

<b>Title of Meeting</b>	Meeting of the Public Health Agency Governance and Audit Committee
<b>Date</b>	1 February 2024 at 10am
<b>Venue</b>	Fifth Meeting Room, 12/22 Linenhall Street, Belfast

**Present**

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

**In Attendance**

- Mr Stephen Wilson - Interim Director of Operations
- Mr Stephen Murray - Interim Assistant Director of Planning and Business Services
- Ms Tracey McCaig - Director of Finance and Corporate Governance, SPPG
- Ms Claire Devine - Assistant Director of Finance, SPPG
- Ms Caren Crockett - Head Accountant, SPPG
- Mr David Charles - Internal Audit, BSO
- Mr Ryan Falls - Cavanagh Kelly
- Mr Roger McCance - NIAO
- Mr Robert Graham - Secretariat

**Apologies**

None

**1/24 | Item 1 – Welcome and Apologies**

- 1/24.1 Mr Stewart welcomed everyone to the meeting. There were no apologies.

**2/24 | Item 2 - Declaration of Interests**

- 2/24.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda.
- 2/24.2 Mr Clayton declared an interest in relation to Public Inquiries as Unison is engaging with the Inquiries.

**3/24 Item 3 – Minutes of previous meeting held on 10 October 2023**

3/24.1 The minutes of the previous meeting, held on 10 October 2023 were **approved** as an accurate record of that meeting, subject to an amendment in paragraph 56/23.6.

**4/24 Item 4 – Matters Arising**

4/24.1 Mr Graham went through the action log noting that all of the actions had been completed with the exception of action 6 relating to risk management training.

4/24.2 Mr Stewart asked for an update on the audit clinics where were to take place. Mr Wilson advised that these had taken place and had been very productive. He said that the focus of these was on outstanding audit recommendations and that evidence is now being compiled to support the updates given with the hope that many of the recommendations can be completed by the end of the year.

**5/24 Item 5 – Chair’s Business**

5/24.1 The Chair advised that he had no business to update on.

**6/24 Item 6 – Corporate Governance**

*Dr Joanne McClean joined the meeting for this item*

*Corporate Risk Register as at 31 December 2023 [GAC/01/02/24]*

6/24.1 Mr Wilson advised that two risks have been removed from the Corporate Risk Register and a new risk added around the financial planning context for 2024/25. He added that no risks have had their rating altered.

6/24.2 Mr Clayton noted that there is a presently one risk on staffing and while at a time it was deemed sensible to consolidate that risk, he felt that as there is a particular issue around the recruitment of public health consultant posts, it should be a separate risk. He added that the Department has placed this issue on its own risk register.

6/24.3 Mr Wilson explained that a decision has not been taken to not separate the risk, but rather the risk was left as is because the other element of it relates to HSCQI and Dr Aideen Keaney is presently on leave and Directors did not wish to change this risk without her input. He added that is likely that it will change following the next review at the end of March. Mr Clayton suggested that the risk could be a separate risk altogether to a risk on staffing and Mr Wilson acknowledged that there is value in that, particular in the context of the Reshape and Refresh work.

6/24.4 Ms Mann-Kler asked about future proofing this risk because it is an area

that will continue to be a challenge. She asked if there is a task force looking at a creative solution to get more public health consultants, or if there is any work being done with education. Dr McClean advised that some of this was covered in the paper that went to the Board earlier this week. She said that as part of the Reshape and Refresh programme, a public health skills framework will be developed to measure people's skills. She noted that there is a particular issue with regard to health protection but over the last few months programme managers have been employed who can carry out project management work and therefore free up consultants' time to focus on their role. She advised that staff across the PHA are participating in the health protection module of a Masters through Queen's. Ms Mann-Kler asked how quickly the impact of these initiatives will be felt, but Dr McClean said that it will be a medium-term gain as it will take time to fill specialist posts. She added that PHA will aim to do a campaign, but previously this had limited success. She said that the staff on the ground are delivering good work, but there is a lot to be done. She added that when the first report from the COVID Inquiry is published, it may recommend that there needs to be more funding in public health.

- 6/24.5 Ms Mann-Kler asked about developing an interim model, for example collating a group of experts. Dr McClean advised that this was also referenced in the paper that went to the Board. She explained that PHA has an arrangement with the UK Health Security agency (UKHSA), that if it requires cover, it can get help. She added that it is useful that general public health consultants are stepping into health protection roles as it widens their range of expertise.
- 6/24.6 Mr Stewart thanked Dr McClean for the lateral thinking that has been applied to help the situation which he said is far from ideal. He added that it is helpful that the staff have been open to the ideas.
- 6/24.7 Ms Mann-Kler noted that there is a higher number of Public Inquiries in Northern Ireland and asked if there has been any assessment of why this is the case. She said that it gives a bad perception, and that Inquiries are very resource intensive. Mr Stewart said that he attended the meeting of the Public Inquiries Programme Board on Wednesday and there are presently 4/5 Inquiries that PHA is dealing with and he is not aware of any overarching reasons as to why there are so many, but staff are having to get on with responding to them. Mr Wilson agreed that there are a lot of Inquiries, and queried how long the public purse can sustain them. He noted that the COVID Inquiry will take many years to complete. Ms Mann-Kler said that the COVID Inquiry is likely to be re-traumatising for staff, but Mr Wilson advised that PHA has been looking at support for staff. Mr Wilson added that there is a lot of pressure on the staff who left in PHA because they have had to replace the staff who have left. Mr McCance commented that from a meeting he had attended with representatives from across the UK, there is an element of "Inquiry fatigue".

- 6/24.8 Members **APPROVED** the Corporate Risk Register.
- Public Health Directorate Risk Register as at 31 December 2023*  
*[GAC/02/02/24]*
- 6/24.9 Mr Stewart thanked Dr McClean for attending the meeting and bringing forward a radically altered directorate risk register. Dr McClean said that the register requires further work and that the main issues on it relate to staffing, screening and vaccination uptake.
- 6/24.10 Mr Clayton noted that screening features on both the Corporate Risk Register and directorate risk register and asked for some further insight in the IT issues given there are different issues across the different programmes and that this has been discussed at both the Committee and the Board for a number of years. Mr Stewart said that he had an issue with the timelines and asked if the systems are on the verge of collapse.
- 6/24.11 Dr McClean advised the introduction of Encompass will help. She said that a scoping exercise has been carried out by Mr Paul McWilliams and that Mr Gary Loughran has been brought in to help. She advised that to date, PHA's engagement with Encompass has been of an ad hoc nature but that a workshop is taking place next week. She said that the work undertaken by Mr McWilliams should be reviewed and then a plan brought to the Board.
- 6/24.12 Ms Mann-Kler said that she was pleased to hear that this additional resource has been brought in. She asked about Breast Screening Select. Dr McClean explained that the delay with that software is with NHS England. Ms Mann-Kler asked if NHS England is under high demands and what the implications of the delay are for people here. Dr McClean assured members that women are still being screened, but the issue is with the system.
- 6/24.13 Mr Clayton noted that there are many different systems and different timelines and suggested that it may be helpful to have an update brought to the Committee or the Board to see what the Board can do to assist. With regard to quality assurance, he said that Dr McClean had given an update on this at the Board meeting and felt it would be helpful for that to be reflected in the register.
- 6/24.14 Ms Mann-Kler said that there is a governance gap because if something goes wrong, it is not PHA's responsibility. Mr Stewart added that in his view, these systems are at the heart of PHA and if something did go wrong, it would be detrimental for the reputation of the PHA. He said that there needs to be a clear timeline of what needs to be done, when it will be achieved and what the risks are and that this should be brought to the Board with the right officers in attendance. He added that the PHA Chair should be aware of the issues, and if necessary the Permanent Secretary and the Minister. Dr McClean advised that many

- of the systems are hosted by BSO and their staff are doing their best, but for cervical system, she acknowledged that there are different systems and so there is a need to get all the issues articulated into a paper. Mr Clayton said that this would be helpful. Ms Mann-Kler added that there is also a need to future proof the system as much as possible.
- 6/24.15 Ms Mann-Kler asked about the drop rate in vaccinations and if PHA is managing that and has an understanding of why this is happening. Dr McClean replied that she does not know the reason why there is a drop off, but added that this is not unique to Northern Ireland. She cited deprivation as a factor and being able to access harder to reach communities. She advised that she had attended an All-Party Group meeting on cervical screening and there is a need to focus on health inequalities and be smarter in ways to increase uptake. She said that in England there is work looking at behaviours. She advised that there will be a focus on MMR over the next few months with extensive engagement with the Health Improvement team and with GPs. Ms Mann-Kler asked what scope there is to be creative. Dr McClean replied that it is hoped to have pop up clinics, but she noted that the majority of vaccines are carried out in GP practices.
- 6/24.16 Ms Mann-Kler asked what Dr McClean's biggest concerns are and Dr McClean replied that her main concern is around measles and while there have been no cases to date here, the situation in the West Midlands is concerning. Dr McClean added that a sustained response to a measles outbreak would impact on PHA as it would be the same staff who would be involved as it was during the pandemic. She advised that there is a meeting taking place with Trusts today to plan for this. She said that another area of concern is seeing the cervical screening review completed in the Southern Trust.
- 6/24.17 Mr Clayton asked about vaccination, and also PHA's capacity to respond to a measles outbreak given the concerning reports in England and PHA's experience with COVID. He noted that PHA now has a lead role in vaccination and has the Vaccine Management System (VMS) which can show where there is low uptake. He asked what engagement PHA is having with the Department and Trusts, and with other bodies, for example the Education Authority. Dr McClean replied that PHA is keeping the Department informed and is already planning an MMR "catch up" campaign. She added that the Department is supportive. With regard to the Education Authority, she advised that there is a meeting taking place today to continue preparation for a measles campaign, and there is a steering group, of which the Education Authority will be a part. She added that as part of the legacy of COVID, there are staff who can now step in and help out as required and also that PHA has developed a good relationship with Education.
- 6/24.18 Mr Stewart asked when a paper giving an update on the screening IT issues can be brought to the Board. Dr McClean replied that it would be the March meeting. Mr Stewart suggested that there should be a

meeting to discuss what should be in the paper. Dr McClean noted that it will be Mr Loughran, Mr McWilliams and Dr Owen who will be writing the paper (**Action 1 – Dr McClean**).

6/24.19 Mr Stewart thanked Dr McClean for attending today's meeting.

6/24.20 Members noted the Public Health Directorate Risk Register.

*Complaints Report [GAC/03/02/24]*

6/24.21 Mr Wilson said that this report will be expanded into a “complaints and compliments report”, but explained that a mechanism for capturing complaints is currently being looked at. He advised that this report is for the period from April until December 2023 and shows that PHA has received a low number of complaints during this time. He noted that there had been an increase in the number of complaints during the pandemic.

6/24.22 Mr Wilson explained that the report details KPIs which have been introduced as PHA seeks to improve its complaints process. He went through the tables in the report giving an overview of closed complaints, an update on open complaints and details regarding complaints which are with the Ombudsman.

6/24.23 Ms Mann-Kler said that she was interested to read the nature of the complaints as they are useful for learning. She added that it would be useful for Board members to see an example of a complaint and how it was responded to as the tone of responses is important. Mr Wilson agreed to follow up on this (**Action 2 – Mr Wilson**).

6/24.24 Mr Clayton asked about PHA's role in terms of the complaint which related to cervical screening and if it would be possible to get more information. Mr Wilson noted that there was learning for PHA (**Action 3 – Mr Wilson**).

6/24.25 Members noted the Complaints Report.

*Update on Use of Direct Award Contracts [GAC/04/02/24]*

6/24.26 Mr Wilson reported that between April and December 2023, 48 Direct Award Contracts (DACs) were signed off by the Chief Executive. He added that the Chief Executive wishes to see this number curtailed as much as possible. He explained that the high number is in part due to a number of DACs where contracts have been extended in the area of Drugs and Alcohol following a request by the Department. He added that as the current Drugs and Alcohol Strategy is being reviewed, it was felt to hold off until the new Strategy was in place.

6/24.27 Mr Wilson advised that the contract for the R&D Grant Management System has now ceased due to a number of issues.

- 6/24.28 Mr Stewart asked about the DAC relating to community development capacity which is rated “red” and if all the funding is going to one organisation. Mr Murray explained that this is a Transformation programme with services commissioned through the Community Development Health Network (CDHN) and is a rolling contract. Mr Stewart asked if the amount of funding is one year, but Mr Murray advised that it is for 18 months. Mr Stewart asked it is judged if the initiative is a success, and Mr Murray replied that PHA will have contact management arrangements in place, but his understanding is that it has been a very successful programme.
- 6/24.29 Mr Stewart asked if the Department is aware of the number of DACs that PHA has in the area of drugs and alcohol. Mr Wilson reiterated has worked closely with the Department and it is aware of the situation.
- 6/24.30 Members noted the updated on Direct Award Contracts.

**7/24 Item 7 – Internal Audit**

*Internal Audit Progress Report [GAC/05/02/24]*

- 7/24.1 Mr Charles advised that he was presenting the reports of 3 audits at today’s meeting which means that the only report to be completed this year is the end of year follow up and as indicated earlier there were audit clinics held to look at the outstanding recommendations.
- 7/24.2 Mr Charles reported that following an audit of Information Governance, a satisfactory level of assurance has been given with no significant findings and 4 key findings which related to contracts being GDPR compliant, information governance training, Information Asset Registers and strengthening the process for carrying out file audits. He advised that there were 5 Priority 2 recommendations and 3 Priority 3 recommendations, and all of these have been accepted by management.
- 7/24.3 Mr Clayton noted that there was discussion on this at the Information Governance Steering Group (IGSG). He said that it was helpful to see the timeline that had been developed for completing the work on getting contracts GDPR compliant with those deemed low risk completed by 31 July 2024 and those deemed higher risk by 31 December 2024. He queried whether it is the case that the lower risk legacy contracts would be simpler because the higher risk ones may require input from Legal and Procurement. Mr Murray said that would be his assessment and added that the higher risk ones are being reviewed at present.
- 7/24.4 Mr Clayton said that the issue of training had been discussed at both this Committee and at the Board and that it will be difficult to change the rating on the target relating to training from “red” until the proposed “induction day” is in place. He asked if there has been any engagement with HR regarding this and Mr Murray replied that there has been a

discussion with Ms Karyn Patterson and it is hoped to have a paper on this by the end of March. He noted that there are issues about this can be introduced from a practical point of view. Mr Clayton advised that in other HSC bodies, it is not possible to take up employment until all of the training is completed.

- 7/24.5 Mr Charles moved on to the second audit report which related to an audit of business continuity and advised that a limited level of assurance was being given based on 3 significant findings. He said that the focus of the audit was whether PHA would be able to respond to a cyber attack.
- 7/24.6 Mr Charles advised that the first significant finding related to the fact that while PHA has a corporate Business Continuity Plan (BCP), there are not directorate plans in place. He added that the overall Plan is largely unchanged since 2011 and no Business Impact Assessments have been reviewed since then. He explained that there needs to be more consideration of the impact of cyber attack scenarios.
- 7/24.7 Mr Charles said that the second significant finding relates to the Business Continuity Forum, which was set up in 2011, but has no terms of reference. In terms of the third significant finding, he explained that while BSO ITS is referenced as the main external stakeholder for PHA's response to a cyber attack, there needs to be more detail about what that response would look like.
- 7/24.8 Mr Charles advised that there were two key findings from the audit, the first of which was that no desktop exercise of PHA's BCP was carried out between 2019 and 2023, but he acknowledged that PHA was responding to the pandemic. However, he noted that for the last exercise in 2023, only 6 staff participated and not all directorates were represented. He said that the second key finding was that there has been no training needs analysis undertaken for PHA staff.
- 7/24.9 Mr Charles said while he appreciated that PHA has less patient-facing impact, this audit was about how PHA ensures that its corporate objectives are achieved if there is a loss of IT or telephony services. Mr Stewart sought clarity that the focus was therefore on a cyber attack. Mr Charles replied that the audit the robustness of the Business Continuity Plan to meet corporate objectives in the event of a loss of e-mail or telephone and it was felt that the Plan is not detailed enough and requires more work. He clarified that it was not a technical IT audit, but more around what local managers would do in the event that particular systems were down. He said that the question was around if there is enough familiarity with the Plan.
- 7/24.10 Mr Stewart explained that he raised this point because while he felt mostly on board with previous audits, this one did not look at process. He advised that he was present in the office on one occasion when the Plan had to be activated and it was done so swiftly and efficiently and he

asked whether the audit looked at instances when the Plan was activated to see if there were any gaps in process. Mr Charles said that the audit looked at the formality of the process and whether key stakeholders knew how to respond. Mr Stewart asked if staff were questioned and Mr Charles replied that as part of the testing some staff were spoken to from that he felt that while managers could work through the Plan, it was not sufficiently robust.

7/24.11 Mr Charles advised that there were detailed discussions with management around this audit. He said that the organisation has corporate objectives and it needs to have a mechanism to deliver on them. He added that management have accepted the recommendations. He noted that this was a new audit area for Internal Audit.

7/24.12 Mr Clayton said that he could understand why there is a need to have directorate plans in the event of a BCP incident. Mr Charles commented that within Internal Audit there were discussions around this, and it was considered from the perspective of “likelihood versus impact”, with the view that if the likelihood is high, there needs to be robust formal arrangements.

*At this point Mr Irvine left the meeting.*

7/24.13 Mr Wilson advised that PHA was disappointed to receive this limited level of assurance given there were no Priority 1 recommendations. However, he said that PHA is looking to address the findings and get the directorate plans in place. He added that he wished to assure members that PHA’s current arrangements are fit for purpose.

7/24.14 Mr Charles advised that the third audit report related to a Financial Review. He outlined the scope of the assignment and reported that a satisfactory level of assurance was being given with no significant findings and 4 key findings.

7/24.15 Mr Charles said that the first key finding related to business cases and the need for there to be a business case in advance for any new contracts or contract extensions, in line with the new DoH Circular. In 9 instances, he reported that the business case had not been reviewed by Finance or Operations. He advised that the second key finding related to agency staff, the third related to suppliers who did not have contracts in place with PHA, and the final one related to payments to staff. He said that there were 6 Priority 2 findings and 3 Priority 3 findings and that management have accepted all of the recommendations.

7/24.16 Ms Mann-Kler noted that some of the findings related to SBNI and she expressed concern that there could be other ongoing issues. Mr Charles advised that because External Audit had identified issues in SBNI last year, there was an increased focus on SBNI in the sample audit. He suggested that it was helpful for PHA that there was more

testing in SBNI.

*At this point Ms McCaig joined the meeting.*

- 7/24.17 Mr Clayton noted that the sample size was not large. Mr Charles advised that Internal Audit would normally look at off-contract expenditure as HSC as a whole has a lot of off-contract agency staff, therefore there is more risk, but in this audit nothing major was found. He added that the recommendations would strengthen the mitigations against any risks.
- 7/24.18 Members noted the Internal Audit Progress Report.
- Internal Audit Strategy incorporating the Internal Audit Plan 2023/24 to 2025/26 [GAC/06/02/24]*
- 7/24.19 Mr Charles advised that PHA is moving into the second year of a 3-year Plan. Following a review of the Corporate Risk Register to prioritise audit areas, he said that meetings took place with senior managers and the Committee Chair to finalise this Plan.
- 7/24.20 Mr Charles said that there will be a Financial Review as well as an audit of vaccination systems. He noted that there has not been a review of PPI for many years, and that it will also be timely to carry out a follow up review of Board Effectiveness. He added that once the governance arrangements around finance change, there will be a review of governance and assurance. He advised that there will be an audit of the management of contracts that PHA has with Trusts and that this is an area that has not been audited previously. He explained that it will be a big audit as it will look at the arrangements that are in place to ensure that PHA is receiving the services it has commissioned and if not, what escalation arrangements are in place. He said that included within the Plan are days for management time and contingency. He advised that Committee approval is sought for the Plan.
- 7/24.21 Mr Stewart advised that he had spoken to Mrs Catherine McKeown and it was agreed that it would be useful to defer a planned audit of screening given there is work being carried out in this area. He added that he has asked that the audit of vaccinations looks at procurement, value for money and systems. He said that an audit of the performance management arrangements with Trusts would have the support of all Non-Executive Directors as this is an area of interest to them.
- 7/24.22 Ms Mann-Kler agreed with the rationale for deferring the audit on screening, but asked whether 20 days was sufficient for the performance management audit, and whether some of the days allocated to PPI should be transferred. She said that it is important that this audit is done properly given Trust spend is a significant part of PHA's budget. Ms McCaig agreed that there has not been significant time spent on this area so it would be useful to allocate more days.

- 7/24.23 Mr Stewart suggested that the performance management audit may have to be undertaken in small sections. Mr Charles said that a specific area of service delivery could be chosen. He suggested that the 8 days for the PPI audit could be used, or there is the 8 days which are for contingency. Ms Mann-Kler said that it would be useful to bring a terms of reference for that audit back to the Committee. She added that there needs to be a correlation between this audit and an area where PHA spend most of its funding on. Mr Stewart noted that the biggest area of spend is screening.
- 7/24.24 Mr Clayton noted that the Board receives an Annual Report on PPI and queried what a review of PPI arrangements would look like.
- 7/24.25 Mr Stewart proposed that the number of days for the performance management audit is increased to 8 and that the Agency Management Team (AMT) considers what an audit of PPI would look like.
- 7/24.26 Subject to those amendments, members **APPROVED** the Internal Audit Strategy.

**8/24 Item 8 – Information Governance**

*Information Governance Action Plan 2023/24 Update [GAC/07/02/24]*

- 8/24.1 Mr Murray advised that this update was recently covered by the Information Governance Steering Group (IGSG) and that there has already been discussion at today's meeting around the issues of new starts and induction. He noted that new starts can find it difficult to get access onto the systems and this needs to be looked at. He said that this is due to managers not being prepared before staff start, or a delay in IT getting the set up completed.
- 8/24.2 Mr Murray noted that many of the other actions in the update are rated "amber" or "green". He advised that there has been an significant increase in the number of staff completing training as messages around mandatory training are being pushed out to staff. He noted that the other action which is rated "red" is around Information Asset Registers. He explained that the recommendation for 2021/22 has been addressed but some returns for 2022/23 have not yet been received and these had been due at the end of December.
- 8/24.3 Mr Clayton said that there was a target around the IGSG reviewing Data Privacy Impact Assessments (DPIAs) as part of health protection projects, and there had been a particular issue around capacity with a view to getting some external support. He added that IGSG members had wanted the issue of capacity to be highlighted to the Board. Mr Wilson advised that a mix of approaches is being looked at with a view to growing internal capacity, but he acknowledged that there are issues.
- 8/24.4 Members noted the update on the Information Governance Action Plan.

*At this point Mr Clayton left the meeting.*

**9/24 Item 9 – External Audit**

*Report to those Charged with Governance (Final) [GAC/08/02/24]*

9/24.1 Mr McCance advised that this was the final version of the Report to those Charged with Governance which members have already seen.

9/24.2 Members noted the Report to those Charged with Governance.

*External Audit Strategy [GAC/09/02/24]*

9/24.3 Mr McCance said that the Audit Strategy for 2023/24 has been prepared. He reminded members that this work is sub-contracted by the Northern Ireland Audit Office (NIAO) and that Cavanagh Kelly will be undertaking this work. He invited Mr Ryan Falls to present the Strategy.

9/24.4 Mr Falls advised that Cavanagh Kelly has previously worked with NIAO and there is no significant change to the Strategy based on that of previous years. He thanked Ms Crockett for her help to date.

9/24.5 Mr Falls highlighted the key messages for the Committee and explained that the level of materiality is similar to that of previous years. He advised that one risk has been identified, and that relates to management override of controls. He added that a risk around fraud has been rebutted. He outlined the proposed timetable for the audit which is draft and also the membership of the audit team.

9/24.6 Mr Stewart asked why the override of management controls has been included, but he noted that this is included for all organisations. He added that the Committee is not aware of any material misstatements.

9/24.7 Members noted the External Audit Strategy.

**10/24 Item 10 – Joint PHA/SPPG/BSO Annual Report on Emergency Preparedness 2022/2023 [GAC/10/02/24]**

*At this point Ms Mary Carey joined the meeting*

10/24.1 Ms Carey advised that this Report is being presented retrospectively as it was due to be submitted to the Department in November. She said that there had been a delay in finalising the report, but that the report the standard template and is set out against a series of themes.

10/24.2 Ms Carey outlined that one of the key issues identified relates to the capacity of the Northern Ireland Ambulance Service (NIAS) to carry out specialised training, but she advised that following discussions with the Department some funding has been provided. Mr Stewart asked who delivers the training, and if this is NIAS or another organisation on its

behalf. Ms Carey advised that it is arranged through the National Ambulance Service which is linking with the Department of Health.

10/24.3 Ms Carey reported that the regional emergency planning training budget of £30k will not be increased and therefore Trusts will have to carry out their own training needs analysis, find additional funding for training and contribute to a 3-year rolling programme. She said that further discussions are required around that.

10/24.4 Mr Stewart expressed concern about the multiplicity of groups and organisations focused on emergency planning which he said appears to be resource intensive thus making it difficult for people to support them. He suggested that there should be more joined up thinking. Ms Carey said that, within health, there is a streamlined approach and there is an Emergency Planning Forum which meets on an annual basis. She acknowledged that there is a challenge in terms of the number of multi-agency meetings, but said that PHA has no control over that. She added that this is going to be reviewed and she, along with Dr McClean and Ms Lisa McWilliams will be attending a meeting to look at this. Mr Stewart asked if there is an overarching forum set up through the Executive Office and could all the different groups not be corralled through that Office and this would be in the interests of all parties. Ms Carey replied that there is the Civil Contingencies Framework which is used for incidents such as strikes or severe weather, and there is a clear process for when matters need to be dealt with at a strategic level, albeit it may need refined.

10/24.5 Mr Wilson commented that in terms of the training budget, there were queries about the level of training available as part of Module 1 of the COVID Inquiry.

10/24.6 Members noted the Joint PHA/SPPG/BSO Annual Report on Emergency Preparedness 2022/2023.

#### **11/24 Item 11 – Any Other Business**

11/24.1 Ms Devine delivered a presentation giving an update to members on the migration of the Finance team from SPPG to PHA. She explained that once the new PHA Director of Finance, Ms Leah Scott, takes up post, there are a number of specific tasks that SPPG will continue to assist with, and an MOU will be developed for this. She gave an overview of the proposed team structure and explained that staff who wish to move across will do so from 1 April and where there are vacancies, some of these posts are currently out for recruitment. She outlined what will happen over the months of March and April and the areas that will be covered by the MOU.

11/24.2 Ms McCaig advised that she would be content to have a separate meeting to discuss the transfer. She advised that when Ms Scott takes up post, there are some elements of work that will move across

immediately, but for others the two organisations will work together to ensure a successful transition.

11/24.3 Mr Stewart said that it was clear that there was a very methodical process in place and he was confident about the handover. He expressed his thanks, on behalf of the Committee, to Ms McCaig for her support and said that it has been a pleasure to work with her. Ms McCaig thanked Mr Stewart for his words and said that she has enjoyed working with PHA and has not yet had the opportunity to reflect what it will mean for her personally when the transition is complete.

**12/24 Item 12 – Details of Next Meeting**

*Monday 15 April 2024 at 10am*

*Fifth Floor Meeting Room*

*12/22 Linenhall Street, Belfast, BT2 8BS*

Signed by Chair:

Joseph Stewart

Date: 15 April 2024