



**MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE  
(ARAC) HELD ON THURSDAY 6 OCTOBER 2022 AT 10AM VIA  
ZOOM**

**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 12.25pm)  
Ms M Lemon Interim Director of Human Resources  
Mr P Nicholson Interim Director of Finance  
Ms M Paterson Director of Planning, Performance & Corporate Services  
Dr N Ruddell Medical Director  
Ms R Finn Asst Director Quality, Safety & Improvement  
Ms K Keating Risk Manager  
Ms B McAuley Asst Director of Finance  
Mr S Knox External Audit Northern Ireland Audit Office (left the meeting at 11.55am)  
Ms C Hagan External Audit ASM  
Ms C McKeown Head of Internal Audit, BSO (left the meeting at 12 noon)  
Mr D Charles Internal Audit  
Mrs L Mitchell Independent Adviser to Committee  
Mrs C Mooney NIAS Board Secretary

**Welcome, introduction and format of meeting**

The Chair welcomed everyone to the meeting and extended a particular welcome to Ms Brona McAuley who had recently taken up post as Assistant Director of Finance.

**1 Apologies**

No apologies 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 (AC06/10/22/01)**

Following an amendment from Ms McKeown to page 8, section 7.1, where the second paragraph should now read '*Ms McKeown drew the Committee's attention to the spread of assurances across the HSC*', the draft minutes of the meeting on 23 June 2022 were **APPROVED** on a proposal from Mr Ashford and seconded by the Chair.

## 4 **Matters Arising (AC06/10/22/02)**

### 4.1 **Action List**

The Committee **NOTED** the Matters Arising.

Ms Paterson drew the Committee's attention to the update on the website which had been provided with the papers and said she hoped the changes would assist in navigating the website more efficiently and effectively.

Mr Ashford commended the changes and asked if the website could be read on any device.

Responding, Ms Paterson advised that the necessary testing to ensure compatibility with other devices would be carried out when the system went live in the coming weeks.

Mr Nicholson referred to a question posed by Mr Ashford at the June meeting in relation to DAC 21 which related to the garage doors at Ardoyne ambulance station. He explained that the Trust had made two approaches to the market for this work, but no responses to the tender had been received. Mr Nicholson said that, given the nature of the work, the Trust identified this supplier as one who had previously completed work to an appropriate standard and timescale and had created a DAC for this work.

The Chair confirmed that a DAC was still required when no responses had been received to the tender exercise.

Responding, Mr Nicholson advised that the value of the work had been over £10,000 and therefore a DAC had been required on this occasion.

Mr Nicholson advised the Committee that the Trust Accounts for 2021-22 had been laid before the NI Assembly on 8 July and were presented at the Trust Board meeting on 25 August. He added that the Charitable Trust Fund Accounts would be laid before the NI Assembly today and would be submitted to the Trust Board once approved.

Mr Nicholson confirmed that this was the final part in the accounts process for 2021-22 and he extended his thanks to ASM and the NIAO for their assistance in reaching this point.

Mr Knox explained that the final Report to Those Charged With Governance (RtTCWG) could not be issued until the Charitable Trust Fund Accounts had been certified. He advised that certification had only been confirmed on 4 October and there had been insufficient time to finalise the RtTCWG for today's meeting. However he confirmed that there was nothing new in the Report and reminded members that the draft Report had been discussed in detail at the June meeting.

## **5 Committee Chair's Business**

### **5.1 Update on outstanding IA recommendations (AC06/10/22/03)**

The Chair advised that he had met with Ms McKeown and Mr Bloomfield, Mr Nicholson and Ms Paterson on a number of occasions over the last year to discuss the Trust's progress in addressing the outstanding IA recommendations. He said that it was clear that a significant amount of work had been done by the Trust to ensure the recommendations had been addressed and added that it would now be important for the relevant evidence to be produced to demonstrate that recommendations had been fully implemented.

The Chair said he was keen to follow a process similar to that of last year when the Committee had met to focus on IA recommendations. He pointed out that 8 December 2022 had been set aside for this purpose and suggested that this meeting would consider two specific issues, namely the outstanding IA recommendations and handover delays.

Mr Bloomfield said he agreed with the Chair's assessment and welcomed his acknowledgement that the Trust had continued to work to address the recommendations.

Ms McKeown said that she would present the Mid-Year Follow-Up later in the meeting and agreed with the Chair's decision to proceed with the meeting on 8 December.

## **6 Standing Items**

### **6.1 NIAS Direct Award Contract (DAC) Register (AC06/10/22/04)**

Mr Nicholson drew the Committee's attention to the DoH correspondence requiring the work which was already underway within NIAS to ensure DACs were only used in exceptional circumstances. He added that the correspondence referred to guidance on the use of DACs and said this had also been included for completeness. Mr Nicholson explained that he did not intend to go through this in detail but suggested that

the extent of the guidance was a clear indication of the focus placed on this issue by the DoH.

Drawing the Committee's attention to the detailed DAC Register, Mr Nicholson explained that the Trust DACs were set out across three areas of 'live', 'complete' and 'required'.

He acknowledged that a number of the DACs relating to food provision ran slightly beyond the expected term into the new year but confirmed that this service had now ceased and said that these DACs would now transfer into the 'complete' section for the next ARAC meeting. He added that he would expect to see the number of DACs now reducing.

Mr Nicholson advised that there was a new DAC for the British Red Cross for support to the NIAS Frequent Caller Support Service Pilot. He explained that this had been based on previous work carried out by the Red Cross in the NHS and the expertise this brought to this pilot project.

Mr Nicholson reported that there was also a clear route to finalise outstanding DAC paperwork, specifically for Occupational Health Services (OHS).

Ms Lemon explained that legacy arrangements had been in place for the provision of OHS and said the service had been used increasingly during the pandemic. She advised that some mapping work had been undertaken to understand the legacy arrangements and said that it was likely that there would be a need for some retrospective elements but hoped that robust arrangements would be in place in the coming weeks.

Mr Ashford sought clarification on why there was a need to include retrospective elements.

Responding, Ms Lemon said work had been undertaken to better understand the baseline position. She referred to a Good Attendance project which had been established some time ago when a number of providers had been engaged to undertake work in this regard. However, she said, the arrangements under which they had been engaged were unclear.

Mr Nicholson reminded the Committee that DACs should only be used in exceptional circumstances and pointed out that, prior to the pandemic, the Trust only had a few DACs each year.

Mr Ashford welcomed the direction of travel and said he looked forward to seeing the number of DACs reduce over the coming months.

The Chair pointed out that there had not been much change if one considered the Register on an 'by exception' basis and he too welcomed the direction of travel.

The Chair thanked Mr Nicholson for the update which was **NOTED** by the Committee.

## **6.2 Fraud Update – verbal update**

Mr Nicholson reported that the Trust had four cases which remained registered with the BSO Counter Fraud Unit and said that these needed to be closed administratively. He said that he intended to have these cases closed by the next Committee.

Mr Nicholson confirmed that no new cases had been brought to his attention.

Continuing, Mr Nicholson confirmed that the National Fraud Initiative (NFI) exercise would take place this year and advised that staff had been informed and datasets for NIAS had been extracted. He said he awaited the details of the exercise with interest.

## **6.3 Progress on Achieving Business As Usual/Recovery Update (AC06/10/22/05)**

Through a detailed presentation, Ms Paterson and Mr Nicholson highlighted ongoing challenges from the pandemic and demonstrated how the Trust had been able to maintain quality and safety as well as continuing to exercise appropriate and effective governance through robust planning at Trust and HSC level.

She emphasised that protecting the health, safety and wellbeing of staff as well as patients and service users continued to be of paramount importance. Ms Paterson said that the ongoing dedication, resilience and innovation of Trust staff had enabled the Trust to meet the needs of the community throughout the pandemic.

The Chair thanked Mr Nicholson and Ms Paterson for their detailed presentation which, he said, had clearly articulated that the Trust would not be returning to where it had been pre-pandemic. He suggested that it would be helpful for the presentation to be given to the Trust Board to ensure there was complete clarity around the current position and the potential challenges and invited views on this.

Mr Bloomfield commended the presentation and said it reflected the parallel work being taken forward within the Trust. He alluded to the reference to returning to pre-pandemic levels and acknowledged that, at that time, improvement was needed to activity and performance levels.

Mr Bloomfield acknowledged the challenges but believed that the Trust was now in a much better position to respond to these with the revised structures and the increased staffing in place.

He reminded the Committee that the DoH had set all Trusts a range of improvement trajectories and he said that these were reported on a monthly basis to the DoH Performance and Transformation Executive Board. Mr Bloomfield explained that NIAS reported on six areas and, with the exception of two, namely response times and handover times, the Trust was on track on the remaining four. He said there was an understanding on the DoH's part that NIAS could not resolve these two areas on its own and was reliant on the rest of the HSC system to do so.

Continuing, Mr Bloomfield said that there had been recent references to unscheduled care pressures in the media. He advised that the Unscheduled Care Plan had recently been presented to the Transformation Board and he noted the need for early progress as winter approached. Mr Bloomfield said he had been encouraged to note that the Unscheduled Care Plan had placed prominence on the NIAS in terms of how the Trust

could work with the rest of the system to establish suitable alternatives to EDs. He pointed out that updates on this work were presented to the Trust Board in various formats but suggested that it would be important to look at this in the round.

Mr Ashford commended the presentation and referred to the plans to discuss Risk 357 in greater detail at the December meeting. He acknowledged the recognition that the mitigation for this risk lay outside the NIAS. Mr Ashford alluded to the plans to establish handover zones at EDs and said colleagues would recall the deep concern he had expressed at a previous meeting at timeframe of December to have one handover zone in place. He sought further detail around the progress of this.

Alluding to the reference in the presentation to Operations management cover at weekends, Mr Ashford referred to the decision to cease paying Band 8 overtime and asked if this decision might impact on ensuring management cover. He also sought further detail in relation to the Clinical Navigator role and the link between the role and the Clinical Services Desk.

Ms Paterson advised that she unfortunately was not in a position to update on the building work around the handover zones. With regard to the unscheduled care, she advised that a workshop had been arranged for 14 October where Trusts would be asked to provide an update on progress.

Ms Paterson indicated that the Trust had been keen to put Operational management cover in place at weekends but had been constrained by funding and terms and conditions. She pointed out that there tended to be one manager on cover between 12-12 and 12-8 at weekends and said it was hoped to expand this cover if the Trust could resolve the terms and conditions issue around overtime.

Responding to Mr Ashford's request for further information on the Clinical Navigator role, Ms Paterson clarified that this would be an individual who would be able to allocate the right resource to the patient. She explained that Emergency Medical Despatchers (EMDs) undertook the initial triage of the patient while the Clinical Service Desk was more nuanced and could decide to despatch a lower acuity response to the patient.



The Clinical Navigator would work between these two roles and allowed for an additional layer of scrutiny and reconciliation between the two desks, ensuring the right resource to the right patients.

Referring to the establishment of ambulance handover zones, Mr Bloomfield clarified that very limited progress had been made on these. He advised that, while the Ulster Hospital had previously indicated that it hoped to establish its ambulance handover zone by December, they had since advised there was no physical space to do so. Other hospital sites were at various stages, for example some had identified an area but could not provide the necessary staffing.

Mr Bloomfield said that this work linked to the workshop on 14 October referenced earlier by Ms Paterson where the Trusts would look at unscheduled care with a particular focus on handover times. He believed that, at the workshop, Trusts would continue to allude to the challenges around staffing these dedicated areas. However he stressed the importance of the NIAS working with Trusts to transfer patients from ambulances into EDs.

Mr Bloomfield advised that he had recently written to Ms Gallagher, Deputy Secretary, SPPG, to point out that prior to the pandemic, no patients were waiting in the back of ambulances but queued in hospital corridors. He said that this allowed NIAS to cohort a number of patients, allowing ambulances to respond to other calls in the community.

Mr Ashford reminded colleagues that establishing handover zones had been identified as mitigation to a risk but that there had been an absolute lack progress in this regard. He believed it would be important to have this recorded in the minutes as well as the Committee's deep disappointment at the lack of progress.

Mr Bloomfield said that he very much shared Mr Ashford's frustration. He reminded those present that, while the dedicated handover zones was one of ten actions set out in No More Silos, this was no longer a stand-alone plan. Mr Bloomfield clarified that each Trust was now expected, through

its improvement trajectory, to demonstrate the reduction of handover times. He added that this particular improvement trajectory had been sub-divided to 15/30 minutes and 1/3 hours and pointed out that every Trust had remained 'red' against each of these timelines. Mr Bloomfield acknowledged that the use of improvement trajectories was at an early stage and said he was unsure as to the escalation process to be used by the DoH in the event Trusts did demonstrate effective progress in meeting the improvement trajectories.

Ms Lemon referred to Mr Ashford's question around Band 8 overtime and reminded the meeting that this had been an outstanding IA recommendation in terms of overtime for Band 8 posts being paid at an enhanced rate outwith terms and conditions. She said that this position had been further complicated by the Covid-19 pandemic arrangements which enabled the Trust to pay that rate in line with DoH direction. Ms Lemon added that this arrangement had since been withdrawn by the DoH.

Ms Lemon advised that the Trust had put Band 8 staff on notice that the Trust intended to revert to normal terms and condition and that the enhanced overtime rate would no longer apply. She added that the Trust was currently within that notice period. Ms Lemon indicated that, rather than rely on overtime, the Trust would be working with managers to look at shift planning. She confirmed that Band 8s were working in line with their normal terms and conditions, including those who were undertaking on-call duties.

Ms Lemon explained that other Trusts no longer paid the Covid-19 Rapid Response Payment Scheme (CRRPS) rate but had the ability to engage agency or off-contract staff. She said the DoH was aware that the NIAS had retained the opportunity to avail of CRRPS where necessary and appropriate and in a planned and careful way.

The Chair reminded colleagues that he had considered the 'A Review of Leadership and Governance at Muckamore Abbey Hospital' and other similar reports which had alluded to a 'lack of curiosity' on the part of Non-Executive Directors and said he had found it helpful to read these reports in the context of Risk 357.

Continuing, the Chair expressed his frustration at the seriousness of handover delays. He suggested that the focus and discussion at the meeting on 8 December should now be on what could be done as opposed to how the NIAS would work within the system to resolve this matter.

Mr Ashford referred to the Trust Board meeting on 11 October and suggested that this issue should be escalated to the Trust for discussion given the fact the mitigation to be put in place, for example dedicated ambulance handover zones, to improve the position had not been actioned.

The Chair suggested asking the Trust Board Chair to convene an extraordinary Board meeting to consider this matter as the next scheduled meeting of the Board after 11 October would be December.

Mr Bloomfield suggested that there were two related but distinct issues for consideration. The first related to the actions being taken by the Senior Management Team to address and influence this issue and the rest of the HSC system. He said it was for the ARAC to decide whether these actions were sufficient or whether more could be done to address this issue. The second, he suggested, was to consider the role of the Trust Board if these actions were not sufficient or not having the necessary impact.

He reminded the meeting that he had spoken to the Permanent Secretary, Deputy Secretary and Trust Chief Executives and Dr Ruddell had spoken to the Chief Medical Officer about risk posed. Mr Bloomfield believed the NIAS had influenced the DoH to require each Trust to address this issue through the improvement trajectories. He reminded members that it had been made clear in various documents that this issue was outside of NIAS' control and the DoH looked to the other Trusts to improve the position.

The Chair questioned the legal position and whether corporate manslaughter charges could be put forward. Following agreement from Mr Ashford, he asked for legal advice to be sought as to the options available to him as the ARAC Chair in relation to Risk 357 and the fact that it had not been addressed.

Dr Ruddell emphasised that the Trust was not referring to theoretical risk of patients coming to harm and said actual harm was being caused to patients. He acknowledged that there was potential for earlier emergency responses and handovers to have changed the outcome for patients. Dr Ruddell said he welcomed working in an organisation where concern could be openly expressed about the harm being caused to patients and he added that this view was supported by, for example, the Royal College of Emergency Medicine, the Royal College of Nursing and the College of Paramedics.

Continuing, Dr Ruddell commented that, from a medico-legal perspective, the Trust was doing everything possible within its powers to address the risk associated with handover delays. Therefore, he said, in his view, it would be difficult to accuse the Trust of medical negligence as it would be necessary to confirm proof that harm had been caused as a result of an error made by the NIAS. Dr Ruddell said that, on the vast majority of occasions, it was a case of capacity versus demand.

The Chair acknowledged that the Trust was doing everything to ensure this issue was being addressed but questioned who was responsible for allowing ambulances to be delayed at EDs.

Dr Ruddell referred to the difference between corporate manslaughter and medical negligence and said he welcomed the Chair's recognition of the efforts being made by the Trust. Dr Ruddell said it would be important to record in the minutes the efforts being made by Directors to raise the issue of handover delays at every opportunity, both publicly and privately.

Dr Ruddell indicated that, as well as harm being caused to patients, harm was also being caused to frontline crews and staff in the Emergency Ambulance Control and said that all staff were trying their best in challenging circumstances to address this issue.

Mr Ashford agreed with the Chair's comment that the Trust was doing everything to address the matter and said he remained frustrated at the fact that it had been agreed that this was a

HSC-wide issue. He said he agreed with seeking legal advice in terms of what the Trust was failing to achieve.

Mrs Mitchell said her view would be that the ARAC had absolutely fulfilled its responsibilities. She reminded those present that the Committee was responsible for ensuring there was a functioning risk management system in operation within the Trust and she added that this was why the Corporate Risk Register was regularly presented to the Committee. Mrs Mitchell said that the ARAC Chair had expressed concerns about this particular risk and how it was being managed. In response, the Trust's Senior Management Team had provided a detailed review. Therefore she said, from an audit perspective, the responsibilities of the ARAC had been fulfilled and therefore the management and how Risk 357 might be addressed was now an issue for the Trust Board to consider.

Continuing, Mrs Mitchell commended Committee members on the challenges they had put forward in relation to this particular risk. She acknowledged the agreement to seek legal advice and exploring how other Trusts were handling this risk. Mrs Mitchell confirmed that Ms Keating had liaised with other ambulance Trusts throughout the UK and Ireland to check if a similar risk appeared on their risk registers and how they were dealing with it. She said that, as a result of this work, the wording within the Trust's Risk Register had been amended.

The Chair said it would be important that the issue was escalated appropriately and that everything possible had been done internally to ensure that the risk was effectively recorded on the Trust's Risk Register. The Chair suggested that, based on these discussions, the management of Risk 357 should be discussed at the Trust Board on 11 October rather than the ARAC meeting scheduled for 8 December.

Mr Bloomfield agreed with this approach. He said that the moral distress caused to staff should not be underestimated. Moreover, he suggested that the discussions at the ARAC also reflected a sense of moral distress in that members were aware of their responsibility in terms of the service to be provided to the public. Mr Bloomfield pointed out that pressures would continue as the HSC entered another difficult financial year and increasing demands were placed upon the service.

The Chair thanked those present for their contribution to the discussion.

## 7 Internal Audit

### 7.1 Progress Report (AC06/10/22/06)

Ms McKeown drew the Committee's attention to this report which summarised the progress being made against the 2022-23 Internal Audit Plan and provided a summary of the audit reports finalised since the last Committee meeting.

She referred to page 2 of the report which alluded to current resource challenges within the IA team. Ms McKeown sought the Committee's agreement to the deferral of the Resource and Rota Management audit from this year to the next financial year. She confirmed that next year's audit plan would be reviewed to ensure there was opportunity to carry out this audit as early as possible.

Ms McKeown clarified that the deferral of this audit would result in IA not being able to deliver as many audit days as planned and said she was engaging with BSO Finance to work through the financial implications of this.

Mr Ashford asked whether deferral of this particular audit might present any concerns.

Ms McKeown pointed out that it was merely a timing issue for IA and said that the audit would take place in the next financial year. She said she was content that sufficient work had already been undertaken which would allow her to provide a comprehensive Head of Internal Audit assurance at the year end.

The Committee **APPROVED** the deferral of the Resource and Rota Management audit to the 2023-23 year.

Continuing, Ms McKeown advised that IA had confirmed a limited level of assurance in relation to the audit on the Trust's Performance Management and explained that this had been based on one significant finding around current performance

management arrangements. Ms McKeown highlighted the key points of the finding and acknowledged that work was underway around the development of Directorate scorecards which would feed into the corporate position as well as the automation of management information.

Mr Ashford welcomed the introduction of the scorecard approach and asked whether the Trust was satisfied there was sufficient capacity at middle management level to ensure its delivery.

Responding, Ms Paterson advised that her team was currently developing dashboards and would be responsible for Directorate performance framework. She said data was key to understanding the current performance baseline.

Ms Paterson alluded to work which had recently been presented at the Trust's Senior Management Team around enhancing the NIAS operational cover matrix to provide further insight to the operational team. She added that this would gradually replace the traditional cover matrix that planned ahead for seven days and said that the tool would allow planning six weeks in advance and would refresh every 30 minutes.

She indicated that, in other Trust Committees, members would see each transformation area and associated programmes of indicators – all of which would contribute towards populating the scorecard. She explained that these were delegated to each individual area to allow for effective management. Ms Paterson said she was confident that the Trust would address the IA recommendations in the Performance Management audit and indicated that it had been an issue of timing in terms of resolution.

Mr Bloomfield referred to Ms McKeown's acknowledgement that the action to be taken was work in progress. He reminded the meeting that, until recently, the Trust did not have an individual within the organisation with specific responsibility for performance management. He added that work had been ongoing over the last year to finalise the Directorate structure and ensure an appropriate staffing structure was in place.

Ms Lemon explained that the HR Directorate had a balanced scorecard in place and the PFOD Committee received regular progress reports against a single improvement plan. She agreed that data was key and referenced a number of legacy manual processes. She acknowledged that there were elements within the scorecard on which the HR Directorate was not yet in a position to report and said that the PFOD Committee was aware of this. Ms Lemon said that the aim was to transition from manual processes to working more effectively and efficiently and she believed that the balanced scorecard approach should help with capacity issues within the Directorate.

Ms McKeown advised that there was a satisfactory level of assurance in relation to Risk Management. She pointed out the need for specific implementation dates to mitigate risks to be adhered to within the Corporate Risk Register.

The Committee **NOTED** this update.

## **7.2 Mid-Year Follow-up Review of Outstanding Internal Audit Recommendations 2022-23 (AC06/10/22/07)**

Mr Charles advised that, during September 2022, IA had reviewed the implementation of accepted outstanding Priority One and Two IA recommendations, where the implementation date has now passed. He noted that 103 (65%) of the outstanding 159 recommendations examined had been fully implemented; a further 54 (34%) had been partially implemented and 2 (1%) had not yet been implemented.

He indicated that, as had been referred to earlier in the meeting, management should continue to take action to address the recommendations.

The Committee reviewed the current position in relation to the outstanding recommendations and the Chair said he looked forward to receiving further updates at the December meeting.

The Committee **NOTED** the Follow-Up Review Report.

## **7.3 BSO Shared Service Update (AC06/10/22/08)**



The Committee **NOTED** the BSO Shared Service Update.

**7.4 Head of Internal Audit Mid-Year Assurance Statement (AC06/10/22/09)**

The Committee **NOTED** the HIA Mid-Year Assurance Statement.

**8 External Audit**

**8.1 Final Report to Those Charged With Governance (RtTCWG) (AC06/10/22/10)**

Ms Hagan pointed out that the RtTCWG would now be finalised and presented at the next ARAC meeting.

**9 NIAS Mid-Year Assurance Statement (MYAS) (AC06/10/22/11)**

Mr Nicholson advised that it had not been possible to have a draft of the MYAS for consideration at today's meeting. He reminded members that the Mid-Year Assurance Statement had not been required for the last few years due to the pandemic and the standing down of governance arrangements.

Mr Nicholson explained that the Mid-Year Assurance Statement reflected the Trust's Governance Statement which was an integral element of the Trust's Annual Report and Accounts.

He suggested, due to the timescales involved, it may be necessary for the Committee to consider the Assurance Statement by e-mail and he undertook to keep the ARAC Chair apprised.

**10 Corporate Risk Register (including current assessment of hospital handover delays) (AC06/10/22/12)**

At the Chair's invitation, Ms Keating took the Committee through the detail of the Corporate Risk Register and reminded members that the Trust's Risk Management Policy and Procedures required the ARAC to review the Register at least twice per year.

She proposed the closure of Risk 586 relating to Financial Stability - Achieving Financial Balance 2021-22 and explained that this would

now be replaced by the same risk for 2022-23. She also described the proposed new risks, namely:

- Derogation List - NIAS Specific Approach to National Response Standards (708)
- Financial Stability - Achieving Financial Balance 2022-23 (726)
- Medicines Asset Management & Governance (712)

Ms Keating highlighted a number of proposed de-escalations to Directorate Risk Registers and provided the rationale for the de-escalation:

- Outstanding Internal Audit Recommendations (587)
- Attracting & Retaining Suitably Qualified Staff (575)
- EU Exit (367)
- Emergency Ambulance Control Business Continuity (300)
- Outbreak of Covid-19 (558)
- Timely Response to SAls & Complaints during Covid-19 (654)
- BSc (Hons) Paramedic Students during Placement (668)

Ms Paterson advised that both the ARAC and the Trust's Senior Management Team worked together to bring consistency to the Risk Register. She said she had advised the Chair of the work underway to ensure, from a governance perspective, high priority risks on Directorate Risk Registers were reported to the appropriate Committee.

The Chair said he found it helpful to remind himself of the role of the ARAC in that the Committee had to assure itself that the risks identified were being considered by the appropriate Committee which would examine the risk in detail.

With regard to Risk 357 around handover delays, the Chair referred to the earlier discussion and suggested the fact that the Committee had proposed the risk would be more appropriately dealt with by the Trust Board would act as a further form of escalation and should be noted within the risk itself.

Ms Paterson referred to Risk 575 (Attracting & Retaining Suitably Qualified Staff) and IA's preference that the risk should be owned by an Executive Director as opposed to Trust Board. She said that it had been proposed that the risk would be de-escalated to

Directorate Risk Registers for each Directorate to score accordingly. However, following discussion, the Trust Chair had expressed her wish to discuss this further with Non-Executive Director members at the In Committee Trust Board.

Ms Paterson clarified that Risk 575 would not be considered at today's ARAC meeting and she agreed to update the Committee accordingly following discussion at Trust Board.

Following this discussion, the Committee **APPROVED** the following:

**New risks:**

- Derogation List - NIAS Specific Approach to National Response Standards (708)
- Financial Stability - Achieving Financial Balance 2022-23 (726)
- Medicines Asset Management & Governance (712)

**Suggested closures:**

- Financial Stability - Achieving Financial Balance 2021-22 (586)

**Suggested de-escalations** (to Directorate Risk Registers):

- Outstanding Internal Audit Recommendations (587)
- EU Exit (367)
- Emergency Ambulance Control Business Continuity (300)
- Outbreak of Covid-19 (558)
- Timely Response to SAIs & Complaints during Covid-19 (654)
- BSc (Hons) Paramedic Students during Placement (668)

**11 Data Security Update (AC06/10/22/13)**

The Chair welcomed the update on data security and said he had been assured that the Trust, in using the three lines of defence model, was consistently and continually monitoring its network and user behaviour as well as having the necessary controls in place to protect its data and users.

Ms Paterson advised that the Network and Information Systems (NIS), a department within the Department of Finance, would be undertaking a further audit within NIAS and said that this would provide a further level of independent assurance.

Mr Ashford commended the satisfactory IA finding around cyber security. He said he was aware that a number of systems, for example the Integrated Command and Control System (ICCS) and Computer Aided Despatch (CAD) ICCS and CAD, were approaching end of life and he asked whether there were any concerns that this could impact on data security.

Ms Paterson confirmed that the business cases for the replacement and modernisation of the ICCS and CAD had been approved for implementation and she confirmed that data security was a key elements of the specification of both systems.

Mr Nicholson noted that data security was dominant in every day life and referred to the recent FPL outage which occurred during August. He said he had provided a detailed update to the Trust Board and said he would be happy to provide a formal update to the ARAC if required.

The Committee **NOTED** the Data Security update.

12 **Clarification of governance arrangements around fraud and Whistleblowing – verbal update**

Ms Paterson clarified that fraud would continue to be reported through the ARAC from a financial perspective. However, she acknowledged that, on occasions, fraud might be identified from a whistleblowing event and accepted that there would be overlap between the ARAC and the PFOD Committee where Whistleblowing would also be reported.

13 **Closed Meeting**

The Chair advised that he did not propose to have a Closed Meeting.

14 **Any Other Business**

14.1 **Body Worn Video Policy**

Ms Keating advised that the Committee had approved the first iteration of the Policy at its meeting on 23 June 2022. She explained that, following the second phase of the consultation exercise, a number of revisions had been made to the Policy

to include feedback which had been received from the Information Commissioner's Office and the Human Rights Commission around specific wording they wished to see included in relation to the rights of children. Ms Keating confirmed that she had incorporated this.

The Chair advised that he had no issue with any of the revisions highlighted. He sought clarification on why the appendix relating to 'confirmation of training in use of BWV devices and declaration statement of responsibilities' had been removed.

Responding, Ms Keating explained that both the Information Commissioner's Office and the Human Rights Commission had been of the view that the appendix was not necessary. She confirmed that there were other mechanisms in place through which assurance could be provided and she cited examples of e-learning, HSC terms and conditions around compliance with basic policy and procedures.

Mr Ashford thanked Ms Keating for highlighting the revisions in red.

Following this discussion, the Committee **APPROVED** the revised BWV policy.

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

The next meeting of the Audit Committee will take place on Thursday 8 December 2022. Arrangements to be confirmed.

ARAC dates for 2022-23 are as follows:

- Thursday 19 January 2023
- Thursday 30 March 2023

**All meetings will commence at 10am unless otherwise stated.**

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE MEETING AT 12.40PM**

**SIGNED:** *William Abraham*

**DATE:** 8 December 2022

FINAL