Northern Ireland Ambulance Service Health and Social Care Trust

MINUTES OF THE AUDIT COMMITTEE HELD ON THURSDAY 2 DECEMBER 2021 AT 9.30AM BY ZOOM (DUE TO COVID-19)

PRESENT:

Mr W Abraham	Non-Executive Director (Chair)
Mr D Ashford	Non-Executive Director

IN ATTENDANCE:

Mr M Bloomfield	Chief Executive (left the meeting at 10.45am & rejoined at 1.30pm)
Ms R Byrne	Director of Operations (left the meeting at 10.45am & rejoined at 1.30pm)
Ms N Lappin	Trust Chair (by invitation of the Chair)
Ms M Lemon	Interim Director of Human Resources
Mr P Nicholson	Interim Director of Finance
Ms M Paterson	Director of Planning, Performance & Corporate Services (left the meeting at 10.45am & rejoined at 1.30pm)
Mr A Phillips	Assistant Director of Finance
Mr S Knox	Northern Ireland Audit Office (left the meeting at 12.30pm)
Ms C Hagan	ASM (External Auditors)
Ms C McKeown	Head of Internal Audit, BSO Internal Audit
Mr D Charles	Assistant Director, BSO Internal Audit
Mrs L Mitchell	Independent Adviser to Committee
Mrs C Mooney	NIAS Board Secretary
Mr C Carlin	Boardroom Apprentice (left the meeting at 11am)
Mr M McAdoo	Head of Estates
Mr B Snoddy	Assistant Director Operations
Mr S Carson	EAC Manager
Mr J Kearney	Assistant Director HR
Ms V Cochrane	Assistant Director HR
Ms L Gardner	Assistant Director HR
Ms T Avery	Head of Informatics
Mr P Dornan	Assistant Director ICT
Mr C Thompson	Head of Strategic Transformation, Planning, Performance and Corporate Services

APOLOGIES: Mr N Gray Northern Ireland Audit Office

Welcome, introduction and format of meeting

The Chair welcomed everyone to the meeting and explained that today's meeting would focus on outstanding Internal Audit (IA) recommendations.

Mr Bloomfield advised of the positive engagement between the Trust and Internal Audit which had taken place over recent weeks to ensure there was a common understanding as well as providing clarification around what was required by the end of March to close off the outstanding recommendations.

Ms McKeown reiterated that the report provided to the Audit Committee today was from NIAS management and was based on management assessment and the IA focus at year end would be on the evidence provided by the Trust to support the status given to the recommendations. She asked that any further evidence would be provided as soon as possible and said that there would be ongoing discussion between the Trust and IA between now and the end of the current financial year.

At the Committee Chair's request, Mr Nicholson advised that the meeting would examine those recommendations considered significant in the context of overall levels of assurance from IA. He drew the Committee's attention to the paper provided and explained that it showed the progress made on the outstanding 50 recommendations with 21 (42%) of them having been reviewed and considered fully implemented at the mid-year point. Mr Nicholson indicated that the focus of the meeting would be on the 29 (58%) recommendations that were partially implemented at mid-year.

Mr Nicholson explained that, within each assignment and for each recommendation, a RAG status had been applied:

- Green was considered 'Implemented', but would be subject to satisfactory evidence and review by Internal Audit;
- Amber was considered 'On Track', but work remained work in progress to get to full implementation by the end of the financial year and
- Red was considered 'At Risk'. Those in this category with a revised implementation date in the current 2021-22 financial year

were recommendations that were a particular challenge, but to which a particular focus and effort was being directed in order to resolve. Those with a revised implementation date beyond 31 March 2022 were not considered to be achievable in the current year, largely as a result of factors outside of the control of NIAS, for example, regional interdependencies.

He explained that the meeting would examine each recommendation by Audit Assignment Area and drew members' attention to the running order which had been circulated and which identified the responsible Directors and the relevant managers who would attend the meeting.

2 Declaration of Potential Conflict of Interest & Confirmation of Quorum

The Chair confirmed that the meeting was quorate and asked those present to declare any conflicts of interest now or as the meeting progressed.

The Chair also stressed the confidentiality of information presented.

3 Previous Minutes (AC02/12/21/01)

It was noted that the minutes of the previous meeting held on Thursday 7 October 2021 had been **APPROVED** by e-mail and would be presented to the December Trust Board.

4 Matters Arising (AC02/12/21/02)

The Chair noted that the actions arising from the meeting on 7 October had been progressed.

5 Progress on Outstanding Internal Audit Recommendations (AC02/12/21/03)

- **Procurement & Contract Management 19-20 (recommendations 39 and 40 - P Nicholson (obo B McNeill), M McAdoo)**

Recommendation 39 - Management should strengthen control to ensure that service is fully and appropriately delivered in line with quotations and specifications before payment is made. Action should be taken to strengthen process for physical inspections and desktop reviews.

Specific action should be taken to ensure service is fully delivered in respect of the PPM element of the contract.

NIAS management consider this recommendation implemented. The Committee was advised that contractors were now required to sign a 'Contractor Register' to provide evidence they had been on site and, depending on the nature of the work, contractors were also required to provide before/after photos.

The Committee noted that over 150 on-site audits had been conducted and, if the Register had not been signed, payment would not be made until verification had been made on-site that the work had been completed.

Recommendation 40 - Management should develop their procedures and processes for collation of business cases in line with best practice including when they should be completed, how, as well as the process for collation, approval and retention The Committee noted that, while this remained work in progress, it was considered on track for implementation in the current year.

It was further noted that there had been an extensive review of current guidance and business case proforma and the current position had been considered by SMT on 30 November 2021. The Committee was advised that the current challenge related not just to the completion of business cases, but also the transition to the revised 5 Case Model format. Although staff awareness sessions had been delivered over the summer, the engagement of staff during REAP 4 remained challenging. The 'launch' of the business case resources and engagement with relevant staff would be the focus for the rest of the year.

- **Financial Review 2016-17 (recommendation 8 – R Byrne, B Snoddy)**

Recommendation 8 - Management should develop a procedure for the management of unsocial hours both for core and relief staff. This should set out the arrangements for calculation of the unsocial hours entitlement for both full time and relief staff. Payment of unsocial hours should be in line with the approved procedures The Committee received an update on the current position. It noted that a draft procedure to manage unsocial hours had been developed and discussions between HR and Staff Side were ongoing.

The Committee noted that this recommendation was considered on track for implementation in the current year.

- **Emergency Control Room – Review of Culture 2019-20 (recommendations 67-69 – R Byrne, M Lemon, S Carson, J Kearney)**

Recommendation 67- Internal Audit understands from Senior Management that the cultural issues in this report in respect of the Control Room are consistent with the deep rooted, longstanding cultural issues and behaviours that exist throughout the organisation and an organisational approach is therefore required to address the issues effectively. NIAS needs to urgently develop a comprehensive Programme of Work to address the issues identified in this report (and other recent reports including the 2019 staff survey) around culture, Management Behaviours, Management & Leadership, Staff Engagement etc. As part of this urgent programme of work, allegations of bullying and harassment must be addressed, following appropriate NIAS Policies.

Recommendation 68 – Given that the issues identified are to be addressed through a corporate programme of work, it is important that NIAS Senior Management feed back directly to Control Room staff and Management on the outcome of this review and action to be taken to address the issues raised.

Recommendation 69 - Rota management in the Control Room needs improved to ensure it is appropriately managed and available in a timely manner. Quality review, independence and equitability need to be demonstrated. Internal Audit suggests that the existing GRS system is utilised in the Resource Management Centre.

The Committee Chair commended the detailed work which had been undertaken to ensure implementation of these recommendations and asked that the necessary evidence would be provided to IA.

Ms McKeown expressed her confidence that, following receipt of evidence, this recommendation would be closed.

- **Financial Review 2019-20 (recommendation 36 – P Nicholson, A Phillips)**

Recommendation 36 - Spend incurred against appropriately approved DACs and business cases should be regularly monitored and reported. Spend must not exceed DAC or business case value without appropriate additional DAC/business case approval.

The Committee noted that the specific finding was in relation to DACS and staff substitution costs and that the recommendation had been considered as implemented.

The Committee was advised of the increased reporting to the Committee on DACs (now a standing item on the agenda) and of the regular meetings held with managers to review elements of each scheme in detail.

Mr Nicholson said that he intended to outline the reporting processes in place around capital and revenue expenditure and that it was through these processes that any issues in relation to business cases or funding were identified and addressed. Mr Nicholson advised that, should IA deem the controls unsatisfactory, additional measures could be put in place but this would come at an additional cost.

Mr Nicholson pointed out that a business case should be developed for all proposals that involve spending or saving public money. There are no exceptions to this general requirement.

Mr Ashford welcomed the processes in place and the greater visibility of the DAC information at the Committee. He referred to the retrospective approval of DACs and questioned whether any steps had been taken to prevent this from taking place.

Mr Nicholson clarified that he hoped the steps taken had reduced any retrospective nature of DACs. He pointed out that those DACs which had been approved retrospectively were in relation to Covid-19. He said that, at its January meeting, the Committee would receive an updated DAC report.

There was discussion around the approval and monitoring of business cases and it was suggested that, while management would monitor the business case expenditure, scrutiny by a Committee would offer additional assurance. This suggestion was supported by members.

Reference was made to the significant number of business case approvals from funding sources and it was suggested that the processes put in place should be pragmatic.

- **Financial Review 2020-21 (recommendations 75, 76 & 81 – P Nicholson, M Lemon, A Phillips, V Cochrane)**

Recommendation 75 – NIAS should pay staff overtime in line with AfC. Where any exception is considered necessary, NIAS should seek approval from Trust Board and DoH

The Committee was advised that the payment of Band 8 overtime was in line with the directions issued by the DoH to amend AfC terms and conditions. It was noted that, in order to realign with normal terms and conditions in this regard, formal correspondence had been developed for issue to all Band 8 managers advising that they will revert to normal terms and conditions following the expiry of the current directions.

In response to a suggestion from the Committee Chair, Ms McKeown confirmed that the DoH directions would form the evidence to IA. She also pointed out that, at the year end, IA would undertake a review of the area and it was hoped that this would close down this recommendation.

Ms Lemon pointed out that, should the DoH extend directions for the payment of overtime, the Trust would continue to make overtime payments in line with the DoH direction.

Mr Nicholson clarified that the issue affected those staff on Agenda for Change contracts and not those on Senior Executive contracts.

Ms Cochrane also clarified that elements of overtime would continue for those staff on Agenda for Change.

Recommendation 76 - Management should revert back to normal verification controls as soon as possible to reduce the potential for inappropriate payments to staff

The Committee was advised that the changes in verification checks were still required as part of business continuity arrangements and the ongoing pressures currently being experienced.

The Committee Chair pointed out that while the Trust remained at REAP Level 4, this recommendation would not be fully implemented and he indicated his support of the approach taken by management.

Ms McKeown said she very much appreciated the current REAP 4 position. However she indicated that IA was looking to ensure the key controls reverted back to a normal control environment despite the Trust remaining at REAP 4.

The Committee Chair suggested that, if the position continued at year end, the Committee may discuss whether the recommendation was still fit for purpose.

Recommendation 81 - Management should ensure that invoices are verified for delivery of goods or services and also price. Management should revert back to normal verification controls as soon as possible to reduce the potential for inappropriate payments to suppliers
The Committee was advised that Finance was no longer approving invoices on behalf of managers. Mr Phillips reminded the meeting that arrangements had been put in place to carry out spot checks and no issues had been identified.

It was suggested that, given the likelihood that the challenges associated with Covid-19 would continue for the foreseeable future, it would be important to identify a way to return to a degree of normality.

Mr Knox referred to a report which had been produced by the NIAO in October 2020 in relation to expenditure and appropriate controls during Covid-19. There was an expectation that good controls would be in place in relation to Covid-19 expenditure.

The Committee noted that the focus on payments to suppliers over the last year had contributed to the Trust achieving the prompt payment performance target.

- **Recruitment 19-20 (recommendations 28-30 – M Lemon, V Cochrane)**

Recommendation 28 – NIAS should review the Job Evaluation process to ensure that the matching of posts is performed on a timely basis

The Committee noted the significant increase in the number of job evaluations carried out. The meeting was advised that there was no

dedicated administrative function to undertake job evaluations and a recruitment exercise was currently underway. It was also noted that, as part of the HR restructuring, there would be a focus on the management of job evaluation.

Ms McKeown acknowledged the progress which had been made. However she explained that, from an IA perspective, the focus was on the efficacy of the job evaluation process and recruiting individuals to post and said that it was not possible to commence recruitment until the job evaluation element had been completed. Ms McKeown advised that IA would look at the improvement plan and have further discussions with Ms Lemon about progress against the plan.

Ms Cochrane acknowledged that the increase in job evaluations had been a particular challenge over the last 12-18 months and pointed out that she did not expect a similar increase in job evaluations year on year as these had come about as a result of Trust expansion.

Recommendation 29 - Action should be taken to increase the number of NIAS staff that should be available to sit on job evaluation panels.

Ms Cochrane described the actions taken by the Trust in this regard. She explained that the issue for the Trust had related to having individuals available to send on training and being able to access training. She advised that all job evaluation training, which was provided on a regional basis, had been stood down in March 2020. Ms Cochrane added that the Trust had been able to avail of a number of training places in the summer and had requested a further 15 places for training planned to take place in 2022. She said it was also the Trust's intention to offer refresher training.

Recommendation 30 - Action should be taken to better support managers in the development of high standard job descriptions and specifications to be submitted to job evaluation panels for approval

Ms Cochrane advised that HR had organised training on the development of job descriptions for January 2022 and said that processes were in place to ensure the training met the appropriate standards.

The Committee Chair noted that the multi-faceted approach taken by HR would provide managers with the appropriate tools and processes. Ms McKeown agreed that the update provided would suggest that the

recommendation would be fully implemented upon receipt of the relevant evidence.

- **Information Governance 20-21 (recommendations 104, 105, 107, 108 & 109 – M Paterson, T Avery)**

Recommendation 104 - Management should ensure the new established Information Groups commence business as soon as possible.

Ms Avery confirmed that the newly established Information Groups were operational with agreed terms of reference. She added that KPIs and key priorities were in place and Groups were scheduled to meet on a six-weekly basis and had done so since the summer.

Recommendation 105 - Management should ensure there is formal and regular reporting on information governance at Non Executive level going forward.

Ms Avery confirmed that formal reporting structures had been put in place with reporting through these structures to NEDs. She indicated that updates would be reported to the Information Assurance Group on a quarterly basis to ARAC and onto Trust Board.

The Committee Chair agreed that the evidence for IA would be the implementation of the structure and its reporting processes.

Recommendation 107 - Management should co-ordinate and ensure that all information asset registers including the Divisions of the Operations Directorate are reviewed, updated and fully populated on a regular basis with regular reporting on this through the new Information Governance assurance structure. This should include ensuring IAOs are assigned for all assets; and that risk assessments are completed for all assets.

Recommendation 108 - The Information Mapping document should also be reviewed and updated on a timely and regular basis with formal reporting within the new information governance assurance structure. The document should be fully populated with review dates, accurate IAAs and risk actions.

Ms Avery described the actions taken by the Trust to ensure implementation of this recommendation. She explained that

recommendations 107 and 108 were closely linked and the latter was on track for implementation. Ms Avery referred to recommendation 107 and said that, given that the KPIs had not been received and the information asset registers had not yet been updated, her preference would be to have this categorised as on track for implementation rather than implemented.

She advised that she hoped to have all in place by December.

The Committee Chair commended Ms Avery on the work to date.

Recommendation 109 - The Trust should work to improve its compliance with mandatory Information Governance Training. The process for generating and reporting on compliance figures should be reviewed to ensure accuracy and completeness of reporting.

Ms Avery reported on the work carried out to implement this recommendation. She advised that the uptake on mandatory IG training had increased significantly and currently was at 96%. Ms Avery explained that the draft training needs analysis would be circulated to staff to inform expectations and to advise how these would be monitored going forward to ensure the training was implemented and embedded across the organisation.

Responding to a question from the Committee Chair as to what was remaining in order to satisfy the IA requirement, Ms Avery explained that this recommendation remained on track as the overall training package was yet to be agreed. She pointed out that, whilst it was mandatory training, frontline staff were currently expected to undertake the training through overtime hours. Ms Avery agreed to liaise with IA to revisit the areas which had been implemented.

Mr Charles raised an issue in relation to the reliability of the data and asked Ms Avery was confident that 96% of staff had undertaken training.

Ms Avery said that she was unsure as to the evidence presented previously. However she confirmed that the information provided had now been sourced from the mandatory IG training tool and said that, other than the usual evaluation checks, she was unsure what further sources could be utilised.

- **HR Directorate Risk 16-17 (recommendation 5 – M Lemon, J Kearney)**

Recommendation 5 - Management should strengthen arrangements for management, governance and reporting of mandatory training, to ensure that this is being undertaken by all staff as required and appropriate action is being taken to address non-compliance.

Ms Lemon advised that implementation of this recommendation remained on track in terms of reporting and monitoring.

Mr Kearney said that he intended to bring a report to SMT on 14 December outlining the uptake of statutory and mandatory training as well as providing information on those areas of non-compliance.

Mr Charles referred to the need to ensure that the report to be considered by SMT included details on the mandatory training to be undertaken by staff.

Mr Kearney explained that elements of the mandatory training were required on an annual and tri-annual basis and said the report which would act as a starting point moving forward covered three years. He advised that the onus would be on Directors as to how they wished to raise the issue of non-compliance with their staff.

The Committee Chair emphasised the importance of monitoring the uptake of training at Directorate level.

Mr Ashford asked whether there was any indication that non-compliance with training had impacted upon service delivery.

In response, Mr Kearney acknowledged that different Directorates tended to score higher on different elements of training and much of the mandatory training reflected the duties of staff.

Agreeing with the points made by Mr Kearney, Ms Lemon indicated that, as functional leads for specific areas, Directors were responsible for ensuring the necessary training was undertaken. She cited the example of HR and said that there was a requirement for staff to complete recruitment and selection training every three years otherwise the individual would be unable to participate in an interview panel.

Mr Nicholson emphasised the importance of clinical training and acknowledged that, whilst not directly linked to this recommendation, members would recall that, in the past and during Covid-19, there had

been challenges in releasing staff for training, including clinical training. He advised that those staff who were currently self-isolating and unable to attend work had been asked to complete their mandatory training whilst absent from work.

Mr Ashford suggested that it would be helpful for the Safety Committee to consider compliance with other elements of training not included within the IA recommendation.

- **IT Cyber Security 19-20 (recommendations 54, 56, 57, 58 & 61 – M Paterson, P Dornan)**

Recommendation 54 - NIAS should strengthen ICT/Information/Cyber Security governance by implementing an appropriate Information Security governance framework (e.g. ISO 27001). NIAS should align this with the regional HSCNI approach

Recommendation 56 - NIAS needs to appropriately align ICT/ Information/Cyber Security governance arrangements including clear accountability to the nature of the NIAS ICT structures. Good practice suggests that Chief Information Security Officer role should be established. NIAS should align this with the regional HSCNI approach.

Recommendation 57 - A framework for Policies, Standards, Guidelines and Procedures for ICT/Information/Cyber Security should be implemented in NIAS. Clear accountable arrangements for ensuring compliance with agreed policies and standards should be established. NIAS should align this with the regional HSCNI approach.

Recommendation 58 - A formal framework for Third Party Providers should be put in place. This should incorporate:

- *Minimum security requirements for Third Parties connecting to NIAS network should be reviewed. Appropriate methods to ensure compliance with these requirements*
- *All contracts should clearly state the minimum security standards.*
- *Appropriate methods to ensure compliance with minimum security standards should be introduced. NIAS should align this with the regional HSCNI approach*

Recommendation 61 - Information Security Operations Centre should be put in place. This is a function where information systems including applications, databases, data centres and servers, networks, endpoints

are monitored, assessed and protected. NIAS should align this with the regional HSCNI approach.

Ms Paterson advised that the recommendations relating to IT Cyber Security were based on best practice. She indicated that the Trust would have enhanced assurance and governance procedures as a result of the cyber security programme ongoing at a regional level.

In response to a question from the Committee Chair, Ms Paterson explained that, whilst the Trust did not have an information security governance framework, eg ISO 27001, there were compensatory controls in place. She acknowledged that, whilst work had commenced on a regional basis, a formal Information Security Framework was subject to funding being made available and was unlikely to be in place for a number of years.

Ms McKeown said that she did not expect there to be sufficient evidence to implement this recommendation. However, she acknowledged that NIAS was aligned to the regional approach and said that the recommendation was fundamental to audit in that it would provide a set of standards against which audits could be conducted. Ms McKeown indicated that the audit finding had been in existence for a number of years. She acknowledged the difficulties in that the regional dimensions of the IT audits were unique and were the primary drivers in the implementation of the recommendations.

The Committee Chair said that, from his perspective as a Non-Executive Director, he was assured by the fact that the Trust was taking all steps necessary and confirmed that monitoring of this recommendation would take place at the Committee. He stated that, until the ISO 27001 was gained, the recommendation could not be implemented.

Ms McKeown cautioned that, while implementation of the risks were dependent on a number of regional drivers, the risks remained with NIAS due to the potential impact on the Trust.

Mrs Mitchell acknowledged the work done by the Trust to progress the recommendations and suggested that, at the end-year assessment, Internal Audit might consider removing the regional elements.

Ms McKeown agreed that IA could present the NIAS percentage implementation of recommendations implemented excluding the regional IT recommendations at the end-year assessment.

In relation to recommendation 57, Ms Paterson advised that the agreed policies and standards had been approved by the Trust Board in June on the recommendation of the Audit Committee. She added that work was now being taken forward in terms of their implementation across the Trust and she suggested that this could be measured at year-end.

Mr Dornan advised that these audit findings had also been reflected in other Trusts' audit reports and, similar to NIAS, Trusts had put in place compensatory controls. He said that the HSC system was working collaboratively and implementing policies simultaneously.

Mr Ashford welcomed the compensatory controls in place and asked whether the Trust could take any further steps in this regard. Responding, Mr Dornan explained that, working in parallel with other Trusts, the Trust had put in place all possible controls and that tools were in place to protect the Trust network.

Mr Dornan indicated that, at the end of March 2020, there had been 22 IA recommendations and he said that, through engagement with IA, nine of these had been implemented. He added that four of the nine had been significant recommendations. Mr Dornan said that the Trust was committed to addressing the remaining recommendations and would continue to engage with IA in doing so.

Ms McKeown said that, in terms of her opinion, she was confident that the Trust had done everything possible within its gift to implement the IT recommendations.

The Committee Chair welcomed this view and believed it to be a positive endorsement of the work carried out.

Mr Nicholson pointed out that the Cyber Security ICT audit was contained within the audit plan for 2022/23 and believed this would provide a further level of assurance for members.

- **Patient Care Services 19-20 (recommendations 20-23 – M Paterson, R Byrne, C Thompson)**

Recommendation 20 - Management need to strengthen the performance management arrangements in place in respect of PCS. This should include:

- *The development of business objectives in a PCS business plan linked to corporate objectives of NIAS.*
- *The development of PCS specific corporate KPIs with regular*
- *performance measurement against these targets set.*
- *Ensuring that PCS is appropriately captured and reported through the NIAS performance management framework.*
- *Strengthening the reporting on the performance of PCS to Trust Board*

Recommendation 21 - Management need to develop their use of systems within PCS including specifically:

- *Ensuring that fully working MDTs are in place within each vehicle and that crews are using them to fully timestamp each part of the day's journey.*
- *Relevant PCS staff are trained in the use of the C3 system; that the knowledge of the system reporting capability is developed to ensure appropriate performance information is available going forward. There is a need to review and develop the coding used in C3 going forward.*
- *That the web booking systems is rolled out and promoted as the preferred route for booking appointments. Staff should also be trained in the use of the system.*
- *To ensure that the issues with the ACD are addressed including internal call and training issues.*
- *There is an effective communication system in place to allow NEAC to contact crews.*

Recommendation 22 - Management should undertake an organisational structural review of PCS to ensure there is an appropriate connect between the planning/scheduling part of the service to the operational delivery part of the service.

Recommendation 23 - Management should review the arrangements for the scheduling, booking and delivery of the service to ensure that the service efficiency is being maximised and that patients are being transported to their appointments on a timely basis.

Ms Paterson acknowledged the long-standing nature of these recommendations and said that she was keen to ensure that appropriate performance management, assurance and governance arrangements were established. She added that she was confident that, by the year

end, the associated KPIs and monitoring arrangements would be in place.

Continuing, Ms Paterson advised that there was potential that not all the recommendations would be implemented by year-end. However she expressed confidence that the programme and structure in place would allow the Trust to have the fundamental elements in place.

Mr Thompson commented that the improvement actions were not interdependent and advised that a prioritised action plan would be developed over the coming weeks.

The Committee Chair acknowledged the significant work associated with the PCS review and said he had not expected major progress given the current circumstances. He commended the approach adopted by the Trust in terms of progressing where possible various elements of the review.

It was suggested that Ms Paterson and Mr Thompson should attend the January meeting to provide an update on progress.

Mr Bloomfield indicated that the Trust's approach to the review of PCS had been much more than consideration of the IA recommendations and said there was an acknowledgement that the entire PCS service needed to be examined in detail.

Mr Ashford referred to the scale of work to be carried out and asked if there was confidence that this could be completed within the timeframes identified. He also alluded to the intention to introduce a new Computer Aided Dispatch (CAD) system and asked whether this could present challenges.

Responding, Ms Paterson pointed out that the current system had been in place for many years and said it would be important to ensure it was modernised and represented best practice.

Ms Byrne indicated that a Subject Matter Expert was involved in the Programme Board taking forward the CAD replacement and said that great efforts were being made to ensure the new system was 'future proofed' and could be built upon in the years to come.

Mr Dornan commented that other UK ambulance services were in similar positions in that they were also looking to replace their CAD systems

and added that statements of requirements were being developed in this regard.

- **Absence Management 18-19 (recommendation 13 - M Lemon, R Byrne, L Gardner)**

Recommendation 13 - NIAS need to take further action to strengthen control over absence management including:

- *The importance of the initial contact by staff member to relevant*
- *designated/line managers and RMC;*
- *Ensuring timely return to work interviews and performance reporting;*
- *Ensuring timely referral and completion of OH assessments and*
- *Enhanced performance reporting (particularly at NED level) including performance managing delivery of the OH service.*

Ms Lemon acknowledged that these were four key areas requiring improved control.   She advised that a dedicated programme of work had been established to review Occupational Health Services (OHS) and reported that the related improvement plan had been presented to the Trust's People Committee which had also received updates on progress.

Referring to the finding around staff members contacting their line manager in the first instance to report absence, Ms McKeown said that, while she accepted control had been enhanced, from an IA perspective she believed the onus should be on the employee to contact his/her line manager when reporting sick leave.

Mr Charles was of the view that it appeared to be easier to make contact with RMC than with an individual's line manager.

The Committee Chair said he would be keen to see the contact between a member of staff and their line manager maintained as much as possible and agreed that it was clear controls had been improved.

Ms Lemon referred to the fact that the recommendation focussed on improving control and said she believed HR had done so insofar as was possible.

Ms Byrne agreed that control had been improved within the current management tier and highlighted the importance of RMC also being

advised of a staff member's absence because of the key role it played in managing staff shift patterns.

It was agreed that the Committee would receive an update in relation to the progress in implementing this recommendation.

Concluding the meeting, the Committee Chair expressed his thanks to Ms McKeown and Mr Charles for their assistance and said the Committee had found this level of engagement to be helpful.

Mr Ashford said he very much appreciated the work undertaken by everyone involved and emphasised the need to continue to address the remaining IA recommendations.

Ms Lappin said that she welcomed the level of engagement between the Trust and IA and acknowledged the difficulties presented by Covid-19. She added that, while the necessary evidence would be provided to IA, further work would be necessary in Quarter 4.

Mr Bloomfield said he hoped the priority given to addressing the outstanding IA recommendations was apparent and said that management was determined to ensure the Trust was in a better position at the year-end. He agreed with Mr Ashford's comment in relation to ensuring continued focus on the remaining IA recommendations.

The Committee Chair thanked everyone for their attendance and contribution to today's discussions.

6 **Date, time and venue of next meeting**

The next meeting of the Audit Committee will take place on Thursday 20 January 2022 at 10am (arrangements to be confirmed).

7 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE MEETING AT 3.00PM

SIGNED: ~~William Abraham~~
(electronically signed due to Covid-19)

DATE: 19 January 2022