



**MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE  
(ARAC) HELD ON THURSDAY 8 DECEMBER 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  
Ms R Byrne Director of Operations (joined the meeting at 10.45am)  
Ms L Charlton Director of Quality, Safety & Improvement (left the meeting at 11.30am)  
Ms M Lemon Director of HR & OD (joined the meeting at 10.50am)  
Mr P Nicholson Director of Finance, Procurement, Fleet & Estates  
Mr B McNeill CRM Programme Director  
Dr N Ruddell Medical Director  
Mr A Arandia Asst Director Planning, Performance & Corporate Services (rep Ms Paterson)  
Ms K Keating Risk Manager  
Ms N Lappin Trust Chair  
Ms B McAuley Asst Director of Finance  
Mr I McCutcheon Financial Accounting Manager  
Mr S Knox External Audit Northern Ireland Audit Office  
Ms C Hagan External Audit ASM  
Ms J Shorthall External Audit ASM  
Ms C McKeown Head of Internal Audit, BSO  
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 reminded those present that, while there were other agenda items to consider, the main

focus of today's meeting would be on progress in addressing the outstanding IA recommendations.

## 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 (AC08/12/22/01)**

The minutes of the meeting on 6 October 2022 were **APPROVED** on a proposal from Mr Ashford and seconded by the Chair.

## 4 **Matters Arising (AC08/12/22/02)**

### 4.1 **Action List**

The Committee **NOTED** the Matters Arising.

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

The Chair reiterated his intention that the focus of the meeting would be on progress in addressing the outstanding IA recommendations.

## 6 **External Audit**

### 6.1 **2021-22 Report to Those Charged With Governance (RtTCWG) (AC08/12/22/03)**

Mr Knox advised that the Committee had already discussed the Report when it had been in draft format and confirmed that there had been no significant changes since that time. He indicated that the Trust accounts had now been certified with a qualified audit opinion and the Charitable Trust Funds had been given an unqualified opinion.

The Committee **NOTED** the Report.

### 6.2 **Audit of the Northern Ireland Ambulance Service Heath and Social Care Trust: Letter of Understanding (AC08/12/22/04)**

Mr Knox referred members to the Letter of Understanding which he explained was refreshed every 3-4 years. He advised that the Letter did not differ significantly from the previous version.

The Committee **NOTED** the Letter of Understanding.

## 7 **NIAS Mid-Year Assurance Statement (MYAS) (AC08/12/22/05)**

Mr Nicholson reminded the Committee that the draft Mid-Year Assurance Statement had not been available to share at the October meeting. However, the draft Statement had subsequently been shared with Committee members via e-mail on 25 October. Mr Nicholson explained that the draft Statement had been submitted to the DoH advising that approval would be sought to the draft at the Committee's December meeting.

Mr Nicholson explained that the Statement reflected the Trust's Governance Statement which was an integral element of the Trust's Annual Report and Accounts. He referred the Committee to pages 7-8 of the Statement and said that focus of this year's Statement was on delays at Emergency Departments and patient handovers.

The Chair suggested that figures around the lost operational capacity should be included to emphasise the significant impact on the Trust.

Mr Ashford referred to Appendix A and queried why the Integrated Command and Control System (ICCS) had not been included.

In response, Mr Bloomfield explained that there had been a light touch taken to this year's Mid-Year Assurance Statement and updates had only been given on those areas which had changed since the year end assurance statement as well as confirming that the Trust was continuing to address those actions which had been identified.

Responding to a question from the Chair, Mr Nicholson explained that, while the Mid-Year Assurance Statement had been signed off by the Chief Executive, it had been made clear when submitted to the DoH that it remained in draft format until the Committee had approved.

Mr Nicholson indicated that it would be possible to revisit the section of the Statement as had been suggested by the Chair and amend as necessary. He pointed out that there was reference later in the Statement to the harm caused to patients as a result of delayed handovers as well as reference to various meetings which had been held to discuss the matter. Mr Nicholson added that the issue of delayed handovers would also focus on the Accountability Review meeting which the Chair and Chief Executive would have with DoH colleagues on 21 December.

Mr Bloomfield alluded to correspondence shared with Non-Executive Directors from the Permanent Secretary following the Unscheduled Care Summit and said it was important that members were aware of the continued discussion around this issue. He added that a further meeting involving Trust Chief Executives would be held the following day to report back to the DoH on progress.

Subject to the change being made, the Mid-Year Assurance Statement was **APPROVED** on a proposal by Mr Ashford which was seconded by the Chair.

## 8 **Corporate Risk Register (AC08/12/22/06)**

Ms Keating advised that a new risk 739 'Independent Ambulance Sector - Medicines Administration' had been added to the Register, now taking the total number of risks on the Corporate Risk Register from 20 to 21. She indicated that two risks had been rated as extreme, namely Risk 357 'Ambulance Turn Around Times at Emergency Departments' and Risk 311 'Cyber Security' while updates had been made to risks relating to sickness absence (Risk 403); CRM (Risk 591); Use of IAS/PCS on A&E Support (Risk 719) and Attracting and Retaining Suitably Qualified Staff (Risk 575).

Dr Ruddell provided a detailed update to the background to the medicines administration issue and the rationale for its escalation to the Corporate Risk Register, in particular the historical use of NIAS drugs by NIAS paramedics who were covering St John Ambulance shifts. He clarified that the St John organisation, like all of the voluntary and independent ambulance providers, would be used within the regional framework to transport lower acuity patients and would not need to have access to medication.

The Chair believed that the risk had been identified and mitigated and he sought clarification on why it had been included in the Risk Register.

Responding, Dr Ruddell said that, when initially identified, the issue had posed a significant risk to the Trust in terms of the potential for the Trust's medicines licence to be withdrawn theoretically by the Medicines Regulator if they had deemed it sufficiently serious.

Dr Ruddell explained that the Trust participated in the Local Intelligence Network (LIN) where Controlled Drugs Accountable Officers from all Trusts were required to report any loss of drugs. He reminded members that recent reviews indicated that the Trust had robust systems in place. It remained the case that no system was foolproof when management of drugs fell to the responsibility of individual staff. Dr Ruddell welcomed the Trust's plans to move to an electronic tracking system and said that the risk to the Trust's reputation and from Regulator scrutiny was not to be underestimated.

Agreeing with the points made by Dr Ruddell, Mr Bloomfield advised that the correspondence from the Medicines Regulator had made

clear the actions required, including reviewing a range of policies and Standard Operating Procedures which would take time. He said he was confident that no NIAS drugs were being used by other providers and confirmed that the risk would remain on the Risk Register until such times the Trust was satisfied that all required actions had been taken. Mr Bloomfield said that it would be premature to confirm that the Trust had addressed the issues identified by the Medicines Regulator and added that there was a significant piece of work to be completed before reaching that stage.

Mr Ashford said that he was content with Risk 739 and, while welcoming the work which had already been undertaken, acknowledged the work to be done.

He noted the update around Risk 357 and asked if any further progress had been made.

Responding, Mr Bloomfield acknowledged that there had been significant media coverage around unscheduled care pressures and delayed handovers generally. He referred to correspondence which he had recently shared with Board members and said he would discuss this in more detail at the December Board meeting.

Mr Bloomfield said that members would be aware of the unscheduled care summit which had taken place on 9 November and to which NIAS officers had significant input. He explained that, while the summit discussed measures to prepare for winter, there was a heavy focus at the workshop on the issue of delayed ambulance handovers and what needed to be done to address this.

Continuing, Mr Bloomfield said that those attending from NIAS had presented figures in terms of the lost capacity, SAls as well as highlighting the cases of patients who had come to harm as a result of the lack of resources available to NIAS. Mr Bloomfield said that the subsequent correspondence dated 11 November 2022 from the Permanent Secretary had made it clear that the situation was unacceptable and, at that stage, 25% of capacity was being lost. He advised that the DoH had asked all Trusts to agree how to address this and to start corridor cohorting of ambulance patients at the start of December. Mr Bloomfield indicated that, while two Trusts had agreed to this, the remaining Trusts had not. He said that members would have received a copy of the NIAS response to the Permanent Secretary's correspondence which stated that, as at

30 November, no Trusts had confirmed the commencement of corridor cohorting. Mr Bloomfield said that NIAS officers had met with each Trust individually, however, no Trust was willing to commence corridor cohorting on its own. He said that he could understand the rationale behind this in that if one Trust was turning around ambulances quickly, more ambulances would present. Others Trusts had explained that they had no physical space within their respective EDs to be able to corridor cohort patients.

Mr Bloomfield advised that there had been detailed discussion at the Performance Transformation Executive Board, following which the Permanent Secretary wrote to Trusts to clarify that it was not the DoH's role to mandate any action across the Trusts but asked the Trusts to have focused discussion on what could be done before Christmas.

Mr Bloomfield advised that he had chaired the Trust meeting on Monday past and said Ms Charlton, Dr Ruddell and Ms Byrne had also attended. He undertook to provide an update to Trust Board.

He assured members that, other than planning for industrial action, there was no other higher priority issue across the entire HSC system than delayed handovers.

Mr Ashford thanked Mr Bloomfield for his update and said that the update appeared to be very similar to what had been given to members previously. He alluded to the concept of ambulance handover zones as potential solutions and said that Trusts had not implemented these. Mr Ashford referred to the harm being caused to patients in the back of ambulances.

He said that he was not confident that action would be taken to address the situation. Mr Ashford stressed that, for the avoidance of any doubt, he was not criticising Directors in any way and was of the view that it was for Trust Board to escalate the issue.

The Chair pointed out that the ARAC was the primary forum where this risk could be examined in detail. He thanked the senior team for their considerable efforts to address this issue. The Chair repeated a view he had previously voiced around the ambulance service being used as a 'safety valve' for the entire HSC system at the expense of NIAS' capability and performance.

He said that, while he was encouraged by the progress, he had been encouraged before and efforts to address the issue of delayed handovers had not come to fruition.

The Chair asked how failure to address handover delays was being reflected in other Trusts' Risk Registers and asked if Internal Audit would assign limited assurance because of Trusts' failure to address such a critical issue. He said there was evidence to show that patients were coming to harm as a result.

Ms McKeown advised that Internal Audit had not provided assurance in this specific area to other organisations. She indicated that the other Trusts were similar to NIAS in terms of governance by the DoH and similar internal Committee and Board structure.

The Chair pointed out that Trusts continued to fail to address this issue and said he would be keen to know how they might mitigate the risk. He was of the view that, if the issue was not reflected in Trust Risk Registers, he would discuss further with the Trust Chair and Chief Executive.

Ms Lappin suggested that the Chair may wish to make contact with the Chair of the DoH ARAC around this issue. She believed that the key focus should remain the significant risk to patients caused by delayed handovers. Ms Lappin said she intended to raise the issue at the Accountability Review meeting on 21 December and said members would have the opportunity to discuss the issue further when the Permanent Secretary joined them at the February Board meeting.

Ms Lappin expressed her disappointment in noting that the latest improvement trajectories were not positive. She pointed out that, while of little comfort to members, NIAS was in a relatively better position than its counterparts in the UK where handover delays were continually in excess of 15-20 hours. Ms Lappin acknowledged members' continuing frustrations and referred to discussions at the October Trust Board around what further steps the Trust Board could take within its limited authority. However she reminded members that the Trust Board could not hold other Trusts to account. She added that handover delays represented a risk to the whole HSC system and therefore to the DoH. Ms Lappin said she was assured that discussions were continuing.



The Chair suggested that being aware of how, and whether, other Trusts had reflected the risk in their respective Risk Registers would inform any discussions with the Chair of the DoH ARAC. He commended those involved on the actions taken to date and stressed that one needed to adopt a curious and creative approach when looking at this issue.

Mr Ashford said he would be content to leave further discussion to the Board meeting. He agreed with Ms Lappin's point that the Trust did not have the authority to hold other Trusts to account and said, if it became clear that no progress was being made, the NIAS Board's role was to escalate the matter to those who could hold other Trusts to account and look to the Permanent Secretary to take the lead in addressing the issue.

Ms Charlton highlighted the important role of the regulator and confirmed that she and Mr Bloomfield had met with colleagues from the Regulation and Quality Improvement Authority (RQIA) which had a significant interest in this particular aspect of care. She said there had been significant learning from inspections undertaken by the Care Quality Commission (CQC) and added that the CQC had published their findings.

The Chair said it was helpful to look at the various layers in terms of how the risk was being treated and believed this would assist in being able to emphasise its importance. He was of the view that, by keeping the issue on the ARAC agenda, the Committee continued to exert maximum pressure to ensure the risk was addressed.

Following this discussion, the Corporate Risk Register was **APPROVED** by members. It was noted that the Register would be submitted to the Trust Board in line with the Risk Management Strategy.

## 9 **NIAS Gifts and Hospitality Policy (AC08/12/22/07)**

Mr Nicholson explained that the updated policy was intended to provide advice to Trust staff who, in the course of their day to day work or as a result of their employment, either received offers of gifts and hospitality or provided gifts and hospitality to others on behalf of the Trust.

He pointed out that all decisions by Trust staff on the provision or acceptance of gifts and hospitality must be able to withstand both internal and external scrutiny. They must be defensible as being in the direct interest of the organisation, as being proportionate to that interest and within limits that were acceptable to the Trust Board.

The Chair suggested that the wording be amended to read ‘...apparent value of over £50...’. He also alluded to the cost of living and suggested that reference be included to reflect the date of drafting so as to avoid having to continually amend the policy each year.

Subject to these changes being made, the Gifts and Hospitality Policy was **APPROVED** by the Committee on a proposal from the Chair which was seconded by Mr Ashford.

It was noted that the Policy would be submitted to the December Trust Board.

## 10 **Progress on outstanding Internal Audit Recommendations**

Mr Nicholson explained that the report shared with members in advance of the meeting provided specific updates on outstanding internal audit recommendations where the implementation date had passed.

Referring to the position as at the end of November 2022, Mr Nicholson drew members’ attention to the detail on the 56 recommendations which were considered partially or not implemented at mid-year. In addition, he said, there was an assessment by NIAS management as to whether the recommendation would be fully implemented by 31 March 2023.

Mr Nicholson reminded members that the assessment had been graded as Red ‘At Risk’; Amber ‘On Track to be implemented by end of 2022/23’ and Green ‘Complete’.

He advised the Committee that 12 (22%) of the outstanding recommendations were considered to be implemented; 41 (73%) were on track to be implemented before the financial year end and three (5%) were at risk of being implemented by the year end.

Continuing he pointed out that 42 out of the 56 (75%) outstanding recommendations were considered significant in that they specifically related to findings which had given rise to a limited or unacceptable assurance. Mr Nicholson indicated that 40 (95%) of the significant findings had either been implemented or were on track to be implemented before the end of the financial year.

Mr Nicholson explained that this NIAS assessment would be formally reviewed by Internal Audit by 31 March 2023, along with associated evidence, to support the year end position as fully or partially implemented. He added that this process of meetings and monitoring of progress would continue for the rest of the year and was being embedded into the Trust's developing Performance Management framework.

Ms McKeown expressed her agreement with Mr Nicholson's comments and said, while the updates provided by Directors and other managers would be important, evidence to support the implementation of the recommendation would be key.

Ms McKeown explained that the Committee would consider the outstanding IA recommendations and clarified that this would not include those reports which had been issued in the interim period or those recommendations where the implementation date had not yet passed.

At this point in the meeting, Mr Ashford and Ms Mitchell declared an interest as Associates of the HSC Learning Centre.

At the Chair's invitation, Directors and managers provided detailed updates on the outstanding recommendations.

Mr Nicholson said that the updates will have provided members with a sense of the work which had been undertaken and he added that this had not been without its challenges. He indicated that many of the recommendations had financial implications. Mr Nicholson thanked Internal Audit colleagues for their assistance. He highlighted the need to maintain a focus on addressing the recommendations.

The Chair thanked all involved and acknowledged that the updates provided were subject to review by Internal Audit colleagues.

Committee members welcomed the progress made and conveyed their thanks to those involved for their continuing efforts. Members also encouraged the ongoing dialogue between officers and Internal Audit to determine the evidence required and believed this was key to ensuring the outstanding recommendations were addressed.

Ms McKeown said she had found the updates useful and recognised the huge amount of work ongoing across the Trust. She acknowledged the clear progress which had been made and agreed with earlier comments that evidence was key and should be provided to Internal Audit as soon as possible to allow recommendations to be closed ahead of the year end.

Mr Bloomfield said he hoped this morning's discussion had been helpful to members that, despite ongoing pressures and challenges, officers continued to be focused on the outstanding recommendations.

Ms Lappin thanked the Chair for inviting her to attend the meeting and commended the clear efforts which had gone into reaching this point.

The Chair conveyed his thanks to Mrs Mitchell for her contribution behind the scenes.

#### 11 **Closed Meeting**

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

#### 12 **Any Other Business**

The Chair said it had been remiss of him at the start of the meeting not to congratulate Mr Nicholson on his appointment as Director of Finance, Procurement, Fleet and Estates.

#### 13 **Date, time and venue of next meeting**

The next meeting of the Audit Committee will take place on Thursday 19 January 2023. Arrangements to be confirmed.

The remaining ARAC date for 2022-23 is as follows:

- 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:** 19 January 2023

**DRAFT**