



**MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE
(ARAC) HELD ON THURSDAY 12 MAY 2022 AT 10AM BY ZOOM
(DUE TO COVID-19 RESTRICTIONS)**

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

IN

ATTENDANCE: Mr M Bloomfield Chief Executive
Ms R Byrne Director of Operations
Mr P Nicholson Interim Director of Finance
Ms M Paterson Director of Planning, Performance &
Corporate Services
Mr S Knox External Audit Northern Ireland Audit
Office
Ms C Hagan External Audit ASM
Ms C McKeown Head of Internal Audit, BSO
Mrs L Mitchell Independent Adviser to Committee
Ms K Keating Risk Manager
Mrs C Mooney NIAS Board Secretary

APOLOGIES: Mr A Phillips Assistant Director of Finance (temp)
Mr I McCutcheon Financial Accounts Manager (temp)
Mr C Carlin Boardroom Apprentice

Welcome, introduction and format of meeting

The Chair welcomed everyone to the meeting.

1 Apologies

The apologies as stated were noted.

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 noted the fact that, in accordance with the Trust Standing Orders, the Non-Executive Director (NED) membership of the Audit Committee 'shall consist of not less than three members'. He advised that he had drawn this requirement to the Trust Chair's attention in the context of appointing additional NEDs when this was possible.

The Chair also stressed the confidentiality of information presented.

3 **Previous Minutes (AC12/05/22/01)**

The draft minutes of the meeting on 14 April 2022 were **APPROVED** on a proposal from Mr Ashford and seconded by the Chair.

4 **Matters Arising (AC12/05/22/02)**

4.1 **Action List**

The Committee **NOTED** the Matters Arising.

4.2 **Fuel Hedging**

The Chair explained that, at the March Trust Board meeting, he had raised a query about the rise of fuel prices and the impact on budgets. He said that, following discussion at the Board meeting, it had been agreed that the issue of fuel prices; mitigation strategies and potential hedging opportunities would be raised at the next ARAC meeting.

Mr Nicholson briefed the Committee on the processes used by NIAS to procure fuel.

The Chair noted that, other than some preferential pricing, no fuel hedging or mitigation strategy was in place. Mr Nicholson undertook to explore if hedging strategies were available within the DoH and report back to the Committee. The Chair acknowledged that this would likely be a point for future consideration given the rapid increase in fuel price over the last year.

5 **Committee Chair's Business**

5.1 **ARAC Annual Report – update**

5.2 **ARAC Self-Assessment - update**

The Chair noted that work would now commence on the Committee Self-Assessment and the Committee annual report. He reminded members that he had reviewed the format of his report last year and hoped this would be reflected in this year's report. The Chair also noted that Mrs Mitchell's work around reviewing best practice may also impact on this work.

6. **Standing Items**

6.1 **Direct Award Contract**

Mr Nicholson advised the Committee that a report would be presented to the June meeting and to the External Auditors.

6.2 **Fraud Update**

The Committee **NOTED** that no further update was to be provided.

6.3 **Progress on Achieving Business As Usual/Recovery Update**

Ms Paterson confirmed that this update would be provided at the June meeting and would provide the Committee with assurance and oversight of the Trust's actions in the light of Covid-19 and service pressures as it began to revert to business as usual.

6.4 **Review of Best Practice (AC12/05/22/03)**

The Chair thanked Mrs Mitchell for her invaluable input to the Committee to date and invited her to present her paper.

Mrs Mitchell reminded the meeting that she had been asked by the Chair to draft this paper in the context of ensuring the Committee was fulfilling its Terms of Reference, in particular where the Committee is required to regularly review and reflect

on best practice and adopt any learning as part of its commitment to continuous improvement. She suggested that the Committee should review best practice on an annual basis and felt that, key to improvement over the next year, would be the embedding of risk assurance processes within the Committee. Mrs Mitchell acknowledged that this would be an evolving process over the coming year as the Committee started to improve its understanding of the information it required.

Mrs Mitchell took the meeting through the details of her report.

There was discussion in relation to oversight of Whistleblowing and the Committee noted that, following revision of the Committee structure, Whistleblowing now fell within the remit of the People, Finance and Organisational Development Committee.

Ms McKeown alluded to the overlap with potential fraud cases and reminded colleagues that Whistleblowing was often a potential source of fraud reporting.

Mr Nicholson confirmed that, should an allegation of fraud be reported through Whistleblowing, it would be reported at the next Committee meeting.

Ms Paterson suggested that this could be incorporated into an interface paper in terms of managing risk and added that a proposal could be brought back to the Committee for formal agreement.

The Chair referred to cyber security and the associated risk and he suggested that Internal Audit should audit this area of work on an annual basis. He sought views from Ms McKeown on the regularity of Internal Audit reports on cyber security.

Ms McKeown suggested that this was an area which the Committee should consider from the perspective of its Assurance Framework in terms of how the risk was mapped out across the three lines of defence with a view to the Committee satisfying itself that the mitigations identified were sufficient. She pointed out that Internal Audit did not audit cyber security more frequently in any other HSC organisations.

Ms McKeown acknowledged the fast moving pace of cyber security and reminded the meeting that Internal Audit had already made a number of recommendations in this area which the Trust was currently progressing. She expressed concern that, if the area of cyber security was audited more frequently, the Committee would receive very similar reports.

The Chair acknowledged the points made by Ms McKeown and suggested that it might be helpful to bolster the actions being taken when considering the overall risks.

Ms Paterson referred to the refreshed Terms of Reference for the Committee and the fact that cyber security had now been included within the Committee's remit. She reminded members that cyber security would be reported on a quarterly basis in terms of the assurance around compensatory controls in place to mitigate the fact that the regional recommendations had not yet been implemented. Ms Paterson said that work was ongoing to formulate how such assurance might be provided and noted that subsequent audits would consider the practices of staff within the organisation and their knowledge of cyber security. She acknowledged that the Trust had received a satisfactory level of assurance and recognised that further work was required to fully address the recommendations. Ms Paterson referred to the Information Assurance Governance structure implemented over the last year within the Trust as well as the Data Security Group. She advised that the Information Assurance Governance Committee would develop a paper for submission to the Committee to update on the work which had been carried out internally on data security.

Ms Paterson alluded to regional cyber security training which had been made available to the Trust and reminded the Committee that one of the IA recommendations had been around improving the knowledge of senior leads within the Trust. She emphasised the holistic approach adopted and said she would bring back a paper to the Committee articulating the three lines of defence and the actions being taken by the Trust to provide a more rounded assurance on the issue of cyber security

Mrs Mitchell advised that she had met with Ms McKeown as Ms McKeown would be familiar with HSC ARACs to determine if there was anything further the Committee could improve upon.

Ms McKeown confirmed that it had been a helpful meeting and said that Mrs Mitchell's report reflected her views. She commended the Committee on its proactive approach and was of the view that this would be of benefit to the Committee as it moved forward.

During the discussion following Mrs Mitchell's presentation, the following actions were agreed:

- New Committee members to be given a formal letter of appointment from Trust Chair along with documentation alluded to in Mrs Mitchell's paper – Mrs Mooney to take forward;
- Induction training for new members - Mrs Mitchell and Mrs Mooney to progress;
- Committee report to Trust Board to be circulated to Internal Audit and External Audit – Mrs Mooney to action;
- Closed meetings – seek the views of Internal and External Audit as to the usefulness and frequency of the closed meetings – Chair to action;
- Self-assessment process – the Committee agreed to the completion of the CIPFA Good Practice Questions as well as the National Audit Office self-assessment – Mrs Mitchell and Mooney to action;
- Cyber security:
 - o paper to be developed around the three lines of defence and the actions being taken by the Trust to provide a more rounded assurance on this issue – Ms Paterson to action;
 - o paper to be developed to update the Committee to update on the work carried out internally on data scrutiny – Ms Paterson to action and
- Whistleblowing – paper to be developed for the Committee's consideration around the interface between ARAC and PFOD in terms of ensuring the effective management of Whistleblowing – Ms Paterson to action.

7. Internal Audit

7.1 HIA Annual Report for the year ended 31 March 2022 (AC12/05/22/04)

Ms McKeown advised that she had provided a satisfactory assurance on the adequacy and effectiveness of the Trust's framework of governance, risk management control. At the Chair's invitation, she highlighted the salient points from the Head of Internal Audit Annual Report for the year ended 31 March 2022.

She drew the Committee's attention to page 1 of the report which set out the position in terms of Internal Audit's performance against the Key Performance Indicators (KPIs) in the 2021-22 year. She acknowledged that the KPI target of first draft reports being issued within four weeks of fieldwork completion had not been met as the turnaround time in terms of confirming management responses had taken longer than hoped. Ms McKeown said she would like to record her thanks to NIAS management and staff for the high level of input, engagement and support through what had been an extremely challenging year.

Referring to page 2 of the report, Ms McKeown explained that seven audits assignments had been carried out throughout the year. She acknowledged the limited level of assurance in a number of assignments and stressed the importance of continued management action to implement the remaining IA recommendations.

The Chair noted that he enjoyed a closer working relationship with Ms McKeown and her team and he commended the engagement of NIAS staff during sustained pressures.

Mr Ashford echoed the comments made by the Chair and agreed it would be important to ensure continued focus on the outstanding recommendations.

Mr Bloomfield thanked Ms McKeown and Mr Charles for their willingness to work closely with the Trust in progressing the IA recommendations and their acknowledgement of the pressures experienced by the Trust. He conveyed his appreciation to

Directors and their teams for their sustained focus on addressing the IA recommendations.

Continuing, Mr Bloomfield referred to the approach adopted by the Committee in terms of regular meetings between the Chair and the Head of Internal Audit as well as convening a meeting to focus specifically on progressing the recommendations. He was of the view that this approach had achieved the balance of ensuring scrutiny and challenge around the recommendations whilst, at the same time, clearly understanding the reality of the pressures facing the Trust.

Mr Bloomfield alluded to page 4 of the report and the recognition that 17 recommendations had not yet been fully implemented. He highlighted the fact that four of these recommendations were outside of the Trust's control and could not have been implemented. Mr Bloomfield assured the Committee that the Trust would continue to focus its attention on addressing the outstanding recommendations.

The Committee **NOTED** the HIA Annual Report for the year ended 31 March 2022.

7.2 BSO Internal Audit: Shared Service Audits (AC12/05/22/05)

Ms McKeown drew the Committee's attention to this paper and explained that the reports were being presented to the Committee as NIAS was a customer of BSO Shared Services. She reminded members that the recommendations therein were the responsibility of BSO Management to take forward and the reports had been presented to the BSO Governance and Audit Committee.

Ms McKeown reported that there had been a slight improvement in her audit opinion in that she had removed a limited finding in relation to one element. She highlighted that key to the payroll report was finding number 5 on page 2.

The Chair referred to the capacity within BSO Payroll and was of the view the removal of one limited finding had demonstrated improvement. In response, Ms McKeown acknowledged the complex and challenging environment in which BSO Payroll operated. She pointed out that business as usual should

always take priority to ensure HSC staff were paid and she acknowledged the challenges to be addressed whilst taking forward the quality improvement work. However Ms McKeown confirmed that the progress being made was on an upward trajectory.

Mr Nicholson advised of staffing challenges within the Finance Directorate as well as having to administer a number of challenging schemes through the pandemic such as the Covid-19 Rapid Response Payment Scheme. Mr Nicholson acknowledged the wide range of pressures on the system as well as a number of ongoing concurrent programmes and activities being progressed. He said that, while the Directorate continued to function, there were challenges in terms of vacancies.

Mr Bloomfield indicated that it would be important to ensure recruitment to vacant posts. He reminded members that, under the Clinical Response Model (CRM) business case, the aspiration was to recruit a further 325 members of staff and this would place additional pressure on corporate support functions. He reiterated that the initial focus must be on filling vacant posts and said he hoped progress would be made over the coming weeks.

The Chair indicated his agreement with the points made by Mr Bloomfield and was of the view that it would not be prudent to implement a major programme such as the CRM programme without ensuring the necessary support structures were in place.

The Committee **NOTED** the BSO Internal Audit: Shared Service Audits.

8 External Audit

8.1 To advise on key issues

Mr Knox reminded the Committee of the audit opinion on last year's accounts in relation to the clarification around the liability for unpaid elements of annual leave and advised that no notification had yet been received from the DoH.

The Chair noted the two factors which would impact on this, namely, the amount of time the issue was unresolved and the amount involved.

Mr Knox confirmed that this was the case and said uncertainty remained as to when this might be paid. He suggested that the issue would be discussed in more detail at the June meeting.

Responding to a question from Mr Ashford as to when a definitive position might be expected, Mr Knox explained that, as well as the issue around unpaid elements of annual leave, another issue for Trusts was that of clinical excellence which he advised was a contingent liability. He said that further discussions would take place with Trusts and the DoH once examination of Trusts' accounts had taken place.

The Chair indicated that, when it came to make a decision, it would be helpful for members to have information identifying whether any factors to be taken into consideration had changed since the previous year.

Mr Ashford agreed with this suggestion.

Ms Hagan explained that the team would now work with Mr Nicholson to obtain the supporting information which might assist the Committee in reaching a decision. She noted that the Trust had achieved a breakeven position in a difficult year and External Audit would now work through the audit plan to ensure the accuracy of the audit material. Ms Hagan noted that it was likely that the Report To Those Charged With Governance would be available for the June meeting.

She pointed out that, as the Trust entered a new financial year, the value of accruals had increased and therefore the issue had become more material than the previous year. However she said that External Audit would progress the necessary discussions in advance of the June meeting.

The Chair thanked Mr Knox and Ms Hagan for their comments.

9 Annual Report and Accounts

9.1 **Submission Letter and Draft, Unaudited, Uncertified, Consolidated Annual Report & Accounts for the year ended 31 March 2022 (AC12/05/22/06)**

At the Chair's invitation, Mr Nicholson presented the draft, unaudited, uncertified accounts to the Committee as they had been submitted on Friday 6 May 2022 and were now being audited.

Mr Nicholson explained that the Committee was being presented with a draft version at this early stage to allow ARAC a complete view of the draft accounts ahead of the completion and the audit process. He advised that it was a significant document which had had input from across the Trust and represented, not just work at the end of the year, but throughout the year.

Continuing, Mr Nicholson alluded to the milestone of submitting the draft accounts on 6 May 2022 and pointed out that the achievement had come about at the end of two years of Covid-19 as well as at a time when the Trust had spent most of last year at REAP Level 4, the highest level of business continuity. He reminded the meeting that, when in REAP Level 4, the actions of the entire Trust were solely focused on those relating to operational pressures and work streams aimed at improving the position. Mr Nicholson added that this was a requirement not just for Operations, but for all elements of the business.

He said that the annual report and accounts had been produced against the background of supporting the service, with limited staff availability. He commended staff who continued to step up and indeed redoubled their efforts to achieve deadlines and deliverables.

Mr Nicholson explained that the Annual Report and Accounts was a broad document in terms of reporting on what had been another exceptional year for the Trust. He advised that the performance analysis element of the report made up a substantial part of the document and highlighted the challenges faced by the Trust over the last year.

Continuing, Mr Nicholson reported that, from a financial perspective, and while all figures were subject to the completion of External Audit's work, the headline figures were a £50,000 surplus against the Trust's Revenue Resource Limit (RRL); a £177,000 underspend against the Capital Resource Limit (CRL) and achievement, for the second consecutive year, of prompt payment performance targets. He referred to page 54 of the document which set out the detail on how the resources available to the Trust had been applied.

Mr Nicholson referred members to the start of the Trust's Governance Statement on page 77 which included a range of information such as Covid-19 and Winter Planning; a summary of the work and assurances provided by Internal Audit and also internal governance issues which had been resolved, remained or had arisen in the year.

Mr Nicholson indicated that there was potential for some changes as the draft Annual Report and Accounts went through the audit process and subsequent Trust Board approval and laying before the Assembly in due course.

The Chair asked Mr Bloomfield to comment on the Governance Statement.

Mr Bloomfield pointed out that the Governance Statement remained a live document and said he was content that it reflected the full extent of control issues across the Trust. He indicated that it was significant to achieve a breakeven position in such a challenging year when huge requirements had been placed on the Trust as it strived to provide the safest services possible. Mr Bloomfield alluded to the extent of non-recurrent funding received by the Trust and said to achieve breakeven was commendable.

Mr Bloomfield explained that, given the staffing position within the Finance Directorate, a small team supported by the Planning, Performance & Corporate Services Directorate, had focused on the drafting of the annual report and completion of the Trust accounts and he commended all involved.

Mr Knox highlighted a number of issues on the Governance Statement and advised that he would pass these to ASM to

include within their own feedback on the accounts to Mr Nicholson.

Responding to the points raised by Mr Knox, Mr Bloomfield reported that the issue around Controlled Drugs had now been closed by the DoH Medicines Regulatory Group and correspondence confirming this had been shared with members at the May In Committee Board meeting.

He referred to Mr Knox's comments on the section 'Condition of Estate' and explained that this had been included previously, not solely relating to the general sense of the poor quality of the NIAS estate but relating to the fact that there were particular issues at that time which the Trust had now addressed. Mr Bloomfield said the fact remained that the vast majority of the 40 NIAS stations were of poor quality and not the environments in which the Trust wished staff to work in the future. However he pointed out that these aspects of the estate would be included in the long-term Estates Strategy for the Trust which would require significant investment. He said that he would be happy for Mr McNeill to revisit this section.

Mr Nicholson clarified that the Trust had addressed a number of statutory requirements over the last year in relation to estate and he referred to the plans within the CRM Business Case for a significant programme of replacement and expansion.

He confirmed that discussions had been taking place on a regional basis around whether the HRPTS issue should be highlighted within the Governance Statement and he advised that both the Senior Management Team and Trust Board had been briefed on the detail.

Mr Ashford indicated his agreement with Mr Knox's comment around the inclusion of a reference to the funding for practice educators within the Governance Statement and was of the view that this issue was of sufficient importance to be included. He commended everyone involved in the development of the draft Annual Report and Accounts.

The Committee **NOTED** the Submission Letter and Draft, Unaudited, Uncertified, Consolidated Annual Report & Accounts for the year ended 31 March 2022.

The Chair thanked everyone for their comments and invited any further comments to be forwarded to Mr Nicholson as soon as possible.

9.2 **Submission Letter and Draft, Unaudited, Uncertified, Charitable Trust Funds Trustees' Annual Report for the year ended 31 March 2022 (AC12/05/22/07)**

Mr Nicholson drew the Committee's attention to the draft Annual Report and Accounts which outlined the governance and management arrangements for Charitable Trust Funds. He advised that, in relation to Income and Expenditure, the Trust reported £11,000 of income and expenditure of just below £60,000. Mr Nicholson confirmed that all expenditure had been to support staff, particularly the psychological health and wellbeing of staff.

He advised that the Trust had secured a further grant from NHS Charities Together which would be applied to a project aimed at better assisting patients with complex needs.

Mr Nicholson explained that, as in previous years, given that the Chair of the Trust held a position with CCNI, in line with Trust Standing Orders, the Chair of ARAC would sign these accounts.

The Chair thanked Mr Nicholson for his presentation.

The Committee **NOTED** the Submission Letter and Draft, Unaudited, Uncertified, Charitable Trust Funds Trustees' Annual Report for the year ended 31 March 2022.

10 **BSO Annual Assurance for the 2021-22 year (AC12/05/22/08)**

Mr Nicholson drew the Committee's attention to the correspondence from the BSO Interim Chief Executive enclosing the draft BSO Governance Statement. He added that the BSO was following the same audit processes as NIAS and the draft Governance Statement had been included in today's papers to give assurance and to ensure that nothing had been omitted from the NIAS Statement or in conflict with the NIAS Governance Statement.

Mr Nicholson indicated that the covering correspondence made reference to the overall level of assurance provided by the Head of Internal Audit to BSO and also alluded to details of audits. He referred in particular to Section 10 which focused on Internal Control Divergences.

The Committee **NOTED** the BSO Annual Assurance for the 2021-22 year.

11 **Corporate Risk Register – Risk 357 (Ambulance Turnaround Times at EDs) (AC12/05/22/09)**

At the Chair's invitation, Mr Nicholson advised that Ms Byrne, as Director of Operations and the Director owner of the risk, was in attendance for this discussion. He reminded the meeting that this had been discussed at length in several Committee and Trust Board meetings in terms of the challenges the Trust continued to face and which had been exacerbated over the last two years as a result of Covid-19. Mr Nicholson said that, at the Chair's request, Trust officers had re-examined this corporate risk to ensure that it properly reflected and demonstrated all the mitigating actions and control in place to manage the risk. He deferred to Ms Byrne to highlight some of the actions which had been updated when reviewing the risk.

Ms Byrne said that she had been conscious of compliance with the Trust's Risk Management Strategy as well as the need to review risks and noted that this was an extreme risk both on a regional and national basis. She said that the revised risk had been discussed by the Senior Management Team on 3 May and it had agreed that the descriptors had accurately reflected the vast range of actions taken whilst recognising that the vast majority of actions required to address this issue were outside NIAS' control.

Continuing, Ms Byrne drew the Committee's attention to the final column which described the mitigating actions. She confirmed that the correspondence she had jointly signed with Ms Charlton and Dr Ruddell to Trust professional leads and acute leads had now been issued.

The Chair advised that he had discussed this issue with Mrs Mitchell and invited her to comment.

Mrs Mitchell said her advice had focussed on the role of the Committee in ensuring that the risk had been documented and accurately reflected the position in which the Trust had found itself. She added that, within that context, Ms Paterson and Ms Byrne had taken forward a complete review of the risk.

The Chair expressed the view that certain risks which had remained extreme for a long time had an additional risk to the organisation as the solution would appear to involve the engagement of resources, political action, or organisational action outside of the control of NIAS. He was of the view that Risk 357 has this character and tracked engagement at this level.

Continuing, the Chair commented that, in his view, the longevity and continued categorisation of the risk as extreme had resulted in the creation of a new risk.

Mr Ashford agreed with the point being made by the Chair. He welcomed the revision of the risk and the mitigating actions as well as the renewed focus. Mr Ashford acknowledged the efforts of all concerned to address the risk. He alluded to his concern which he had expressed at a previous meeting around the completion of the Trust handover zones by December 2022 and expressed surprise around the timescales involved when one took account of the extreme nature of the risk. Mr Ashford acknowledged that this was outside NIAS control but commented that the timescale for completion was six months away and was, in his view, unacceptable.

Mr Bloomfield advised that he had referred to this specific issue in his correspondence to Ms Gallagher as well as making reference to the Permanent Secretary's correspondence of November 2020 'Addressing Ambulance Handover Delays' and the concerns expressed at various Board and Committee meetings. He said that members would be aware from Mr Flaherty's presentation to the May Trust Board that the issue of handover delays had been identified as the top risk on NHS England's risk register. Mr Bloomfield said he shared Mr Ashford's concern over the timescales for the completion of the handover zones and awaited the response from Ms Gallagher.

Alluding to the revision of Risk 357, Mr Bloomfield agreed that the amendments accurately reflected how the Trust managed the risk.

However he acknowledged that it would be important for the Committee to determine how best to address this risk which was outside the Trust's control and did not appear to be improving. He suggested that it might be helpful to contact other ARACs to ascertain how they were dealing with similar risks.

The Chair agreed that contact with other ARACs would be beneficial and advised that he had raised this point with Mr Flaherty during his attendance at the May Trust Board meeting and Mr Flaherty had suggested that the Association of Ambulance Chief Executives (AACE) might be able to help in this regard.

The Chair acknowledged that, while the Trust had done everything it could to address the risk, the risk to the public remained. He was of the view that it was now necessary to consider alternative approaches as the risk had been in existence since 2018. The Chair indicated that, by not progressing the risk, as a factual matter the responsibility remained with the Trust. He emphasised that all obligations and commitments fell on NIAS in the first instance.

The Chair recognised that the incentives or disincentives to address this issue did not lie within NIAS' control and suggested it would be important to ensure Committee and Board discussions accurately reflected the concerns expressed.

Ms Paterson confirmed that the Trust would liaise with other ambulance Trusts to ascertain how similar risks were treated and said there could be potential learning or feedback from this exercise.

The Chair referred to his earlier comment that the longevity and severity of the risk almost created a further risk by association but accepted that the one risk would remain. However he emphasised the importance of continuing to focus on a resolution to this issue.

Mr Bloomfield agreed with the Chair's points and said he was on public record as saying that resolving the issue of ambulance handover delays would have more of an impact than recruiting additional staff. He referred to the distinction not being as much around what more the Trust could do but how the risk could be managed given its external nature. Mr Bloomfield alluded to the same challenges being experienced by other ambulance services throughout the UK and said that any additional steps which could be

taken to better understand, manage or escalate the issue could only be welcomed.

The Chair thanked those involved in revising the Risk 357 and believed that it provided real clarity around the issues.

12 **Website and Access**

Ms Paterson advised that work was ongoing to update the NIAS website and she undertook to bring an update to a future meeting.

13 **Closed Meeting**

At this point in the meeting, NIAS officers withdrew from the meeting to allow Audit Committee members to meet independently with the Internal and External Auditors in a closed session.

Upon return, the Chair advised that he had taken the opportunity to seek views on the usefulness of the closed meeting and the operation of the Committee. He said that the general consensus had been that the closed meetings were useful and no specific actions were required.

14 **Any Other Business**

There were no items of Any Other Business.

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

The next meeting of the Audit Committee will take place on Thursday 23 June 2022 at 10am (venue and arrangements to be confirmed).

The Committee noted the ARAC dates for 2022-23 as follows:

- Thursday 6 October 2022
- Thursday 19 January 2023
- Thursday 30 March 2023

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE
MEETING AT 12.55PM**

SIGNED: *William Abraham*

DATE: 23 June 2022