noted the Public Health Directorate Risk Register as at 30 September 2022.

Review of Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority [GAC/04/02/23]

7/23.16 Mr Wilson advised that the Standing Orders have been revised to reflect the creation of SPPG and replace any references to HSCB. He added that following the establishment of the Planning, Performance and Resources Committee, its terms of reference have been included. He also referred to a change in EU procurement thresholds that needed to

- be updated.
- 7/23.17 Ms Henderson advised that a change is needed on page 85 to show that Department of Finance approval is no longer required for external consultancy. Mr Stewart sought clarity that this means that all approvals are granted by the Permanent Secretary. Mr Stewart noted that he had advised that there was a section where the new Committee needs to be included, and this will be updated.
- 7/23.18 Members **APPROVED** the review of Standing Orders which will be brought to the PHA Board on 16 February.
- 7/23.19 Mr Wilson advised that minimal changes have been made to the Standing Financial Instructions. He highlighted a reference to the process for the development of the Commissioning Plan and said that he is awaiting clarity from SPPG. Mr Stewart informed members that he had raised this with Mr Wilson at a pre-brief in advance of this meeting as PHA's role vis-à-vis the Commissioning Plan is not clear.
- 7/23.20 Subject to clarity on the Commissioning Plan process, members **APPROVED** the review of Standing Financial Instructions which will be brought to the PHA Board on 16 February.
- 7/23.21 Mr Wilson advised that there was only one change in the Scheme of Delegated Authority (SoDA) which related to the earlier discussion about EU thresholds.
- 7/23.22 Mr Wilson advised that today is the closing date for the new PHA Director of Finance and Operations and that following that appointment, a further review of these documents will need to be undertaken.
- 7/23.23 Mr Stewart asked if the levels of authority are standard across the HSC. Ms Henderson advised that they may be different depending on the organisation. She said that SoDA levels should always align with individual's operational arrangements and added that 2 years, levels were lifted for Assistant Directors as it was felt appropriate to do so.
- 7/23.24 Members **APPROVED** the review of the Scheme of Delegated Authority which will be brought to the PHA Board on 16 February.
- PHA Assurance Framework [GAC/05/02/23]*
- 7/23.25 Mr Wilson said that the Assurance Framework is being presented today for approval to go to the PHA Board and that a lot of work has been undertaken during this review which he hoped will provide a satisfactory level of assurance for members. He advised that a workshop had taken place with Board members regarding the Assurance Framework and this iteration reflects the outputs of that discussion.
- 7/23.26 Mr Stewart commented that a lot of efforts has been put into this by both

- Executive and Non-Executive Directors and he was pleased to see this updated version. He queried that Information Governance Progress Reports should be approved by that group. Mr Wilson said he would look at this.
- 7/23.27 Ms Mann-Kler welcomed this updated document, and asked to what extent relevant staff have an understanding of the Framework. Mr Wilson said that once approved, AMT would ensure that Directors are aware of their responsibilities. He noted that there has been change at that level. Mr Stewart welcomed this and said that this level of interest in governance being driven forward by Executive Directors will benefit the organisation.
- 7/23.28 Members **APPROVED** the PHA Assurance Framework which will be brought to the PHA Board on 16 February.
- 8/23 Item 8 – Finance**
- Fraud Liaison Officer Update Report [GAC/06/02/23]*
- 8/23.1 Ms Henderson presented the latest Fraud Liaison Officer Update Report and advised that following the update on a suspected fraud at the last meeting, PHA has been able to reach the individual concerned and an agreement reached on retrieving the outstanding money that was paid in error. She said that the Counter Fraud investigation is on hold and she would keep the Committee updated. She commented that this matter raises issues about the controls in place and there has been a meeting with relevant PHA staff to put actions in place to ensure a similar event does not occur again. Mr Murray added that a review is ongoing and tighter processes will be put in place across the organisation.
- 8/23.2 Mr Stewart said that this issue is precisely why he had concerns about the mass recruitment that was undertaken to bring in staff for the contact tracing centre and the oversight of this. He added that he was disappointed that the previous Chief Executive had signed off on the terms of reference for the audit that Internal Audit had carried out as he would have wished to see a wider review. However, he said that it is good news that this issue appears to be being brought to a close.
- 8/23.3 Ms Henderson reported that the National Fraud Initiative is in progress and she would keep members updated. She advised that as part of International Fraud Awareness Week, a number of communications were issued to PHA staff to remind them of their responsibilities.
- 8/23.4 Ms Henderson took members through the Fraud Action Plan and advised that following a recent Circular, Counter Fraud Unit will now support preliminary investigations. She reported that there has been a low uptake of the eLearning module on fraud awareness and she is going to speak to Mr Wilson about including this on the programme of mandatory training for PHA staff. Mr Stewart welcomed the

development that Counter Fraud will support preliminary investigations. He commented that the second appendix to the update was very useful as it outlined what fraud looks like.

8/23.5 Members noted the Fraud Liaison Officer Update Report.

**9/23 Item 9 – External Audit – PHA Audit Strategy 2022-23
[GAC/07/02/23]**

9/23.1 Mr McCance advised that the Audit Strategy sets out the arrangements for the completion of the annual audit and that members will be familiar with this. He said that the Comptroller and Auditor General will sign the certificate, but the work of undertaking the audit is sub-contracted to ASM.

9/23.2 Ms McMaw took members through the Strategy document and began by highlighting the actions for the Committee. She advised that based on PHA's gross expenditure the level of materiality is set at £1.775m. She said that in terms of significant risks, there is a presumed risk of fraud in revenue recognition, but this has been rebutted. However, she added that the second risk regarding management override of controls has been retained.

9/23.3 Ms McMaw outlined the provisional timetable for the audit, acknowledging that PHA is awaiting the Circular from the Department of Health.

At this point Mr Irvine re-joined the meeting.

9/23.4 Ms McMaw advised that the appendices to the Strategy contain some useful publication for information for members.

9/23.5 Mr Stewart thanked Ms McMaw for presenting the Strategy. He noted that the Committee has a meeting with auditors once a year and that Mr Graham would be in touch shortly to arrange this (**Action 2 – Mr Graham**).

9/23.6 Members noted the PHA Audit Strategy 2022-23.

**10/23 Item 10 – Joint Emergency Planning Annual Report 2021-2022
[GAC/08/02/23]**

Ms Catherine Curran joined the meeting for this item

10/23.1 Ms Curran advised that this Report is for the period from 1 April 2021 to 31 March 2022 for PHA, SPPG and BSO, although during this period SPPG was still HSCB. She said that the Report gives an update on emergency planning activities and looks at key themes such as leadership, structures, monitoring of Trust reports and multi-agency collaboration. She reported that key issues from Trusts are also

- reported within individual Trust reports and would be dealt with by PHA. She advised that the Report gives an overview of incidents that PHA has had to deal with as well as any learning from exercises that PHA conducted. She said that PHA would organise accredited training as well as business continuity management. She advised that there is an agreed action plan for the next year.
- 10/23.2 Mr Stewart said that this is an extensive report and that he did not realise that PHA had a Port Health Plan, nor did he appreciate the implications of cruise liners coming in. Ms Curran advised that PHA has a Port Health Plan and that Ms Mary Carey chairs a forum and would lead on any incidents that took place. She said that there are protocols in place with any matters being reported to the PHA Duty Room in the first instance. She added that there is a COVID Health Plan.
- 10/23.3 Mr Stewart asked how any learning is fed back in. Ms Curran advised that there would be an action log which links into the Joint Response Emergency Planning Programme Board. She added that there would be a review of the training programme and any training needs embedded.
- 10/23.4 Mr Stewart commented that some of the emergency planning issues that he would have been involved in would have been focused on a short period of time, whereas COVID was an extremely long situation. He asked if there was any learning from COVID, and Ms Curran replied that this would be in a different report.
- 10/23.5 Mr Stewart noted the reference in the Report to there being a Non-Executive Director involved in this work. Mr Wilson advised that he was not aware of this either. Ms Curran undertook to look at this (**Action 3 – Ms Curran**).
- 10/23.6 Ms Mann-Kler said that the Report was very interesting and thanked Ms Curran for presenting it.
- 10/23.7 Mr Stewart asked whether PHA has access to the PSNI suite at Steeple for its emergency planning responses. Ms Curran advised that PHA has not used it, but it would link with PSNI colleagues. Mr Stewart said that it is an extensive facility which has had significant investment put into it.
- 10/23.8 Members **APPROVED** the Joint Emergency Planning Annual Report 2021-2022 which will be brought to the PHA Board on 16 February.
- 11/23 Item 11 - BSO Customer Assurance for the 2021/22 Year [GAC/09/02/23]**
- 11/23.1 Mr Stewart said that he did not recall seeing this document before. Mr Wilson advised that it has been brought for noting, and suggested that perhaps this has come from a recommendation made by Internal Audit to BSO. He said that it is good to receive this, given that the Corporate Risk Register shows that PHA relies on BSO for a number of support

services. Mr Stewart suggested that it may be worth circulating this to the Board as a whole. Ms Henderson said that for completeness, it is useful that this is shared with the Committee. Mr Stewart commented that it is useful in helping hold BSO to account.

11/23.2 Members noted the BSO Customer Assurance for the 2021/22 year.

12/23 Item 12 – Any Other Business

12/23.1 There was no other business.

13/23 Item 13 – Details of Next Meeting

Thursday 20 April 2023 at 10am

Fifth Floor Meeting Room (or via Zoom).

12/22 Linenhall Street, Belfast, BT2 8BS

Signed by Chair:

Joseph Stewart

Date: 20 April 2023