



**MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE  
(ARAC) HELD ON THURSDAY 3 FEBRUARY 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  
Ms L Charlton Director of Quality, Safety &  
Improvement (for agenda item 7.1 only)  
Mr P Nicholson Interim Director of Finance  
Ms M Paterson Director of Planning, Performance &  
Corporate Services  
Mr A Phillips Assistant Director of Finance  
Mr S Knox Northern Ireland Audit Office  
Mr A Harbison Northern Ireland Audit Office  
Mrs J Shorthall ASM (External Auditors)  
Mr D Charles Assistant Director, BSO Internal Audit  
Mrs L Mitchell Independent Adviser to Committee  
Ms K Keating Risk Manager  
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 Mr Andrew Harbison from the NIAO who had joined to observe the meeting.

**1 Apologies**

No apologies were received.

## 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 (AC03/02/22/01)**

It was noted that the minutes of the previous meeting held on Thursday 2 December 2021 had been **APPROVED** by e-mail. For the record, Mr Abraham proposed the approval of the minutes. This was seconded by Mr Ashford.

## 4 **Matters Arising (AC03/02/22/02)**

The Chair noted the actions arising from the meeting on 2 December and that a number of these had been deferred to the March meeting.

Mr Nicholson reminded the meeting that the action relating to the scrutiny of business cases to be undertaken by the People, Finance and Organisational Development Committee (People Committee) had come about from discussion at the ARAC meeting on 2 December. He indicated that the People Committee would have oversight of the business case process.

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

The Committee Chair acknowledged the inclusion of risk assurance within the remit of the Audit and Risk Assurance Committee (ARAC) and that this was the first meeting of ARAC where this new area of responsibility was relevant. He noted that ARAC would be relying upon Ms Paterson, Director of Planning, Performance and

Corporate Services, to assist ARAC in managing this new responsibility. The Committee Chair stressed the importance of ensuring this new responsibility was considered carefully to ensure there were no gaps in oversight, particularly during the transition to the new committee structure.

He highlighted that the role of the Audit and risk Assurance Committee is to examine whether all risk is being fully overseen by the committee structure and by the Trust and is not to drill down into each risk or to manage each risk.

The Committee Chair said he wished to take this opportunity to highlight discussions he had had with the Chair and Chief Executive around a number of Covid-19 related risk issues and whether these might need to be reflected in the organisation's risk response. These issues related to the duty to treat Covid-19; informed consent to Covid-19 vaccinations; vaccine injury; the potential of a vaccine mandate; and how these risks might impact on the risks recorded in the NIAS Risk Register.

The Committee Chair advised that Ms Paterson had undertaken to review these risks which he had further documented in a separate report. The Committee Chair noted that Non-Executive Directors had a responsibility to consider risks which, despite having a small probability, could potentially result in a high impact on the organisation.

Ms Paterson referred to the transition of risk management and assurance to ARAC and reminded those present that this had come about following discussion at the NIAS Committee workshop held in July 2020. She explained that other Trust Committees would have a role in scrutinising in more detail the level of mitigations and actions being taken across Directorates. For example, potential risks around patient safety were being considered at the Safety, Quality, Patient Experience and Performance Committee (Safety Committee) and financial risks were being considered at the People Committee.

Continuing, she advised that a number of specialist areas, for example cyber security and information governance would be considered at ARAC with a view to the Committee seeking further assurance if necessary in relation to the potential levels of risk. Ms Paterson said it would be important for ARAC to discuss its'

approach in terms of determining the checkpoints to ensure comprehensive monitoring and to consider best practice.

Ms Paterson said she appreciated the thought-provoking questions and concerns expressed by the Committee Chair.

With regard to duty of treatment, Ms Paterson explained that NIAS did not provide definitive care for Covid-19 but provided limited treatment (such as oxygen) to allow patients to be conveyed to hospital for decision-making on their symptoms. She added that, for this reason, she did not consider this to be a risk for the Trust.

Ms Paterson referred to the concern expressed by the Committee Chair in relation to informed consent to vaccinations and advised that the Trust did not administer Covid-19 vaccines to staff. She acknowledged that the Trust, in accordance with NHS guidance, had encouraged staff to receive the vaccines and had shared with them the details of vaccination clinics across the region. She added that communication had also been shared with staff on how they could access links to the data provided by the DoH and the PHA. Therefore, the risk, if any, was on other parties. Ms Paterson confirmed that, for this reason, she did not believe there was a risk to the organisation and added that this was in line with other Trust positions.

Continuing, Ms Paterson acknowledged that in relation to the Committee Chair's point re vaccine mandate and the potential imminent loss of service capacity, although recent events seemed to make this risk less relevant, the Trust could take some learning from this. She reminded the meeting of the dynamic nature of the Trust's Risk Register and said it was reviewed on a cyclical basis. Ms Paterson acknowledged that, while the Register had recorded risks and mitigation in relation to Covid-19 and the loss of service capacity, it had not recorded the potential mandate of vaccination to the workforce as a risk. She pointed out that the Trust had reported up to 20% of staff absent at one point in time and added that the associated mitigations had also been recorded.

Mr Ashford welcomed ARAC's role in relation to risk. He suggested that it should be included as a standing item on each Committee agenda and therefore assist in focussing Committees' attention on those relevant areas of risk pertaining to individual Committees. Mr Ashford added that he agreed with the Committee Chair's

suggestion to ask Mrs Mitchell to review best practice and further suggested that Mrs Mitchell could perhaps assist with the self-assessment and provide elements of independence. He referred to the risk around the vaccine uptake and asked if the Trust had any details in relation to the uptake.

Responding to Mr Ashford's query, Mr Bloomfield explained that, while the Trust had a sense of vaccine uptake amongst its staff, it did not have a definitive figure as the Trust did not provide the vaccination. He reminded the meeting that the Trust had signposted staff as to the Covid-19 vaccination centres and added that some staff may have received their vaccination through GPs or pharmacies. Mr Bloomfield said that he believed the uptake amongst staff to be relatively high but unfortunately the Trust would not be in a position to confirm a figure.

The Committee Chair thanked Ms Paterson in anticipation of her consideration of the concerns he had raised and acknowledged that, should the action of the organisation change, then the response would change in parallel.

Mr Bloomfield pointed out that the Trust would continue to act on the basis of the guidance and advice issued by the DoH.

In response, the Committee Chair commented that if there were any changes in the guidance or advice, it would be important to consider how the Trust would deal with this as the actions put in place by the Trust may no longer address the issues. He asked for the Committee to be kept informed if the guidance/advice changed as it may warrant further discussion at Committee or Board level.

Mr Bloomfield referred to Ms Paterson's responses earlier in the meeting to the questions posed by the Committee Chair. He acknowledged the learning around ensuring the Risk Register was to be agile and dynamic. Mr Bloomfield pointed out that, while the NHS England had taken the decision to introduce mandatory vaccination in England, the Minister for Health in Northern Ireland had indicated his intention, towards the end of last year, to bring forward consultation around mandatory vaccines. He advised that there had been no further announcements in relation to the consultation and said it was his view that the focus was more likely to be on newly recruited staff being vaccinated rather than the existing workforce. However Mr Bloomfield said it would be

important to wait to see the detail of the consultation and assured the Committee that any consultation response would come to Trust Board for consideration and members would have an opportunity to input at that point.

The Committee Chair said that he would welcome further discussion but that, in his view, the risk of losing between 10-20% of staff through this issue and the resultant impact on the organisation should be considered and weighted regardless of the direction from other parties. Further, it would be important to be cognisant of the related external factors and how these might impact on the organisation.

## **6 Standing Item**

### **6.1 Direct Award Contract (DACs) (AC03/02/22/03)**

Mr Nicholson drew ARAC's attention to the DAC report and acknowledged the high number within each category. He highlighted in particular the significant number of DACs relating to the provision of food and explained that, at the start of the pandemic, a decision had been taken to provide food to staff. Mr Nicholson said that it was hoped that, over the coming months, the Trust would be able to revert to business as usual.

The Committee Chair was of the view that reverting to business as usual post Covid-19 operations could present challenges and he sought further detail on the Trust's plans to do so.

Responding, Mr Nicholson reminded the meeting that the Trust had been at the highest escalation REAP level since July 2021 and had only recently reduced to REAP Level 3. He referred to a range of actions which had been put in place from the provision of food to the enhanced payments for overtime and said the Trust had begun to look at how it could now revert to business as usual or normal operations.

Mr Bloomfield agreed with the point made by the Committee Chair and said it would be important to ensure that consideration was given to ceasing these arrangements on a timely basis. He referred to the fact that the REAP level had only been recently reduced because operational cover had been good and explained that this cover was heavily reliant on

overtime which may be impacted upon when the enhanced payments ceased. He said that, as part of the Trust's overall planning and as it moved towards the end of the winter period, it would be important to revert to business as normal in terms of service provision. Mr Bloomfield said that there would be proactive communications with staff over the coming weeks and months in relation to this.

The Committee Chair sought further information on how Non-Executive Directors or committees would be informed of progress in this regard and whether this would be done through regular updates. He referred to the light-touch governance which had been adopted during the pandemic.

In response, Mr Bloomfield reminded members that, in the first year of Covid-19, the Trust Board was provided with regular assurance reports setting out how the Trust was managing surges and recovery. He advised that, while the Trust was in the latest surge, it had also considered the mitigations and improvements brought about by the surge with a view to embedding these into any learning.

Mr Bloomfield indicated that the Performance Report and Covid-19 update report to the February Trust Board would contain information around how the Trust was recovering and some of the actions it had taken.

The Committee Chair suggested that it would be helpful to include a standing agenda item around 'Recovery' where Ms Paterson could update the Committee on key areas with a view to the Committee monitoring these from a risk perspective. He added that this could then form part of the report to Trust Board.

Mr Ashford sought further information in relation to the mobile welfare unit.

Mr Nicholson explained that this had been purchased and had been sited at Antrim Area Hospital for crews to have somewhere to go for respite between calls.

Mr Bloomfield said that members would be aware of the welfare hubs put in place for staff at a number of other hospital sites

throughout the region. He explained that it had proved more difficult to site one at Antrim due to the lack of physical space and said there had been an urgency in putting one in place on the Antrim site before the winter period and the increase in pressures.

Both the Committee Chair and Mr Ashford welcomed this important development. The Committee Chair suggested that the inclusion of 'Recovery' as a standing agenda item would allow a focus and monitoring on important issues. He referred to turnaround times and was of the view that there had not been much progress in this regard.

Responding, Mr Bloomfield indicated that the issue was regularly discussed at committees and the Safety Committee had recently discussed it in detail. He said that Ms Charlton had shared with members the national benchmarking showing handover delays across the UK. Mr Bloomfield added that these had increased at a similar pace to those being experienced by NIAS.

Mr Bloomfield said that there continued to be focus on this area and acknowledged the significant impact on the Trust and those patients waiting in the community for a response. He indicated that many complaints received by the Trust related to delayed response and noted that some of these had escalated to Serious Adverse Incidents (SAIs).

The Committee Chair suggested that it might be helpful to monitor the position and for Ms Paterson to provide an update at each meeting.

Mr Ashford suggested that, given the significance of the issue and the fact that it straddled a number of Committee remits, it might be prudent to include this as a standing item on the Trust Board agenda rather than have Directors provide an update at various Committee meetings.

Ms Paterson clarified that the turnaround times constituted a risk to patients and staff and therefore the scrutiny at the Trust's Safety Committee and inclusion in the Trust's overarching Corporate Risk Register was appropriate. She agreed with the point made by Mr Ashford that the issue



straddled a number of Committee remits and suggested it would be important to understand how the Trust managed the risk and the reporting of that risk.

Taking these points on board, the Committee Chair asked Ms Paterson to consider this with a view to clarifying the position and avoiding duplication of reporting at committee level.

Mr Knox suggested that, as regards the DACS listings, it would be helpful to have the classification of DACS sub-category within the detail of the information rather than as a table at the end.

Mr Nicholson welcomed this suggestion and explained that the current format of the DAC report was similar to that submitted to the DoH.

Following this discussion, the Committee **NOTED** the DAC report.

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

At the Committee Chair's invitation, Mr Phillips updated the Committee on a fraud allegation currently under investigation.

The Committee **NOTED** the verbal Fraud Update.

## **7 Internal Audit**

### **7.1 Internal Audit Progress Report (AC03/02/22/04)**

Commencing his report, Mr Charles reminded the meeting of the Key Performance Indicators used by Internal Audit and summarised the progress made against the 2021-22 Internal Audit Plan. He also provided a detailed overview of the audit reports finalised since the last Committee meeting, namely the Financial Review including core HR, Management of Independent Ambulance Contractors and Board Effectiveness.

#### **(i) Financial Review including core HR**

With regard to the audit report in relation to the Financial Review including core HR, the Committee noted the

satisfactory level of assurance in respect of Core HR Processes for HRPTS; Non-Pay Expenditure; Travel and Subsistence; and Bank and Cash and the limited level of assurance in respect of Payments to Staff (Trust Control). Mr Charles provided a detailed overview of the findings and recommendations.

Mr Ashford welcomed the progress which had been made and noted that a number of recommendations from previous audits had not yet been progressed. He referred in particular to a finding around a contract change taking 23 weeks to be implemented and to the sample checking which he said appeared to be dependent on the availability of Station Officers.

Mr Bloomfield acknowledged that progress had been slower than expected due to the continued operational pressures and he referred to pages 6-7 of the report which set out the actions to be taken. Continuing, Mr Bloomfield said that he wished to comment on the checks to be carried out by Station Officers. He reminded the meeting that checks by Station Officers had been introduced due to the significant impact of Covid-19 and acknowledged the Internal Audit recommendation in 2020-21 that normal verification controls should resume when Covid-19 allowed. Mr Bloomfield referred to his long-standing view that a 100% check of overtime and travel claims was not the best use of clinical Station Officers' time and he pointed out that, on average, this could potentially take three days per month to complete. He advised that, since the onset of the Covid-19 pandemic, Station Officers worked a 7/7 rota, working up to 14 hours per day. He said that his priority was to have Station Officers supporting staff on difficult calls, assaults, managing absences and assisting at EDs trying to get crews turned around. Mr Bloomfield acknowledged that the Trust needed to examine this matter further with a view to exploring other options, including technical options, to ensure appropriate checking was carried out but not necessarily by Station Officers. He undertook to report back to the Committee on progress in relation to this finding.

## **(ii) Management of Independent Ambulance Contractors**

Mr Charles reported that there had been a limited level of assurance in respect of the Management of Independent

Ambulance Contractors and provided the Committee with a detailed overview of the findings and recommendations.

Ms Charlton updated the Committee on the progress which had been made over the last six months in relation to the assurance regarding Quality and Safety aspects of the Non-Emergency Framework. She alluded to the extensive engagement with providers around the requirements of the specification and the arrangements put in place by the Trust to monitor this and added that providers had agreed to the arrangements put in place. She advised that a quarterly compliance template had been developed which referenced the quality and safety elements of the framework and which linked to an electronic auditing system.

Ms Charlton advised that the first round of unannounced inspections had taken place and indicated that these would take place twice a year and would be conducted by officers involved in health and safety, environmental cleanliness and IPC. She indicated that the Framework had recently been discussed at a Senior Management Team meeting and would be presented to the next meeting of the Safety Committee.

The Committee Chair sought clarification on how the Non-Emergency Framework linked to the Safety Committee.

Ms Paterson explained that the various linkages with other aspects of NIAS services, in particular the work being progressed in relation to Patient Care Services (PCS). She acknowledged the significant contribution made by independent ambulance contractors in supporting Non-Emergency Ambulance Control (NEAC) journeys. Ms Paterson referred to the progress which had been made in terms of data collection and said she would be confident that the Trust could provide the necessary information; was aware of what needed to be done in terms of improvement and provide assurance to Trust Board through the audit process from a risk and performance perspective.

Mr Ashford welcomed the progress which had been made. He referred to the finding in the report in relation to the allocation of work. He sought assurance that arrangements had been put in

place to ensure contractors were allocated work in order as per the framework.

Ms Paterson said it would be important to examine all processes being used and ensure there was clarity as to how contractors were selected from the framework, ensuring compliance with the framework.

Responding to the Committee Chair's reference to the Safety Committee, Ms Charlton explained that the safety and quality aspects of the monitoring of the framework specification would fall within the Safety Committee's remit. She indicated that discussion around the financial and utilisation aspects of the specification would take place at the relevant Committee.

Mrs Mitchell referred to a number of implementation dates which had passed and sought assurance that the related recommendations had indeed been implemented.

Mr Charles explained that the implementation dates would be retained and revisited as part of the year-end follow-up conducted by Internal Audit.

The Committee Chair welcomed the range of work ongoing to address the findings of this report and said it was clear that management and the Board were aware of the issues.

Mr Bloomfield said there were clear overlaps between the previous PCS report and this audit report. He reminded the meeting that most of the Trust's transformation projects were paused at the end of the November to allow a focus on operational service delivery. Mr Bloomfield said that NIAS had been able to secure support from the London Ambulance Service to assist with the PCS review. He indicated that SMT had recently received an update on progress in relation to the review and also around the outstanding IA recommendations and said that he was confident that progress was being made. Mr Bloomfield said that the review to date had confirmed the issues highlighted by the IA report around the quality of service and added that it would provide the Trust with robust information to enable monitoring to take place moving forward.

### **(iii) Board Effectiveness**

Mr Charles reported that there had been a satisfactory level of assurance in relation to Board Effectiveness and he gave a detailed overview of the findings and recommendations, pointing out that a number of recommendations required actions which were outside the Trust's control.

The Committee Chair referred to the independent review report on the circumstances around the resignation of the RQIA Board and commended it to members.

Mr Bloomfield acknowledged Mr Charles' reference to some actions being outside the Trust's control. He alluded to the two Executive Directors currently being interim positions and explained that the Trust was currently awaiting DoH approval to proceed to recruit these posts. Mr Bloomfield said that the Trust was also in regular contact with the Public Appointments Unit in relation to the current Non-Executive Director vacancy. With regard to the independent report around the resignation of RQIA Board Members, Mr Bloomfield said that the Chair intended to look at this in more detail when circumstances permitted.

The Committee welcomed the positive report. Mr Ashford commended Mrs Mitchell and Mr Sowney's contributions to the work of the Audit and Risk Assurance and the Safety Committees respectively and believed their expertise and insight had assisted in maintaining a focus on the Committees' work.

The Committee Chair thanked Mr Charles for his detailed report and the IA Progress Report was **NOTED** by the Committee.

## **8 External Audit**

### **8.1 NIAS: 2021-22 External Audit Strategy (AC03/02/22/05)**

At the Committee Chair's invitation, Mrs Shorthall took members through the detail of the 2021-22 External Audit Strategy and explained that the purpose of the document was to highlight to the Trust:

- how the NIAO, on behalf of the Comptroller and Auditor General (C&AG), planned to audit the financial statements for the year ending 31 March 2022, including how the NIAO would be addressing significant risks of material misstatement to transactions and balances;
- the planned timetable, fees and audit team;
- relevant changes to financial reporting guidance;
- matters which the NIAO was required to communicate to the Trust under International Standards on Auditing (ISAs), including the scope of the audit, respective responsibilities and how the NIAO would maintain independence and objectivity; and
- Public Reporting work undertaken by the C&AG that was relevant to NIAS.

Mrs Shorthall also drew the Committee's attention to the points for discussion by the Committee on page 1 of the document.

Mr Knox advised that uncertainty remained over the holiday pay accrual issue and associated accounting treatment. He reminded the meeting that, while it was an issue for other Trusts, the fact that the NIAS' value of liability was above materiality had resulted in qualification of the Trust accounts. Mr Knox indicated that he was not aware of the issue having been resolved in the interim.

Mr Nicholson advised that the issue was the subject of regional discussion across the HSC and he hoped that there would be some movement towards the end of the year. He indicated that the issue had been compounded by Covid-19 as the Trust's reliance on overtime had increased significantly and therefore the liability had increased in parallel.

The Committee Chair was of the view that it was likely that the issue would recur this year. He explained that the important issue for him was the pragmatism of the Trust in ensuring it had the necessary funds earmarked for such use.

The Committee considered the actions for the Audit and Risk Assurance Committee presented by the NIAO and was not aware of any breaches of laws and regulations nor any additional frauds other than those advised to the ARAC.

The Committee Chair thanked Mrs Shorthall for her detailed presentation of the Strategy which was **NOTED** by the Committee.

9 **Joint Health and Safety Policy Statement (AC03/02/22/06)**

Mr Ashford questioned the absence of detail around arrangements or responsibilities within the Policy Statement.

Ms Keating explained that the Policy Statement represented a statement of commitment and advised that further papers would follow for consideration at the next meeting. She clarified that the Statement also set out the basic statutory requirements.

On this basis, the Joint Health and Safety Policy Statement was **APPROVED** on a proposal from Committee Chair. This proposal was seconded by Mr Ashford.

10 **Committee Terms of Reference (AC03/02/22/07)**

Mr Nicholson explained that the Committee Terms of Reference had been included with today's papers for completeness and reference purposes.

The Committee Chair referred in particular to para 1.4 of the Terms of Reference, ie 'The Committee will regularly review and reflect on best practice and adopt new learning as part of a commitment to continuous improvement.' He said that he had discussed this point with Mrs Mitchell and had asked her to review best practice and advise the Committee in due course. He advised that he had asked for this to become a Standing Item on the agenda, ie 'Review of Best Practice.'

Mrs Mitchell said she would be happy to look at this and would link with the Committee Chair and the Committee in due course.

The Committee **NOTED** the terms of reference.

11 **Board Assurance Framework (AC03/02/22/08)**

Ms Paterson referred to the Board Assurance workshop held in December. She explained that it was important for the Committee to note the Framework and to acknowledge that this would act as the baseline for the gap analysis work to be undertaken. She referred members to the cover paper and explained that Ms Keating had drawn attention to the changes which had been made to the Framework.

Ms Paterson said that, in subsequent meetings, the Committee would be briefed on risks and challenges around the Assurance Framework to allow the Committee to have oversight and assurance on what was being done to address those.

Ms Paterson said that, at the workshop, it was acknowledged that further work was required to improve upon Directorate Risk Registers and added that this work would be brought back to the Committee for consideration.

The Committee **NOTED** the Board Assurance Framework.

## 12 **Corporate Risk Register (AC03/02/22/09)**

Mr Nicholson advised that Ms Keating had provided a summary on the cover note in terms of the main changes to the Risk Register in relation to those risks which were new/escalated, closed or de-escalated.

Ms Paterson alluded to earlier discussion around the transition of the risk assurance processes to this Committee and to present them in such a way which allows easy scrutiny and assurance. She advised that efforts had been made to maintain the relevancy and timeliness of the updates to the Register. Ms Paterson emphasised the importance of considering best practice and how the Register could be enhanced over the coming months with guidance from the Committee and the work to be undertaken by Mrs Mitchell.

Mr Ashford was of the view that Committee agendas should be based on the risks relating to the remit of the respective Committees.

Ms Paterson welcomed this suggestion and said it would be important to agree an approach from a governance perspective.



At the Committee Chair's suggestion, it was agreed that Ms Paterson would meet with Mr Nicholson and Mrs Mitchell to discuss further the oversight role of the Committee in relation to risks and also to consider the role of other Committees with a view to bringing a proposal to the Committee for consideration.

The Committee **NOTED** the Corporate Risk Register.

13 **DoH correspondence re: Test Drilling of Business Cases (AC03/02/22/10)**

The Committee **NOTED** correspondence dated 21 December 2021 from Ms Brigitte Worth, Director of Finance, DoH, to the Chief Executive providing feedback on a test drilling exercise relating to business cases.

Mr Nicholson confirmed that there was no action for the Committee arising from the DoH correspondence. He advised that the Trust had recently undertaken work to improve its compliance with the development of business cases.

Ms Paterson acknowledged that there was learning around the development of business cases and said that the work recently undertaken would ensure staff were supported in producing business cases to an acceptable standard and quality.

14 **BSO correspondence re: BSO Annual Assurance for the 2020-21 year (AC03/02/22/11)**

The Committee **NOTED** the correspondence dated 7 October 2021 from Ms Karen Bailey, Interim Chief Executive, BSO.

15 **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 Committee Chair advised that there were no action points to be taken forward.

16 **Any Other Business**

There were no items of Any Other Business.

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

The next meeting of the Audit Committee will take place on Thursday 31 March 2022 at 10am (venue and arrangements to be confirmed).

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

- Thursday 12 May 2022
- Thursday 23 June 2022 (am)
- Thursday 6 October 2022
- Thursday 19 January 2023
- Thursday 30 March 2023

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE MEETING AT 12.30PM**

**SIGNED:**

*William Abraham*

**DATE:**

14 April 2022