



Public Health  
England

Protecting and improving the nation's health

# Minutes

<b>Title of meeting</b>	Audit and Risk Committee	
<b>Date</b>	Tuesday 19 February 2019	
<b>Time</b>	10:00 – 12:30	
<b>Venue</b>	Wellington House, 133-155 Waterloo Road, London SE1 8UG	
<b>Present</b>	Sir Derek Myers Michael Hearty Martin Hindle	Non-executive member of the Advisory Board and Chair Independent external adviser Independent external adviser
<b>In attendance</b>	Michael Brodie Sara Gammon <i>Richard Gleave</i> <i>Robert Kyffin</i> <i>Sheila Mitchell</i> Kishor Mistry <i>Abdul Mohib</i> Niki Parker Carla Roach David Robb Cameron Robson Duncan Selbie <i>Charlotte Slater</i> Alan Stapley Mike Surman <i>Catherine Swann</i> <i>Adam Winter</i> <i>Mike Yates</i>	Finance and Commercial Director National Audit Office <i>Chief Operating Officer and Deputy Chief Executive</i> <i>Data and Information Policy &amp; Partnership Lead</i> <i>Director of Health Marketing &amp; Engagement</i> Deputy Director, Corporate Risk and Assurance <i>Lead Risk Adviser (for Risk Management Items)</i> Government Internal Audit Agency Department of Health and Social Care Government Internal Audit Agency Government Internal Audit Agency Chief Executive <i>Eu Exit Team</i> Deputy Director, Finance National Audit Office <i>Deputy Director- Maternity Programmes &amp; Governance</i> <i>Social Marketing Business Manager</i> <i>Secretary</i>
<b>Apologies</b>	Catherine Hepburn Simon Reeve Graham Reid Alex Sienkiewicz	National Audit Office Department of Health and Social Care Department of Health and Social Care Director of Corporate Affairs

- 1** **Introduction and apologies**  
19/001 Apologies were recorded as indicated above. Martin Hindle and Michael Brodie declared their interests in Porton Biopharma (referred to in the National Audit Office 2018/19 financial audit report).

- 19/002 This would be Abdul Mohib's last meeting. The Chair thanked him for his contribution to the work of the Committee over the last three years.
- 2 Minutes of the previous meeting: 21 November 2018**
- 19/003 Enclosure AR/19/001. Catherine Hepburn was in attendance. To be added to attendance list. Otherwise, the minutes (enclosure AR/18/043) were accepted as an accurate record. Action: Mike Yates
- 3 Matters arising**
- 19/004 Enclosure AR/19/002.
- 19/005 It was agreed that action 18/177 (*Screening* - Revisit in around six months' time - post-review - to see what positive impacts the review had had; what changes had resulted or were planned; and, to consider how the risk on the strategic risk register had changed as a result) could be closed. The action would be picked up as part of the regular discussion on the Strategic Risk Register. Action: Mike Yates
- 19/006 The Committee **NOTED** the report.
- 4 Social Marketing risk management deep-dive**
- 19/007 Enclosure AR/19/003. Sheila Mitchell and Adam Winter presented.
- 19/008 The main objective of the social marketing programme was to educate, inform and enable behaviour change through campaigns. The main campaigns were:
- Starting Well (which includes Change4life, Start4life, Rise Above and Frank);
  - Living Well (which includes One you); and,
  - Ageing Well (which includes Be Clear on Cancer and Act FAST).
- 19/009 In addition, the programme had the aim of engaging one million people on how to take care of their own mental health and the mental health of others.
- 19/010 The risk management strategy for the programme involved the deputy directors, the Head of Business Management and the Marketing Senior Management Team, who reviewed the risks on an on-going basis.
- 10/011 Key operational risks included:
- E-cigarettes: changing clinical advice, industry messaging, new evidence and new regulations could affect the impact of PHE's work on promoting e-cigarettes as quit aids. The social marketing team was working closely with the tobacco programme to ensure a joined-up response.
  - Budgetary constraints: there would inevitably have to be some prioritisation of the social marketing programme. Wider promotion of behavioural change tools on NHS websites and engagement with health professionals may provide less costly options.
  - Adverse media: if the campaigns were not effective, this could be detrimental to the reputation of PHE. The social marketing was working closely with the Communications team to ensure a joined-up narrative.
- 19/012 Tactical risks included the Harlow move. This could result in key skills and

experience being lost. It was recognised that other parts of PHE may be in a similar situation, but the PHE Harlow team was conducting work to address capacity and knowledge retention issues.

19/013

EU exit was also seen as a Tactical risk, as this could lead to campaign activity becoming difficult or halted at short notice. The social marketing team was keeping in close contact with the Executive Director of Government Communications to ensure, as far as possible, no surprises.

19/014

The Chair asked how the programme engaged with local government. Sheila Mitchel said all resources produced by the social marketing team were being made available to local government colleagues, tailored for their specific needs.

19/015

The Chair also asked how the social marketing programme linked to the internal digital Transformation Programme. Sheila Mitchell said digital technologies were maturing and it was helpful to have both social marketing programmes and the digital programme working together to ensure that all messaging and support was effective as possible.

19/016

The Committee **NOTED** the report.

## **5 Strategic Risk Register**

19/017

Enclosure AR/19/004. Abdul Mohib introduced the report.

19/018

Michael Hearty said that Risk 5, relating to serious information governance failure, did not take account of the recent Internal Audit report on General Data Protection Regulations (GDPR) readiness and effectiveness. Abdul confirmed that something would be added; the Internal Audit report had only been received very recently.

19/019

On risk 20, relating to health and safety, Michael Hearty asked whether there were any further mitigating actions that could be taken, given the importance of this for PHE's operations. Kishor Mistry said a plan of action for the next few months was being drawn up, and relevant additional content would be added as a result. This issue would be picked up in more detail at the ARC meeting in June, which would include assurance of facilities at Colindale and Chilton as well as those at Porton.

19/020

On risk 21, screening, Michael asked if there was an update on the review. The Chief Executive confirmed that despite a lot of activity, there was no clear agreement of a way forward yet. The Committee would be notified when an agreed way forward had been reached.

19/021

The Committee **NOTED** the report.

## **6 Information Governance**

19/022

Enclosure AR/19/005. Robert Kyffin introduced the item. His paper described the information governance management framework and progress made against information governance actions for 2018/19.

19/023

Robert described a landscape that had changed significantly over the last year or two, particularly with the introduction of GDPR, and changes to the information governance (IG) toolkit by the data security and protection toolkit (DSPT), which measured organisational performance against a set of strict criteria.

19/024

A lot of new processes needed to be introduced across the organisation, and work was needed to ensure that a systematic approach to information governance was embedded across the organisation.

19/025 In the past, PHE's performance for the IG toolkit had been good, but the requirements of the new DSPT were more challenging. This meant work was needed to bring PHE up to the new higher level of performance. However, good progress had been made in several areas including:

- Assurance of the legal basis for personal data processing;
- GDPR complaint protocols on third party data sharing;
- Meeting deadlines for responding to subject access requests;
- Publication of a revised Information Security Policy.

19/026 Work in progress included the following:

- Strengthening the information asset register;
- The approval and introduction of a data protection impact assessment;
- The introduction of data protection process reviews and data quality reviews;
- Penetration testing of internet-facing systems.

19/027 Some of the greater challenges included:

- Getting information asset owners to register their assets;
- Improving information governance mandatory training levels.

19/028 The Chair asked whether these challenges were common in other organisations. Robert indicated that the very large number of information assets in use across PHE presented a particular challenge, as did the different capacities of the directorates to ensure that their information risks were being appropriately managed.

19/029 In summary, Robert said that there was generally good buy-in to information governance across the organisation, but more needed to be done to ensure that everyone in the organisation understood fully what their roles and responsibilities were and acted on these.

19/030 The Committee **NOTED** the report.

## **7 Safeguarding**

19/031 Enclosure AR/19/006. Catherine Swann presented.

19/032 Since the last update to the Committee in September 2018, a number of significant actions had been taken including:

- Publication of a revised safeguarding policy;
- Implementation of a communications plan;
- A new TrackWise safeguarding incident reporting system;
- Recruited a new national Head of Safeguarding;
- Establishment of a PHE Centres and Regions Safeguarding Network;
- Working closely with the NHS England National Lead for Safeguarding through their National Safeguarding Steering Group.

19/033 The new Head of Safeguarding would be working closely with the Head of Quality and Clinical Governance.

19/034 Martin Hindle welcomed the new incident reporting and tracking system and asked how robust this was. Catherine said the process was new but already

producing results. It would mature over time.

19/035 It was agreed that an annual update would be presented at each February meeting. It was suggested that the February 2020 report include more on safeguarding in the context of PHE's overseas work. As the TrackWise data being collected and analysed would be more mature and meaningful by February 2020, a focus on that should also be included. Action: Catherine Swann

19/036 The Committee **NOTED** the report.

## 8 EU exit

19/037 Enclosure AR/19 007. Richard Gleave and Charlotte Slater presented.

19/038 Richard Gleave told the Committee that PHE was treating EU exit in two ways: as a specific programme of readiness work, but also as a response to a significant incident (and in accordance with the procedures used for any significant incident response).

19/039 PHE was also working with wider delivery partners, most significantly the Department for Health and Social Care (DHSC), and was represented at monthly meetings that included Chief Executives from DHSC's other agencies and arm's-length bodies (Richard Gleave attended on the Chief Executive's behalf).

19/040 Clarity was still needed on what an aligned response from DHSC, NHS England and PHE would look like and work, as well as the alignment of the PHE/local authority response. On the latter, DHSC was leading discussions with the Ministry of Housing, Communities and Local Government (MHCLG).

19/041 Michael Hearty suggested that the EU exit risk on the Strategic Risk Register (SRR) should be explicit that the political uncertainty with EU Exit will require constant monitoring and may require a swift change in direction. The SRR should also make it clear that because of the uncertainty surrounding EU exit, this risk management methodology can only do so much at this stage. Action: Richard Gleave, Charlotte Slater, Kishor Mistry

19/042 The Committee **NOTED** the report. A more detailed session on EU exit would take place at the Committee's June meeting.

## 9 Integrated Governance Report

19/043 Enclosure AR/19/008. Kishor Mistry presented.

19/044 Martin Hindle said the number of National Infection Service (NIS) incidents was still a cause for concern. Kishor Mistry said that some work had been done to understand better the nature of the incidents and whether the number was right for an organisation like PHEs. Some benchmarking had been done with Interlab. The Chief Executive suggested that standards for reporting, managing and closing incidents - particularly in PHE's labs - should be discussed at Management Committee. If standards were currently in place, they should be discussed; if they were not in place, drafts should be drawn up. Action: Kishor Mistry with the NIS incident team

19/045 Martin Hindle also asked that more information be provided in the next report on the data quality shortcomings of TrackWise described on page 10 of the report. Action: Kishor Mistry with Head of Clinical Governance

19/046 Martin also asked that a status report on the appointment of a new Deputy Medical Director to be included in the next report. This was a key post that Action: Kishor Mistry to check

needed to be filled as soon as possible.

status with the  
Clinical  
Governance team

19/047 The Committee **NOTED** the report.

**10 Outstanding Internal Audit actions summary**

19/048 Enclosure AR/19/009. Kishor Mistry presented the report.

19/049 The Chair recognised the continued progress made.

19/050 Kishor told the Committee that the team was progressing several actions included in the report, and he was hopeful that these would be removed before the next report.

19/051 The Committee **NOTED** the report.

**11 Internal Audit progress report**  
*2018/19 audit programme update*

19/052 Enclosure AR/19/010. Cameron Robson presented.

19/053 A concerted effort had been made to progress audits and the programme was on track. Three reports had been completed since the last meeting:

- Discretionary Staff Payments
- Sickness absence
- GDPR Preparedness – Follow UP.

19/054 The first two had a 'moderate' marking, but the third was marked as 'unsatisfactory.'

19/055 The previous GDPR review had received a 'moderate' rating. Because the follow-up review had received an 'unsatisfactory' rating, the planned GDPR compliance audit was being deferred to 2019/20.

19/056 Cameron Robson recognised the work in progress that Robert Kyffin had described earlier in the meeting, but significant progress needed to be made quickly to ensure PHE avoided a breach of regulations.

19/057 It was agreed that a full action plan would be drawn up that would meet the recommendations in the follow-up report. This would be shared periodically with Internal Audit colleagues to demonstrate ongoing development and improvement. The action plan and a description of associated issues and challenges would be discussed fully at the Management Committee meeting in March (with an initial discussion taking place at the Management Committee in February).

Action: John Newton  
and Robert Kyffin

19/058 The action plan and an assurance note would be provided by correspondence to ARC members in April.

Action: John Newton  
and Robert Kyffin

*2019/20 audit programme*

19/059 Enclosure AR/19/011.

19/060 The Committee said this was a good, balanced plan. It had been agreed with the PHE management team.

19/061 A review of the NIS had been included in the programme. The Chair asked that the review picks up specifically the development of the division's

performance management system - particularly how it assures on its 'business-as-usual' work (which represents a significant part of NIS's operations). This would be picked up in more detail at the NIS session at the September ARC meeting.

19/062 The Committee **NOTED** the report and was satisfied that the programme was comprehensive and appropriate.

**12 Losses and special payments**

19/063 Enclosure AR/19/012.

19/064 The Committee **NOTED** the report.

**13 National Audit Office - 2018/19 financial audit**

19/065 Enclosure AR/19/013. Mike Surman presented the report.

19/066 Since presenting their audit planning report to the November ARC meeting, NAO had begun their fieldwork and part way through their interim audit visits.

19/067 In terms of risks, there were no significant concerns at this stage.

19/068 The Committee **NOTED** the report.

**14 Any other business**

19/069 With no further business, the meeting concluded at 12:12.

**13 Date of next meeting**

19/070 Tuesday 11 June 2019, 10:00 to 12:30, Wellington House.

**Mike Yates**

*Head of Governance*

February 2019