

Title of Meeting	Meeting of the Public Health Agency Governance and Audit Committee
Date	9 June 2022 at 10am
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

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

In Attendance

- Mr Aidan Dawson - Chief Executive
- Mr Stephen Wilson - Interim Director of Operations
- Mr Stephen Murray - Interim Assistant Director of Planning and Business Services
- Ms Tracey McCaig - Interim Director of Finance, SPPG (*via video link*)
- Ms Andrea Henderson - Assistant Director of Finance, SPPG (*via video link*)
- Mr David Charles - Internal Audit, BSO (*via video link*)
- Mrs Catherine McKeown - Internal Audit, BSO (*via video link*)
- Ms Christine Hagan - ASM (*via video link*)
- Mr Roger McCance - NIAO (*via video link*)
- Mr Robert Graham - Secretariat

Apologies

- Mr John Patrick Clayton - Non-Executive Director

25/22 | Item 1 – Welcome and Apologies

- 25/22.1 Mr Stewart welcomed everyone to the meeting and he particularly welcomed the Chief Executive to today’s meeting. Apologies were noted from Mr John Patrick Clayton.

26/22 | Item 2 - Declaration of Interests

- 26/22.1 Mr Stewart asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

27/22 | Item 3 – Minutes of previous meeting held on 11 April 2022

- 27/22.1 The minutes of the previous meeting, held on 11 April 2022 were

approved as an accurate record of that meeting.

28/22 Item 4 – Matters Arising

15/22.2 Attendance of Ms Martina Moore at PHA Board Meeting

28/22.1 Mr Stewart noted that Ms Martina Moore had been due to attend the PHA Board meeting in May, but this was deferred. Mr Wilson reported that the Agency Management Team (AMT) had received an update from Ms Moore and there was a further update at a joint meeting with SPPG on Tuesday. He advised that the senior management team of the Department of Health are due to have a workshop to review the scope of the Integrated Care System (ICS) work to ensure there is clarity about what is in scope and what is not. Therefore, he felt that it would be timely for the PHA Board to receive an update after this workshop has happened.

16/22.10 RQIA Review of Serious Adverse Incidents

16/22.14 Paper on Serious Adverse Incidents

28/22.2 Mr Stewart asked about the status of the RQIA Review of the Serious Adverse Incidents (SAI) process, and for an update on Action 1 relating to a paper that Mr Morton had previously prepared for the Board. Mr Wilson advised that there is no update as the report of the Review is currently with the Department and has not been shared yet with PHA.

16/22.28 Contact Tracing Service payments to staff

28/22.3 With regard to Action 2, Ms McCaig reported that the process with regard to dealing with overpayments is ongoing. She advised that there are a total of 44 overpayments being dealt with, some of which are for small amounts, some of which require further information as they may not be overpayments, and others which are being worked on but are very detailed and need to be dealt with on a case-by-case basis. She said that she would give a further update at the next meeting. Mr Stewart said that it was good to see that progress was being made.

17/22.15 Corporate Risk Register

28/22.4 Ms McCaig reported that the risk on the Corporate Risk Register regarding the ability to achieve a break even position will be removed at the next review, and added that there is now enhanced monitoring in place.

21/22 Governance Statement

28/22.5 Mr Stewart confirmed that actions 3 and 4 were complete. With regard to action 5, Mr Murray confirmed that a meeting of the Information Governance Steering Group has been arranged for 23 June.

29/22 | **Item 5 – Chair’s Business**

- 29/22.1 Mr Stewart advised that he had attended an On Board training session regarding Effective Audit Committees and had found it excellent. He said that there were some learning points that he would share with Non-Executive members. He commended the course to both Non-Executive and Executive Directors.
- 29/22.2 Mr Stewart reported that following the last Board meeting a letter has been drafted and sent to the Directorate of Legal Services to obtain further understanding about PHA’s appointment of vaccinators.

30/22 | **Item 6 – Internal Audit**

Internal Audit Progress Report [GAC/17/06/22]

- 30/22.1 Mrs McKeown advised that the latest Progress Report gives the outcome of the last audit assignment for 2021/22 which was the audit of Board Effectiveness where a limited level of assurance has been given. She said that as part of the audit a survey of Board members was carried out in October 2021 and the draft report included the findings of that survey. However, she advised that there was an agreement to re-run the survey and this final report contains the findings of the second survey.
- 30/22.2 At the time of fieldwork, Mrs McKeown reported that there was a limited level of assurance, with there being a need to enhance the relationships between the Executive and Non-Executive Directors, to improve performance management and to improve the quantity and quality of Board papers, all of which were issues highlighted in the first survey. She noted that the position was more positive following the second survey which showed that improvements had been made and by March 2022 there was evidence of better working relationships. She commented that one of the drivers for improvement was having a permanent Chief Executive and a full complement of Board members. She added that performance management reporting has been developed. While she said that the issues relating to the limited level of assurance being given have largely been addressed, there is a need for these changes to be embedded and consolidated.
- 30/22.3 Mrs McKeown said that there were 2 significant findings in the audit, the first of which related to the need for clarity in the roles and responsibilities of Executive and Non-Executive Directors. She advised that the second finding concerned information coming to the Board as at the time of fieldwork there was not a regular performance management report and this flagged the need for a strategic plan which includes a strong clear vision. She added that there was a lack of confidence around the adequacy and completeness of Board papers.
- 30/22.4 Mrs McKeown reported that there were 2 key findings, one of which

related to the lack of stability at Executive level in the organisation, and the other concerned the ALB self-assessment whereby the action plan did not pick up on an issue that had been identified. She noted that there has been a lot of discussion around this audit at Board level.

30/22.5 Ms Mann-Kler said that this audit was helpful in terms of seeing the measures which have been implemented between the first and second surveys. She agreed that there needs to be a period of time for this to bed in, but that PHA should be challenging itself to do more than simply meeting the recommendations. She said that there is a need to think of successive planning in the context of Board effectiveness.

30/22.6 Ms Mann-Kler noted the observation that an action had not been identified in the self-assessment regarding more frequent dialogue with the Sponsor Branch, but felt that this has happened. Similarly, she said that walkarounds are planned as part of future Board meetings. Mrs McKeown acknowledged that actions have been taken, but it was about having formal documentation and a specific action referenced in the action plan. Mr Stewart advised that the new Permanent Secretary is due to attend the Board meeting on 16 June, and that through the Programme Board which is overseeing the review of PHA, the Chair and Chief Executive would have frequent contact with the Chief Medical Officer (CMO) and Deputy Chief Medical Officer (DCMO). He added that the CMO and DCMO had met with the Board at a recent workshop and have offered to come back to speak to the Board if required. He said that formal accountability meetings have also been re-established. The Chief Executive commented that during the pandemic, PHA had held many meetings with its Sponsor Branch so accountability had increased, and he added that there were meetings with the Department at least 3 times a week. Mr Stewart said that PHA is on the cusp of a more positive relationship with the Department and that he is content. He agreed that the walkarounds are important as are the staff engagement sessions.

30/22.7 Mr Stewart thanked Mrs McKeown for the report. He said that despite the inadequacies, PHA has delivered way above its statutory functions during the pandemic. Ms McCaig commended Board members for their positive engagement during this audit and thanked Mr Graham for his work in forwarding the evidence to Internal Audit which showed where recommendations had been implemented. She also thanked Mrs McKeown and Mr Charles for their patience. The Chief Executive said that he wished to acknowledge that the transformation between the two audits did not happen by accident, and was due to the work of the Directors and the frank discussions that have happened to get the organisation to a better place. He said that by continuing to improve, the Board will become a more effective one.

30/22.8 Mr McCance advised that the Northern Ireland Audit Office (NIAO) will shortly be publishing an update to its Board effectiveness guide which will be of interest to members.

Shared Services Update [GAC/18/06/22]

- 30/22.9 Mrs McKeown said that this update represents audits carried out in BSO and although they are BSO reports, they are shared across the HSC.
- 30/22.10 Mrs McKeown advised that there is an annual audit in Payroll and this year, there is a satisfactory level of assurance being given around elementary processes, but a limited level in terms of 4 more complex areas. She added that there are 5 significant issues within the audit. She reported that a Payroll Quality Improvement Programme (PQIP) has been established which is looking at 8 strands, 4 of which are the areas where the limited assurance are given. With regard to previous recommendations, she reported that 8 have been fully implemented, leaving 10 partially implemented.
- 30/22.11 Mrs McKeown said that the next 2 audits were in relation to Recruitment Shared Services where a satisfactory level of assurance was given for processing activities, but a limited level in terms of wider processes, some of which are beyond BSO. She explained that the findings are a challenge for the system and HSC processes rather than the transactional element carried out by BSO. She added that this finding is in line with work going on across the region.
- 30/22.12 Mrs McKeown advised that an audit on Accounts Receivable had resulted in a satisfactory level of assurance.
- 30/22.13 Mr Stewart commented that this is a complicated report and his understanding is that there is a clunky IT system which does not meet the needs of its users, but that it is not used by users in line with their own procedures. Ms McCaig said that there is a link between these findings and the previous discussion about overpayments. Mr Stewart said that there is no sense of a path to get through this and the only solution may be to get a new system. Ms McCaig advised that work is ongoing the re-tendering of a new system, but the HSC needs to change how it does its end-to-end processes so there may not be any system that can be used unless the HSC adapts. She said she doubted that significant changes could be made to the current system and that the HSC will have to continue to manage. She acknowledged that it is a complex area, and it is challenging for Payroll staff. She said that while a new system may help, it will not resolve all of the issues.
- 30/22.14 Mr Stewart said that in his view, the recruitment processes in the HSC are too slow. He added that for any public sector procurement, there is a need to be precise about what you need to procure.
- 30/22.15 Members noted the Shared Services update.

Head of Internal Audit Annual Report [GAC/19/06/22]

- 30/22.16 Mrs McKeown presented the Head of Internal Audit Annual Report and

- began by giving an overview of the KPIs which she advised were largely achieved although she drew attention to the target relating to the turnaround time between the issue of draft and final reports and said that this would be picked up with management.
- 30/22.17 Mrs McKeown advised that during 2021/22, audits were undertaken in 5 areas with 3 areas given a limited assurance, 1 area a satisfactory assurance and 1 given a split satisfactory/limited assurance. In total, she reported that there were 8 significant findings which are summarised in the Report.
- 30/22.18 Mrs McKeown said that her overall opinion for the year is that she is providing a satisfactory level of assurance but she explained the rationale for this, in that she acknowledged that management has taken action in the area of performance management and in implementing many of the recommendations in that audit and the Board effectiveness audit. She also noted the impact of the pandemic on the operations of the organisation, but she encouraged Directors to ensure that all outstanding audit recommendations are implemented and that governance processes are maintained as the organisation returns to normal. She added that she had also considered PHA's performance over the last 3 years in terms of the levels of assurances given to audits and this also contributed to giving an overall satisfactory opinion.
- 30/22.19 Mr Stewart thanked Mrs McKeown and said that he understood the process that led to her conclusion. Ms Mann-Kler echoed this, and said that she welcomed this report and the consideration given to the final recommendation. The Chief Executive said that he also welcomed the Report and said that it is useful to have Internal Audit to use as a barometer. He commented that it is necessary to be told the harsh realities in order to be steered back on course and that this Report will help to steer PHA through what has been a difficult period, not just for the PHA, but for the HSC as a whole, and he welcomed the satisfactory level of assurance given. He thanked Mrs McKeown for the co-operative manner with which the organisation has worked with Internal Audit.
- 30/22.20 Members noted the Head of Internal Audit Annual Report.
- Internal Audit General Report [GAC/20/06/22]*
- 30/22.21 Mrs McKeown advised that within the Report, PHA is organisation number 15. She said that this Report outlines the outcomes of all Internal Audit's work across the HSC and begins with an overview of the KPIs. She advised that in terms of assurance levels, 51% of audits across the HSC were given a satisfactory level of assurance, 15% a split between satisfactory and limited, 32% a limited level, 1% a split between limited and unsatisfactory and 1% an unacceptable level. She noted that while it is possible to compare performance across previous years, any comparison with 2020/21 is of limited value given the impact of

COVID-19. In terms of the audits where levels of assurance were split, 64% of these were deemed as “above the line”, i.e. mainly satisfactory.

- 30/22.22 Mrs McKeown reported that the main areas of limited assurance across the HSC were contract management (29%), clinical governance and payments to staff (both 15%) and corporate governance (13%). Moving onto the levels of assurance given across all HSC bodies, she noted that the last year saw the lowest percentage of satisfactory audits since this report began to be compiled. She noted that a reason for this could be because Internal Audit is focusing on areas of risks so the likelihood of a limited audit is higher. She said that new risk areas are also being audited and while it cannot be used an excuse, she did note that the pandemic was impact in certain areas. She added that despite this, she was able to give an overall satisfactory level of assurance to all HSC organisations.
- 30/22.23 Mrs McKeown advised that a total of 19 Priority 1 recommendations were made to HSC bodies, 2 of which were for PHA. She reported that the level of follow up against previous audit recommendations was over 80% for the HSC as a whole. She said that while Internal Audit may provide a limited level of assurance, it is up to organisations to act on that and implement any recommendations.
- 30/22.24 Mr Stewart said that he would ensure that this Report is circulated to other PHA Board members for information.
- 30/22.25 Ms Mann-Kler commented that this is a useful Report and she noted that the number of limited assurance audits has increased. She said that there are certain themes emerging and that the Report provided useful intelligence.
- 30/22.26 Members noted the Internal Audit General Report.

31/22 Item 7 - Finance

Annual Report and Accounts incorporating Governance Statement and Letter of Representation [GAC/21/06/22]

- 31/22.1 Ms Henderson advised that Committee members had been furnished with the draft Annual Report and Accounts when it was submitted to the Department and NIAO on 6 May. She said that this is a final draft now that the audit process has been completed. She advised that the Report is broken down into three main sections, the performance report from pages 1-63, the accountability and governance section from pages 64-128 and the final accounts from pages 129-163.
- 31/22.2 Ms Henderson said that the performance section gives an overview of COVID-19 and sets out a timeline. She pointed out some minor changes which had been made from the draft version. She advised that the financial performance section shows that PHA received an allocation

of £134m and other income totalling £4m and that it met its break even target by finishing the year with a surplus of £94k. With regard to capital expenditure, she reported that there was an underspend of £8k against an allocation of £14m. She said that PHA achieved its prompt payment target with a performance of 98.6%, which represented an improvement on the previous year. In terms of information requests, she drew members' attention to the personal data incident in respect of Payroll data which had been reported in April 2022. She advised that this matter has been concluded with the Information Commissioner's Office and it has noted that there will be no further action, but there remains an ongoing investigation with regard to the employee.

31/22.3 Ms Henderson advised that the next section is on corporate governance and then there is the Directors' Report which provides information about Executive and Non-Executive Directors. She said that an amendment has been made to include Dr Brid Farrell as she had performed the role of Director of Public Health on occasions during the year. She advised that the next section outlines the statement of Accounting Officer responsibilities which is an important section.

31/22.4 Ms Henderson said that the largest section of this part of the Report is the Governance Statement which follows a standard format and contains information about business planning, risk, fraud and contains the assurances from Internal and External Audit. She said that the final section relates to the internal control divergences. In terms of changes to this section, she noted that Dr Farrell had been included in the list of attendees at Board meetings and that there was updated narrative regarding the Corporate Plan being rolled forward in line with Departmental instructions. She said a new section had been added regarding stakeholder involvement and in the assurance section a piece on whistleblowing has been included.

31/22.5 Ms Henderson said that members will be familiar with the different sources of independent assurance. She advised that there was some commentary on the Board Effectiveness audit now that it has been completed, and the overall opinion from the Head of Internal Audit has been included. In relation to the internal control divergences, she advised that some updates have been made to the section on previous control issues. For the section on finance, she noted that PHA has received wording from the Department, and in the section on staffing issues, the impact of COVID-19 on staff and being able to carry out normal business has been modified following comments from External Audit. She advised that a new divergence relating to the HRPTS system has been added and this references a new risk to PHA whereby a sub-contractor of the supplier of the software has gone into administration and there is a programme of work to respond to that.

At this point Mr Irvine left the meeting.

31/22.6 Ms Henderson advised that the next section is the Remuneration Report

which gives details on staff, staff numbers and also off-payment engagements, of which PHA has 18 in the last year which reflects arrangements put in place during COVID-19. She said that no irregular expenditure had been recorded and that 2 losses of small value have been highlighted. She added that there are no contingent liabilities. She explained that the following pages are blank as they will contain the certificates from NIAO.

- 31/22.7 Ms Henderson said that the financial section begins with the main statements which show that PHA ended the year with a surplus of £94k. She advised that there were no particular issues to note in the balance sheet, cash flow statement or statement of changes in taxpayers' equity. She took members through the notes to the accounts, pointing out that note 1.20 has been updated following receipt of narrative from the Department. She reported that notes 2 and 3 give an overview of PHA's expenditure and show that there has been an increase in spending, mainly due to COVID-19 and contact tracing.
- 31/22.8 Ms Henderson reported that there were no other issues to note and that PHA achieved its break even target. She said that if members required any further information and wishes to suggest any changes, that these should be submitted as soon as possible so they can be incorporated into the final version which is going to the PHA Board on 16 June. She thanked NIAO and ASM for their professional approach to the audit and how it was conducted. She asked that members recommend the Report and Accounts to the Board for approval, subject to minor changes. She advised that following the Board the Chief Executive will sign off the Letter of Representation.
- 31/22.9 Mr Stewart expressed his appreciation for the work required to preparing the Report. He said that he would still like to see PHA tell its story in a different format.
- 31/22.10 Ms Mann-Kler said that the Report showed an amazing amount of work. She asked whether the Board or the Committee reviews complaints and FOI requests. She asked what the difference is between an FOI and a Subject Access Request. Mr Wilson replied that in terms of complaints, information on the number of complaints is brought to the Board and in terms of FOIs, he advised that there has been some discussion about publishing the responses to FOIs as this is done by other organisations. He said that there is some learning for PHA. Mr Stewart noted that the number of FOIs has escalated which puts a lot of pressure on the team dealing with the responses and he suggested that some may come in as press queries. Mr Wilson advised that press queries are picked up directly by the press team. The Chief Executive reported that the number of complaints is small, but added that, although not picked up here, the number of Assembly Questions has also increased placing a burden on staff.
- 31/22.11 Mr Stewart thanked Ms Henderson for the Report. He suggested that

- attendance at Committee meetings should be included going forward.
- 31/22.12 The Chief Executive paid tribute to the work of Ms McCaig in putting together the final Report and Accounts.
- 31/22.13 Members **APPROVED** the Annual Report and Accounts which will be submitted to the PHA Board on 16 June.
- 32/22 Item 8 - External Auditor's Report to those Charged with Governance [GAC/22/06/22]**
- 32/22.1 Ms Hagan began by thanking Ms McCaig, Ms Henderson and the rest of the finance team for their work in progressing the audit. She said that it is useful to have a good relationship and a good understanding of the organisation. She advised that she had met with the Chief Executive yesterday to discuss some concerns about the legal issue and those matters have been resolved.
- 32/22.2 Ms Hagan reported that PHA has received an unqualified audit opinion with no adjustments. She advised that one uncorrected misstatement had been identified but it was not for a material amount and it was her proposal that it should remain uncorrected. She said that there was no irregular expenditure and that this was a clean audit with no priority 1, 2 or 3 recommendations. She advised that there are a small number of checks and balances to sort and there will be a final check following receipt of the Shared Services reports.
- 32/22.3 Ms Hagan stated that ASM consider itself to be an independent and objective organisation for the purposes of this audit. She said that ASM was aware of one data handling incident during the year and a further data handling incident which was identified during April 2022 relating to payroll data processed by the BSO Payroll Service Centre during 2021-22. She said that those incidents have been disclosed in the financial statements. She advised that ASM has discharged its responsibilities with regard to the handling of personal data.
- 32/22.4 Ms Hagan said that there are 2 actions for the Committee today, the first is to review the findings of the audit and the Letter of Representation, and the second is to consider whether the uncorrected misstatement should be corrected.
- 32/22.5 Ms Hagan advised that there were no new matters as part of the scope of this audit and that the 2 significant risks identified in the Audit Strategy were addressed with on other risks identified during the fieldwork. She gave an overview of the findings of the audit, noting that from next year IFRS16 will be implemented. She added that no issues were raised in terms of PHA's ability to continue as a going concern, and no issues of irregularity were found. However, she highlighted that one loss had been disclosed. She noted that Internal Audit had provided some limited assurances. In terms of related parties, she reported that there were no

significant matters and there was the one uncorrected misstatement.

32/22.6 Ms Hagan said that the 2 appendices to the Report contained the Letter of Representation and the Audit Certificate.

32/22.7 Mr Stewart said that he was pleased to see that PHA had received an unqualified audit opinion. He added that Committee members had received the draft Letter of Representation and were content with it. He advised that he did not consider the misstatement to be material. Ms McCaig explained that the issue is that calculation for holiday pay and sickness and would have been on PHA's books previously, but the amount has rolled over, and is now above the definition of "trivial". She added that it is a reasonable estimate of the position and she is content that it is left as is. She said that Mr McCance is aware of this issue across the HSC. Mr McCance advised that this is a regional issue and has been trivial for PHA in recent years. Mr Stewart said that he was content that matters were left as they are.

32/22.8 Members noted the draft Report to those Charged with Governance.

33/22 Item 9 – Corporate Governance

Update on Use of Direct Award Contracts [GAC/23/06/22]

33/22.1 Mr Wilson said that PHA's default position is to avoid the use of Direct Award Contracts (DACs), but they are required in extenuating circumstances. He reported that there are 58 DACs currently in place which represents an increase from 40. He explained that this was largely as a result of fulfilling a Department request to delay the re-tendering of a series of contracts relating to drugs and alcohol services and to await the publication of the new strategy. He added that the community and voluntary sector had made representations to the Department regarding this.

33/22.2 Mr Wilson said that the report contained an analysis of the different DACs, and that of the 19 assessed by PALS, 14 were rated "green", 2 were rated "amber", because the combined value of this and the previous DAC brought them close to the threshold, and the final 3 were rated "red". He explained that those rated "red" had exceeded the threshold and were sent to the Permanent Secretary for approval. He advised that the next section of the report contained a breakdown of the social care and light touch DACs.

33/22.3 Mr Stewart said that he was always uncomfortable with the use of DACs and he acknowledged that the Chief Executive held a similar view. The Chief Executive said that DACs should only be used as a last resort, and that there is too much of a reliance on them. He added that the pandemic has had an impact on this, but he has asked that there is now a concerted effort to move away from the use of DACs over the next 18 months, particularly in the area of health improvement. Mr Stewart said

that he would support that, and hoped that going forward contracts would then be tendered in a timely fashion. He added that he had sought assurance about the number of DACs rated “red” in the social care section, and it was explained to him that these were in place at the behest of the Department.

33/22.4 Mr Stewart asked for more information on the DAC for workforce development. Mr Wilson said that this relates to drug and alcohol services. Mr Murray advised that it is for ensuring that staff in the community and voluntary sector are up to date in terms of their training. He said that this is one contract which is normally tendered. Mr Stewart said that this needs to be closely monitored if the same organisations who are receiving other funding are also availing of this funding.

33/22.5 Members noted the update on the use of Direct Award contracts.

Gifts and Hospitality Register [GAC/24/06/22]

33/22.6 Mr Wilson presented the updated Register which he noted contained 3 items.

33/22.7 Members noted the Gifts and Hospitality Register.

34/22 Item 10 – SBNI Declaration of Assurance [GAC/25/02/22]

34/22.1 Mr Wilson said that the SBNI Declaration of Assurance covers the main areas across which the SBNI Chair is required to give PHA an assurance.

34/22.2 Members noted the SBNI Declaration of Assurance.

35/22 Item 11 – Any Other Business

35/22.1 Ms McCaig updated members on a matter relating to the HRPTS system. She explained that one of the sub-contractors to the contractor which provides the service has gone into administration. She said that this will be placed as a high risk on PHA’s Corporate Risk Register. She indicated that significant work has been completed on the preparation of a contingency plan and a disaster recovery exercise has been completed. She advised that there remains a risk in terms of the payment of salaries.

35/22.2 Ms McCaig reported that there are indications that there will be a buyer, but the situation remains uncertain. In terms of PHA salaries, she advised that as these are quite stable, a calculation can be made based on a 13-week average if required.

35/22.3 Mr Stewart sought clarity as to whether this issue is on the Finance risk register or the PHA Corporate Risk Register. Ms McCaig explained that it is on both BSO and PHA’s Corporate Risk Register and will be kept

under constant review. She added that there are weekly updates from BSO. She commented that there is always a risk when there is an external provider providing this type of service.

35/22.4 With there being no other business, Mr Stewart thanked members for their attendance at today's meeting.

36/22.1 Item 12 - Annual meeting with Auditors (External and Internal) without officers present

36/22.1 This meeting will take place at a later date.

37/22 Item 13 – Details of Next Meeting

Thursday 28 July 2022 at 10am

Fifth Floor Meeting Room (or via Zoom).

12/22 Linenhall Street, Belfast, BT2 8BS

Signed by Chair:

Joseph Stewart

Date: 28 July 2022