



**MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE
(ARAC) HELD ON THURSDAY 14 APRIL 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
Mr P Nicholson Interim Director of Finance
Ms M Paterson Director of Planning, Performance &
Corporate Services
Dr N Ruddell Medical Director
Mr B McNeill Programme Director CRM and
Strategic Infrastructure
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 11.55am)
Mr D Charles Assistant Director, Internal Audit,
BSO
Mrs L Mitchell Independent Adviser to Committee
Ms K Keating Risk Manager
Mrs C Mooney NIAS Board Secretary
Mr C Carlin Boardroom Apprentice
Ms R Finn Interim Asst Director of QSI (rep
Ms Charlton)
Mr C Thompson Head of Strategic Transformation (for
agenda item 12)
Mr J McKeown DoH Sponsorship Branch (to observe)
Ms C Blee DoH Sponsorship Branch (to observe)

APOLOGIES: Ms R Byrne Director of Operations
Mr A Phillips Assistant Director of Finance (temp)
Mr I McCutcheon Financial Accounts Manager (temp)

Welcome, introduction and format of meeting

The Chair welcomed everyone and extended a particular welcome to Mr McKeown and Ms Blee from the DoH Sponsorship Branch who were in attendance to observe today's meeting.

1 Apologies

The apologies as stated were noted.

2 Declaration of Potential Conflict of Interest & Confirmation of Quorum

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

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

The Chair also stressed the confidentiality of information presented.

3 Previous Minutes (AC14/04/22/01)

The Chair noted that the draft minutes from the meeting on 3 February 2022 had been circulated for consideration.

He referred to a proposed amendment from Mr Knox around the presentation of the External Audit Strategy and suggested that the amendment should read as follows: *'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.'*

Mr Knox was content that the amendment captured his intent.

The minutes were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Abraham.

4 **Matters Arising (AC14/04/22/02)**

The Committee **NOTED** the Matters Arising.

5 **Committee Chair's Business**

The Chair advised that he had asked Mrs Mitchell to liaise with Mr Sowney, Clinical Adviser to the Trust's Safety Committee, to review the management of Risk 357 'Hospital Turnaround Times' on the Corporate Risk Register which was currently at risk level Extreme. He added that the risk was initially identified in 2018.

The Chair said that the issue permeated all levels of the Board and Committee structure and was of the view that it appeared that NIAS was currently operating as the 'safety valve' for the overall HSC system. He indicated that this was an ongoing risk which did not appear to be reducing and, in light of the current service difficulties, he was of the view that it needed to be considered differently.

The Chair emphasised that his concern was from a risk perspective and asked how one might address such a risk which appeared to be embedded in the HSC system as it currently operates. He asked Mrs Mitchell to consider how a committee should deal with systemic risks where the solution appeared to be outside the control of the organisation - was this a new risk? What approaches could be taken to address it?

Mr Ashford said he very much agreed with the Chair's comments in that the situation could be not allowed to continue and suggested that the Trust Board might wish to consider this issue further. Mr Ashford expressed his appreciation for the efforts of the Senior Management Team to explore various solutions but acknowledged that a system-wide resolution was needed.

Continuing, Mr Ashford said he agreed with the Chair's reference to a 'safety valve' and was of the view that other Trusts had, in effect, transferred the risk to NIAS. He added that the impact on NIAS' performance had come about as a result of weaknesses in other parts of the HSC system.

The Chair said that he had expressed his concern at Trust Board on a number of occasions and suggested that, when Trusts came

under significant pressure, there was a realisation of there being additional waiting spaces in the back of ambulances outside EDs. He said that this position was no longer sustainable. The Chair said that, while the Trust did not necessarily have the solutions, the significant risk should be acknowledged.

Mr Bloomfield acknowledged the discussions on this issue at the various Trust Committees and Trust Board and reminded members that it had been agreed that the Trust Board would be the most appropriate forum for discussion. He said he appreciated the distinction being made by the Chair in terms of what the ARAC might seek around assurance of how the risk was being managed.

Mr Bloomfield alluded to the review to be undertaken by Mrs Mitchell and Mr Sowney and suggested that, as other UK ambulance services and the Rol National Ambulance Service were experiencing similar challenges, contact should be made with other Audit Committees to ascertain what actions were being taken.

Continuing, Mr Bloomfield alluded to the media attention on the ambulance service over the last number of weeks and was of the view that the focus necessarily reflected the extent of the challenges across the HSC system. He referred to the potential impact on public confidence and said it was clear from speaking to staff that there had been a huge impact on staff morale.

Mr Bloomfield pointed out that he and Dr Ruddell had appeared on the Nolan Show to explain the position and the extent to which the current challenges were outside NIAS' control.

Mr Bloomfield referred to the recent circumstances surrounding the tragic death of a patient and said 30% of NIAS capacity was lost through delays in hospital handovers.

Mrs Mitchell reiterated that the role of the ARAC was to ensure the risk was accurately described and ensure there were sufficient mitigating actions identified as well as assessing the risk in the current environment and ensuring it reflected practice on the ground. She welcomed Mr Bloomfield's suggestion to contact other Audit Committees with a view to determining how they were addressing this particular risk. Mrs Mitchell was of the view that it was timely for the Committee to focus on the risk.

Responding to a query from Mr Ashford as to the timescales for completion of the review by Mrs Mitchell and Mr Sowney, the Chair noted it was not the Committee's role to necessarily identify operational solutions. He queried how the Trust Board might escalate this matter and was of the view that it would be important for the Board to continue to maintain a focus on this issue.

Mr Bloomfield suggested that it would be important for the Committee to maintain its focus on escalation as opposed to what the organisation might do to address the issue. He pointed out that the challenges presented by ED handover delays were outside NIAS' control and the responsibility to resolve these sat with other Trusts.

Mrs Mitchell said that her support to the Committee would focus on the oversight of the risk and the review of that risk. She explained that it was for this reason she had suggested the involvement of Mr Sowney as well as Ms Paterson and Ms Keating. Mrs Mitchell said that she would be happy to co-ordinate this work and would link with Ms Paterson in the first instance on how the review might be progressed and report back to Committee members at the next meeting.

The Chair thanked everyone for their contribution to the discussion.

6. Standing Item

6.1 Progress on Achieving Business As Usual/Recovery Update

Ms Paterson advised that she intended to bring a written update on the current position to the June meeting.

6.2 Review of Best Practice

Ms Mitchell confirmed that she would present a paper to the May meeting.

7. Internal Audit

7.1 Internal Audit (IA) Progress Report (AC14/04/22/03)

At the Chair's invitation, Ms McKeown took members through the detail of the IA Progress Report and advised that all work had been completed for the 2021-22 year with all reports having been presented to the Committee.

She noted that two days had been set aside for IA attendance at the year-end stock-take but, with the continued restrictions, a decision had been taken that IA staff would not attend Stores for the physical count.

Ms McKeown took the Committee through the detail of findings in three IA reports, namely the Management of Medical Devices; IT Cyber Security and Clinical Audit.

(i) Management of Medical Devices

The Committee noted the limited level of assurance in this audit.

Referring to the Management of Medical Devices, Dr Ruddell advised that the Trust had recently appointed Mr Sean Moore as the Trust's Medical Devices Lead. He alluded to the challenges presented in term of tracking equipment for a mobile service such as NIAS and explained that, by its very nature, certain equipment was very often swapped between vehicles. Dr Ruddell explained that the Trust was investigating options for electronic systems for the tracking of equipment. However, he said it would be important to acknowledge the current pressures at station level which impacted upon station management's ability to put in place the necessary processes.

The Chair sought clarification on whether there was a danger that the Trust had equipment which would not be fit for purpose due to its inability to ensure robust tracking of equipment.

Responding, Dr Ruddell said that he had no reason to believe that this was the case.

Mr Ashford acknowledged the difficulties associated with a mobile service in terms of tracking equipment but said that he was concerned that there did not appear to be any tracking of new equipment coming into the Trust.

In response to Mr Ashford's comment re the tracking of newly procured equipment, Ms Keating confirmed that new equipment was already being asset tagged and monitored appropriately through the database. However the issues with keeping the database current remained as the equipment moved around the geography.

Dr Ruddell assured the meeting that the most critical piece of equipment used by crews was the defibrillator and he explained that a servicing schedule/database was in place and operated by the provider on an exchange basis. He was of the view that significant progress had been made since the appointment of the Medical Devices Lead. Dr Ruddell pointed out that the team had determined a plan to address the issue which should be resolved by March 2023 and said that the focus would be on the higher risk safety critical items in the first instance.

The Chair commended the Trust on Mr Moore's appointment and said it would be important to ensure the timeframe identified was sufficient to allow the work to be completed.

Dr Ruddell said that the timeframe identified should allow for completion of this work.

Ms Keating advised that Mr Moore was considering the options to support improvement in this area and had benchmarked this against other UK ambulance services and acute Trusts to understand what might be the optimum option. She added that Mr Moore had also liaised with Pharmacy, ICT, Stores and Fleet colleagues to ensure a joined-up solution.

(ii) IT Cyber Security

The Committee noted the satisfactory level of assurance in this audit.

The Chair commended those involved and welcomed this level of assurance in a difficult area.

Mr Ashford echoed the Chair's comments and noted that there was a need to improve the uptake on cyber security awareness training.

(iii) Clinical Audit

Dr Ruddell advised that he had reported to Trust Board the decision to divert Clinical Safety Officers (CSOs) to provide additional support to the Trust's operational response and thereby reduce the level of clinical audit carried out.

Dr Ruddell described how the implementation of the REACH system would be key and would assist in terms of making data available for clinical audit.

Referring to the management of Controlled Drugs, Dr Ruddell acknowledged that, while local checks were not being carried out on a regular basis, it was clear that the robust underlying processes in place had been successful. He said that he had discussed the issue of Controlled Drugs at length at the Safety Committee and an audit of the entire stock had shown that all Controlled Drugs had been accounted for. However, he said there was a need to make the system even more robust. Dr Ruddell said he hoped this system would reduce the burden on station management in tracking local stock and would reduce the possibility of error.

He said he had found it helpful that IA had identified the issue of tracking and believed that the processes to be introduced would prove beneficial for the organisation.

In response to a question from the Chair as to the timescale identified to address the recommendation, Dr Ruddell explained that a business case would be required. He said it would be important to identify an achievable target and was of the view to extend the timeframe any further might remove focus. Dr Ruddell said he was grateful for Mr Moore's experience in asset management with the NIFRS and acknowledged that it would be a significant project to deliver within the specified timeframe.

Mr Ashford sought further detail around the timeframe for the implementation of the REACH project.

Dr Ruddell explained that, although not fully implemented, REACH was already having an impact in terms of the ability to run limited audits with available data. He briefly summarised the aim of the REACH project and advised that approximately 900 NIAS staff had been trained to date in the use of REACH.

Dr Ruddell advised that the system operated through an electronic tablet used by frontline staff which allowed them to input the necessary patient information. These details are then uploaded at the end of each call. Dr Ruddell explained that the system also allowed crews to electronically refer patients to other services without the need to make telephone calls or write referral letters. The system also allowed staff to access background material in relation to drug management for example as well as providing the mechanism to push communications out to staff directly.

Responding to a question from Mr Ashford as to the timescale for full implementation, Dr Ruddell advised that the vast majority of frontline staff were now trained in its use.

Ms Paterson acknowledged that there were limited conditions by which the Trust was using REACH to record patients' information. She said there was a need to roll this out across all patient acuity levels to ensure the optimum use of the REACH system and said she hoped to overcome these in the next six months. Ms Paterson reminded members that Ms Johnston, REACH Project Manager, had provided an update to the December Trust Board and had given a commitment to return to a future Board meeting to provide members with a further update on its implementation.

The Chair asked that the Committee would revisit this in the autumn with a view to receiving an update on progress against implementation of these recommendations.

Dr Ruddell said that he wished to highlight the work of the Trust's Lead Pharmacist, Ms Catherine Hanna, in addressing a number of IA recommendations. The Chair recognised the value of the introduction of a number of specialist roles whose

subject expertise providing significant assurance to the organisation.

The Internal Audit Progress Report was **NOTED** by the Committee.

7.2 Internal Audit Follow-up Report Year end 2021-22 (AC14/04/22/04)

Mr Charles drew the Committee's attention to the IA Follow-up Report Year end 2021-22 and reminded the meeting that IA undertook an exercise twice each year, ie at mid-year and year end, to follow up on the implementation of accepted outstanding Priority 1 and Priority 2 recommendations where the implementation date had now passed.

At mid-year 2021-22, Internal Audit identified 50 significant recommendations between 2015-16 and 2020-21 that related to findings which resulted in either limited or unacceptable audit assurance. At mid-year follow up, Internal Audit confirmed that 21 of these recommendations were fully implemented. Of the remaining 29 recommendations, Internal Audit confirmed at year end follow up that a further 12 of these had now been implemented (33 in total across the year) with 17 partially implemented. Action remained to be taken in respect of these recommendations, in particular those specific to Patient Care Service, IT Cyber Security and Financial Reviews. Four of these 17 recommendations related to IT Cyber Security and required regional input from across the wider health and social care system.

Mr Charles indicated that action remained to be taken in respect of these recommendations, in particular those specific to Patient Care Services, IT Cyber Security and Financial Reviews.

Mr Charles explained that pages 3-5 of the report set out the status of the recommendations while page 6 provided the current position against those recommendations not yet fully implemented.

Mr Charles took the Committee through the detail of the recommendations as well as the progress update as at March 2022.

The Chair commended the work done by IA colleagues and said the report was comprehensive and informative. He also commended the Chief Executive, Directors and their teams for driving the implementation of the IA recommendations at a time of such pressures on the service.

Mr Bloomfield acknowledged the comprehensive nature of the report and recognised the progress which had been made with 174 (78%) of the outstanding 224 recommendations examined having now been fully implemented; a further 47 (21%) had been partially implemented with three (1%) not yet implemented. He referred to the fact that 78% had been the highest level of implementation in a single year for the Trust and believed this clearly demonstrated the commitment and determination of all involved, particularly given the most difficult operational pressures experienced by the Trust over the last 12 months.

Mr Bloomfield thanked IA colleagues for their willingness to work with Trust officers over the last number of months to implement recommendations. He also thanked the ARAC for the constructive manner in which they had approached this issue.

Mr Ashford welcomed the significant progress made and suggested efforts should now be made to address the small number of long-standing recommendations.

Mr Bloomfield agreed with Mr Ashford's comments and assured the Committee that the Trust would maintain its focus on implementing the recommendations over the coming months. He said that he hoped, by mid-year follow-up, the outstanding recommendations would be fully implemented.

Ms McKeown said that she was conscious the Trust had received a limited assurance over the last two years. However, she said, taking into account performance and follow-up, as well as seeing how the focus in implementing the recommendations had been embedded within the organisation,

she was pleased to advise it was her intention to provide an overall satisfactory level of assurance on the organisation's risk control and governance arrangements for 2021-22.

The Chair was of the view that the constructive approach adopted had proved beneficial and the process had fed into and had justified the satisfactory level of assurance provided by IA. He said that it was his intention to embed some of this best practice into how the Committee operated moving forward.

He asked Mrs Mooney to identify a tentative date in December when the Committee would meet to consider outstanding IA recommendations and said the meeting could be cancelled if not required.

Mr Bloomfield said he very much welcomed Ms McKeown's confirmation of a satisfactory level of assurance and acknowledged that further work was required to maintain momentum in 2022-23.

The Committee **NOTED** the IA Follow-Up Year End Report 2021-22.

7.3 Internal Audit Strategy incorporating the proposed Internal Audit Plan 2020-21 to 2022-23 (AC14/04/22/05)

Ms McKeown presented the IA Audit Plan for 2022-23. She reminded the meeting that, while the Strategy remained unchanged, the Audit Plan was reviewed and refreshed in line with the Trust's Risk Register and discussions at Senior Management Team level. Ms McKeown drew the Committee's attention to page 24 of the Plan which set out the proposed IA assignments for the year and sought the Committee's approval.

Mr Ashford sought assurance from Ms McKeown that she was content the Plan accurately reflected the risk profile of the Trust.

Responding, Ms McKeown confirmed that the cyclical nature of the Plan over a three-year period reflected the risk profile and said she was confident there was appropriate coverage.

The Committee **APPROVED** the IA Plan for 2022-23 on a proposal from Mr Ashford which was seconded by the Committee Chair.

Ms McKeown noted that an element of the process was to have an annual meeting with the DoH Sponsorship Branch and welcomed the opportunity to work through the proposal.

8 External Audit

8.1 To advise on key issues

Mr Knox reminded the Committee that the Trust had received a qualified audit opinion on last year's accounts in relation to the clarification around the liability for unpaid elements of annual leave. He clarified that NIAO had not received any communication from the DoH in relation to this point and he was of the view that it was likely that a similar position would occur in respect of the 2021-22 accounts. He indicated that this position would also apply to other Trusts.

Mr Nicholson advised that there had been regional discussions across the HSC as well as with the DoH. He indicated his opinion that the position would not change and said this had been compounded by the Trust's reliance on overtime with costs increasing in parallel. Mr Nicholson advised that there would be a significant increase on last year's costs.

The Chair reminded the Committee that the issue of materiality had come about as a result of the size of the Trust's budget and said it appeared that the Committee would find itself in a similar position this year.

The Chair referred to the written briefings prepared for the Committee in the previous year setting out the issue as well as the DoH's position on the matter and asked for similar documentation to be provided to the Committee to assist in its decision-making.

Mr Ashford agreed with the Chair's suggestion and said it would be helpful to have this at an early stage.

Mr Knox advised that the current Comptroller and Auditor General would remain in post until July and would consider the qualification of Trust accounts after having taken account of all available information.

The Committee Chair thanked Mr Knox for his update.

9 **Information Governance Strategy and Policies (AC14/04/22/06)**

At the Chair's invitation, Ms Paterson explained to the meeting that the Policies had been presented to the Trust Board last year and had been subsequently reviewed and enhanced to ensure NIAS was compliant with Data Protection and Information Governance legislation.

She advised that an Information Governance Strategy had been produced to set out the framework to ensure the organisation met its objectives in relation to all Information Governance matters. She added that the Strategy had a supporting action plan from strategic and assurance perspectives and that this plan would be monitored by the Information Governance Assurance Monitoring Group. Ms Paterson indicated that the ARAC would receive regular reports and assurance that the policies had been implemented and how they were being managed within the Trust.

Mr Ashford highlighted a formatting issue within the Confidentiality Code of Conduct policy and Ms Paterson agreed to revisit this. He referred to the specialist elements of the Policy and asked whether the Trust would find it difficult to implement. Mr Ashford also alluded to the potential introduction of Body Worn Video (BWV) and enquired whether this had been taken into account.

Responding, Ms Paterson noted that the Policy had been in existence for some time and said it would be important to review policies and ensure they were in line with best practice. She pointed out that implementation of the policy would be monitored and reported through to the ARAC to demonstrate that the policy was being delivered. Ms Paterson explained that the Key Performance Indicators (KPIs), evidence, assurance and monitoring would allow members to have a holistic view of the approach being taken to implementation.

Ms Paterson reminded the meeting that the Trust was currently undertaking consultation in relation to the introduction of BWV and had just completed a public consultation which had agreed the principle of introducing such equipment. She added that the implications, impact and the risk were now being assessed and work had been taken forward in relation to best practice and procedures adopted by other agencies who used similar equipment.

Ms Paterson advised that, without prejudicing the outcome, the Trust still intended to continue with the next phase of the consultation process around consulting with the public on their views on what was appropriate for the Trust in terms of using cameras to record incidents. She added that, while hopefully this would mitigate against the violence and aggression being perpetrated against staff, it would be important to balance this against the rights of the public as to how their data was used. Ms Paterson acknowledged that, while there were overarching policies, it would be important to allow the consultation processes to take place before associated policies might be reviewed.

The Chair noted the reference in relation to the non-legality of 'common law rights' and said it was his understanding that common law rights were legal but superseded by legislation and Ms Paterson agreed to review this reference.

The following were **APPROVED** on a proposal from the Chair and seconded by Mr Ashford:

- Information Governance Strategy
- Confidentiality Code of Conduct
- Data Protection Impact Assessment Policy
- Data Protection Policy
- Data Protection Rights Procedure
- Data Quality Policy
- Freedom of Information Policy
- Information Asset Policy
- Information Disclosure and Transfer Policy
- Information Governance Policy
- Information Lifecycle Management Policy
- Information Risk Management Policy
- Information Sharing Policy
- PRF Storage Standard Operating Procedure
- Retention and Disposal of Information Schedule

- Safe Haven Policy

10 **Corporate Risk Register (AC14/03/22/07)**

Ms Paterson reminded the meeting that the Corporate Risk Register would be presented at the ARAC to ensure updates were reflected and she invited Ms Keating to present the key points.

Drawing members' attention to the Register, Ms Keating pointed out that there were 24 risks in total, two of which had been categorised as 'Extreme' and three new risks were being presented.

Ms Keating explained that Risk 357 'Hospital Turnaround Times' had initially been contained within risk 453 around the operational impact of Covid-19 and added that consideration had recently been given to escalating this risk to the Corporate Risk Register.

Continuing, Ms Keating advised that a further new risk related to the expiration of the cleaning service contract on 6 May with another new risk relating to the practice placements of BSc (Hons) Paramedic Students from the Ulster University.

Dr Ruddell reminded the meeting that the Ulster University would shortly be the sole route of local training for paramedics with 50 students each year being trained to paramedic level. He said that the BSc course was now the responsibility of the Ulster University to operate and to organise practice placements for students. Dr Ruddell advised that other Trusts had been provided with funding to host students while undertaking hospital and community care placements. However, NIAS had not been provided with any such funding. He said he could only imagine an assumption had been made inaccurately that the Trust's Training Department undertook practice placements. Dr Ruddell clarified that funding for the Training Department had been made on a temporary basis.

Dr Ruddell said that he had flagged the issue to the Ulster University and had also raised it with the DoH. He pointed out that there would be up to 150 paramedic students progressing through training over the next number of years.

Mr Ashford advised that the Safety Committee had discussed this issue at length at its recent meeting and reiterated the fact that other Trusts had received funding to host practice placements while

NIAS, as the organisation hosting a significant proportion of the placements, had not. Mr Ashford emphasised the huge risk attached with this and was of the view that it needed to be addressed. He said that the Trust had no choice in that it was imperative that paramedic training continued in order to provide the workforce required.

Continuing, Mr Ashford agreed that hospital turnaround times should be escalated to the Corporate Risk Register. He said it appeared that a number of handover zones would not be completed until December and was of the view that this Committee or Trust Board could not accept such a delay in the resolution of this issue. He said he would like to see mitigation taking place more quickly.

Mr Bloomfield reminded the meeting that each of the five Trusts had been required to establish handover zones and he clarified that the completion date of December had been set by other Trusts.

Mr Ashford accepted this but suggested that NIAS should express its view that this was not sufficient and progress should be accelerated.

Mr Bloomfield said that he had made it clear at recent Rebuilding Management Board (RMB) meetings that progress had not been effective and a number of handover zones were not yet in place. He explained that the December date reflected the revised date put forward by three Trusts for implementation.

Continuing, Mr Bloomfield advised that Ms Byrne had recently concluded her visits to all Trusts' handover zones and reminded the meeting that HSCB and DoH colleagues had accompanied her on these visits to identify issues on each site. He said that the DoH would now consider the information collated to determine necessary follow-up or action.

Mr Ashford said that he would like the minutes to record his view that it would not be acceptable to wait eight months for the completion of the Trust handover zones.

The Chair suggested that the descriptor of the risk should be elaborated to reflect the fact that hospital turnaround times had been in existence for some time and had had a significant impact. He was of the view that expanding the description would serve to

provide further information as to why the risk had been classified as 'Extreme'. The Chair also suggested including how the risk was being addressed at Committee and Trust Board level.

Ms Paterson agreed with the proposed amendment put forward by the Chair and said there was a need to be more explicit as to the mitigation in place. She pointed out that the risk had initially been opened in May 2018 and agreed it would be important to provide a context.

Ms Keating advised that she would be recommencing Directorate workshops over the coming weeks.

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

11 **Corporate Risk Management Policy and Strategy (AC14/04/22/08)**

At the Chair's invitation, Ms Keating explained that the Corporate Risk Management Policy set out the Trust's approach to the management of risk across the organisation while the Corporate Risk Management Strategy established a framework for the effective and systematic management of risk across NIAS. She added that both the Policy and Strategy formed part of the Trust's internal control and corporate governance arrangements.

Continuing, Ms Keating advised that the documentation had been scheduled for review 2022 with both documents having been updated to reflect the new HM Treasury Orange Book as well as addressing an audit finding around risk appetite and reflecting new governance structures.

Ms Keating took members through the detail of the proposed changes.

Ms Paterson alluded to the offline discussions around best practice and how the ARAC would manage the governance of risk in its totality across the organisation. She said that the discussions with Mr Nicholson, Mrs Mitchell and Ms Keating would consider best practice opportunities with a view to implementing these in practical terms.

The Chair said that, through monitoring, this would feed into his Annual Report.

In response to a question from Mr Ashford in relation to the need to urgently escalate high and extreme risks, Ms Keating drew the Committee's attention to Appendix 2 of the Strategy which set out a flowchart around the recording and escalation of risks.

The Corporate Risk Management Policy and Strategy were **APPROVED** on a proposal from Mr Ashford and seconded by the Chair.

12 **Patient Care Services - update (AC14/04/22/09)**

At the Chair's invitation, Mr Thompson provided a detailed update on the Patient Care Services (PCS) review.

Ms Paterson said that it was hoped that the IA recommendation relating to the review would be closed by December 2022.

In terms of the level of assurance to the ARAC and Trust Board, Mr Thompson undertook to bring a balanced performance scorecard relating to the KPIs so the Committee could be fully briefed on progress.

Mr Ashford thanked Mr Thompson for his comprehensive review and commended all involved in the efforts being made to progress this work. He emphasised the importance of the review and said he looked forward to further updates at the next Committee meeting.

The Chair agreed with Mr Ashford's comments and also commended the progress being made.

Ms Paterson reminded those present that the ARAC was discharged to consider risks and control and ensure these were incorporated into the plan. She referred to the synergy between various pieces of work and said that the work being taken forward also sought to address the recommendations around the Independent Ambulance Service which had received a limited assurance from Internal Audit.

Mr Bloomfield said that the update and papers provided by Mr Thompson clearly supported the approach taken by the Trust in

requesting Internal Audit to undertake a review of PCS. He reminded members of the very specific audit recommendations and suggested that, while the Trust could have addressed each of the recommendations quite quickly, it was more important to ensure the service was transformed. Mr Bloomfield said that he very much hoped the work carried out to date would address the audit recommendations as well as ensuring a more effective and efficient service moving forward.

The Chair commended the approach taken by the Trust and said he looked forward to further updates.

The Committee **NOTED** the PCS update.

13 **Closed Meeting**

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

Upon return, the Chair advised that there were no action points to be taken forward.

14 **Any Other Business**

There were no items of Any Other Business.

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

The next meeting of the Audit Committee will take place on Thursday 12 May 2022 at 10am (venue and arrangements to be confirmed).

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

- 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 12.55PM

SIGNED: William Abraham

DATE: 12 May 2022