



**MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE
(ARAC) HELD ON THURSDAY 30 MARCH 2023 AT 10AM IN THE
BOARDROOM, NIAS HQ**

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

IN

ATTENDANCE: Ms R Byrne Director of Operations
Mr P Nicholson Director of Finance, Procurement,
Fleet & Estates
Ms M Paterson Director Planning, Performance &
Corporate Services
Dr N Ruddell Medical Director
Ms K Keating Risk Manager
Ms C Hagan External Audit ASM
Mr S Knox External Audit Northern Ireland Audit
Office
Ms C McKeown Head of Internal Audit, BSO
Ms L Mitchell Independent Adviser to Committee
Mrs C Mooney Board Secretary
Ms V Cochrane Assistant Director of HR
Ms V McAuley Assistant Director of Finance

APOLOGIES: Mr M Bloomfield Chief Executive
Ms L Charlton Director of Quality, Safety &
Improvement
Ms M Lemon Director of HR & OD
Mr N Gray NIAO

Welcome, introduction and format of meeting

Welcoming everyone to the meeting, the Chair noted that this was the first face-to-face meeting in three years and asked everyone to introduce themselves. He explained that, as Mr Ashford had to leave by 12 noon, any items for approval would be taken at the start of the meeting.

1 **Apologies**

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 (AC30/03/23/01)**

The minutes of the meeting on 19 January 2023 were **APPROVED** on a proposal from Mr Ashford and seconded by the Chair.

4 **NIAS Policies (AC30/03/23/05)**

The Chair said that he intended to take agenda item 9 at this point in the meeting as this item required Committee approval.

By way of introduction, Ms Paterson advised that the Fire & Safety Policy and Procedures and Surveillance/CCTV Camera Policy had been subject to a scheduled review by Ms Keating and the amended policies had been brought before the Committee for consideration.

4.1 **Fire & Safety Policy & Procedures**

Ms Keating explained that the main changes to the Policy had focused on restructuring within the Trust and the Risk Management Team following the transfer of this function to the Planning, Performance & Corporate Services Directorate. She said that the documentation outlined the Trust's Policy and

Procedures for the management of risk from fire; set out fire safety roles and responsibilities; and provided an overview of the arrangements for fire safety.

She indicated that the Policy and Procedures were supported by a number of Standard Operating Procedures (SOPs), for example evacuation of ambulance vehicles; housekeeping rules; and the changes around the frequency of carrying out basic fire safety tests.

Mr Ashford commended the significant amount of work which had been carried out since the previous review. He sought confirmation that the fire risk assessment for each premise had been updated.

Responding, Ms Keating explained that the Trust had had an external fire risk contractor visit Trust premises over the last three years and added that this review had completed in December 2022. She pointed out that the annual inspections were undertaken by the Trust Fire Officer and added that these were due for completion in the coming weeks. Ms Keating alluded to previous Internal Audit findings and said that recent work had focused on these findings.

Mr Ashford referred to page 10 of the Fire Safety Procedure, in particular the requirement that the fire alarm system should be inspected by a competent person at three-month intervals. He pointed out that the requirement was for systems to be inspected every six months and sought clarification on why the Trust had chosen three-month intervals. Mr Ashford also alluded to the use of refuge areas.

In response, Ms Keating explained that some inspections would be undertaken internally by Station Officers, while other by external contractors. Referring to refuge areas, she advised that these were in place in some of the larger stations, for example, Ballymena and HQ.

Mr Ashford referred to evacuation drills and asked how this would be carried out within the Emergency Ambulance Control (EAC).

Ms Keating clarified that EAC would not be evacuated due to the nature of their role and said the procedure would be to evacuate the rest of the building whilst protecting EAC. However, she explained that, should evacuation of EAC become necessary, Site 5 would be used in terms of business continuity.

Mr Ashford again commended the progress which had been made.

The Chair commented on the need for a consistent house-style throughout the document and echoed Mr Ashford's comments in terms of the progress which had been made.

Following this discussion, the Committee **APPROVED** the Fire Safety Policy and Procedures, subject to any minor house-style amendments.

4.2 **Surveillance/CCTV Camera Policy**

Ms Keating clarified that this Policy excluded Body Worn Video and associated systems which had previously been approved by the Committee and which was subject to an additional layer of scrutiny.

She advised that the Policy provided a framework for the planning, installation, maintenance and management of surveillance camera systems including Closed-Circuit Television (CCTV) and Digital Video Recording (DVR) on sites and vehicles owned or occupied (long-term) by NIAS.

Ms Keating explained that the Policy aimed to ensure that arrangements were in place to ensure legislative compliance at each stage and that staff involved in the management and operation of such systems had the necessary information, instruction and training to ensure that they discharged their responsibilities as required

The Chair commended the level of detail within the Policy.

Ms Keating explained that officers had used policies and a combination of best practice from other ambulance services when drafting the Policy and added that the Information

Governance (IG) team had carried out a large scoping exercise. She acknowledged that the footage could also be used to support or refute allegations and said that Trade Union colleagues had been content with this approach. However, Ms Keating stressed that the Incident Review Panel would review any footage relating to a particular incident and determine that it was being used in compliance with the Subject Access Request.

The Chair referred to the fact that staff were prohibited from videoing any CCTV/surveillance on a secondary device and could be subject to investigation under the Trust Disciplinary process. He asked whether there was merit in clarifying what this might involve.

Ms Keating said that it would not be usual practice to go into such detail in a Policy.

Ms Paterson suggested that such action had the potential to bring the organisation into disrepute. She clarified that no-one other than the members of the Incident Review Panel would have access to the CCTV recording and said that officers had worked closely with Trade Union and IG team to confirm the limited circulation of any CCTV/surveillance footage.

The Chair alluded to the statement that ‘...recorded material is deleted upon disposal/decommissioning..’ and asked how this would work in practice.

Ms Keating explained that there was a variance in the operation of the Trust systems and said that the CCTV/surveillance system had been set up to automatically remove any footage after 31 days. She added that this reflected best practice and was advised by the Information Commissioner.

The Chair asked what steps would be taken by the Trust should it receive a complaint after 31 days.

Responding, Ms Keating said research was undertaken on this point when considering BWV and the advice was clear in that the Trust should adhere to the best practice timescale of 31 days.

Ms Paterson pointed out that any material relating to a significant event would be retrieved and stored separately. However, she indicated that this would be done with the intention that the material would be reviewed and disposed of within the 31 day timescale.

Dr Ruddell advised that incidents, particularly those which were deemed to be 'high risk', were reviewed on a weekly basis by the Rapid Review Group and relevant material, including securing CCTV/surveillance, was collated for investigation.

The Chair sought clarification around the role of Trust Board set out in the document, in particular Non-Executive Directors. He also asked about the continued use of older technology, for example compact discs, as a storage medium. He suggested that reference should be included in the Policy to the fact that a number of systems were undergoing modernisation at this time.

Ms Keating explained that older stations would have older equipment in use and undertook to include wording as suggested by the Chair.

The Chair referred to the fact that the Trust had a small team which dealt with FOI requests and asked if this would create an additional workload.

Ms Paterson said it would be highly unlikely that the Trust would provide CCTV/surveillance footage in response to a FOI request. She clarified that, in the event of the PSNI, for example, or another agency requesting footage, the agency would have to follow the necessary process.

Mr Ashford queried whether a member of the public could seek a copy of CCTV/surveillance recording if involved in an incident. He asked whether CCTV was mounted on ambulances and whether Trust vehicles had been targeted in any public order situations due to the fact the vehicles carried CCTV.

Mr Nicholson referred Mr Ashford to paragraph 4.12, 'Individual Subject Access Requests' which set out the process involved.

Dr Ruddell described the positions and function of the CCTV on emergency vehicles and confirmed that the Trust had received requests for copies of CCTV to aid in criminal investigations. However, he pointed out that such requests were considered in line with the processes in place.

Following this discussion, the Chair proposed the Committee approve the Policy. This proposal was seconded by Mr Ashford and therefore **APPROVED** by the Committee.

The Chair thanked Ms Keating and those involved for the development of such a comprehensive Policy.

4.3 Charitable Trust Fund Policy

Mr Nicholson said that members would be aware of an Internal Audit recommendation seeking the development of a Charitable Trust Fund policy specifically in relation to utilising donations received.

He thanked Ms McAuley for her work on developing the policy and advised that an action plan was currently being developed to implement the elements within the document. Mr Nicholson indicated that the Charitable Trust Fund had increased significantly during the pandemic and the Trust had also received funding via NHS Charities Together.

Mr Nicholson acknowledged the challenges in implementing the Policy and how the Trust performed against it. He referred in particular to the intention to spend 90% of the donation within the year it had been received.

The Chair welcomed the Policy and the Trust's intention to spend donations within a specific timeframe. However, he cautioned against setting a percentage against expenditure and suggested that the wording be amended to read '... spend a significant proportion...'

Mr Ashford welcomed the Policy and echoed the Chair's comments re expenditure.

Mr Nicholson thanked members for their comments and undertook to amend the Policy accordingly. He advised that

the Trust had achieved 90% of expenditure in the current year and pointed out that the Trust Board acted as the Corporate Trustee for Charitable Trust Funds.

The Chair stressed the importance of the Trust being creative in its use of charitable funds and ensuring the interests of staff were taken on board.

Members **APPROVED** the Charitable Trust Fund Policy subject to the minor amendment suggested.

5 **Matters Arising (AC30/02/23/02)**

5.1 **Action List**

The Committee **NOTED** the Matters Arising.

Mr Nicholson reminded members that the issue of holiday pay had been discussed by the Committee on a number of occasions. He alluded to the action to share the most recent correspondence with the Committee and he drew the Committee's attention to the correspondence which had been received from the Department of Health (DoH) to the Strategic Finance Forum across the HSC.

Mr Nicholson commented that the accrual and provision issue focused on certainty and timing. However, he explained that, to date, Trade Union colleagues had not engaged with the DoH in relation to this issue and this created further uncertainty around the timing and implementation of the liability. It was this uncertainty over timing that had led to the holiday pay issue now being treated as a provision as opposed to an accrual.

The Chair welcomed this update and the change in position.

Mr Nicholson clarified that the reference in the correspondence to Clinical Excellence Awards did not apply to NIAS.

Mr Knox commented that the minutes of the January Committee meeting recorded the discussion around the holiday pay issue and said that the accounts would also be adjusted for the prior year.

The Chair sought clarification on why the prior year's accounts would be adjusted.

Responding, Mr Knox explained that the accounts would be qualified if they were not adjusted. He pointed out that External Audit provided an opinion on the financial statement and said prior year accounts were qualified.

Ms Hagan advised that qualification applied for a three-year period.

Ms Mitchell suggested that the issue focused on the materiality.

Mr Nicholson advised that the issue was currently being worked through with the Technical Group and acknowledged that implementation would be challenging. He undertook to keep the Committee apprised. Mr Nicholson said he would involve Ms Mitchell in this work in terms of independent financial advice.

Continuing, Mr Nicholson clarified that, for completeness, when the liability did materialise, it would create an issue for the HSC as a whole. However, he advised that it would not be his intention to include this as a specific risk and added that there were a number of risks to breakeven which could potentially arise in the current financial or subsequent financial years.

The Chair was of the view that it did present a risk moving forward, recommended it be treated as such and reminded the meeting that it had been presented as material to the accounts for the previous two years. He asked that this point would be revisited for the Trust and considered across the wider HSC.

Mr Ashford said it would be important to make colleagues aware of an issue around emergency planning which had been reported at the Safety Committee on 28 February and also at the Trust Board. He added that consideration was being given to its inclusion in the Corporate Risk Register. Continuing, Mr Ashford explained that Dr Ruddell had reported on the need for the Trust to progress significant work in order to ensure emergency planning met the required standards. Mr Ashford said that he had given an undertaking at the Safety Committee meeting to update the ARAC.

The Chair clarified that, within the remit of ARAC, the Committee would consider how this issue was being examined within the Safety Committee.

Ms Paterson added that ARAC would also oversee how such a risk might be articulated on the Risk Register and she undertook to follow this up for the next Board meeting.

Ms Mitchell suggested that it would be helpful for the Committee to receive an update on Risk 357 'Ambulance Turnaround Times at Emergency Departments'.

Ms Paterson said that this issue had been the subject of a Board member workshop which had taken place on 1 February 2023 at which members had been briefed on the full range of actions taken through different routes to treat and mitigate the impact of hospital handover delays. She indicated that, with effect from 1 March 2023, Trusts had agreed to introduce a two-hour backstop handover. However, she said, there had been variation amongst Trusts in achieving this backstop.

Ms Byrne emphasised that the introduction of the three-hour backstop and more recently the two-hour backstop did not change the national standard which was a 30 minute turnaround time. She reminded colleagues that Trusts had also agreed to discharge patients from hospital no later than 48 hours after confirmation that they were medically fit for discharge and where a suitable placement to meet their needs was available. This would contribute to improving patient flow out of crowded EDs and focusing on turnaround times. Ms Byrne pointed that many of the actions were outside of NIAS' control. She said that the Trust continued to report the previous 24 hour performance to SPPG colleagues to allow them share this information with other Trusts. Ms Byrne said that NIAS had the opportunity through the SPPG and at the Unscheduled Care Forum and performance meetings to articulate the actions it had taken and the challenges which remained.

Ms Paterson said that NIAS had taken every available opportunity to try to influence and improve the position for patients. However, she expressed disappointment that the

initial progress evidenced in January and February had not continued but assured the Committee that the issue of delayed hospital handovers continued to be a focus for the Trust. Ms Paterson advised that, in a subsequent meeting with the DoH's Policy Team, DoH colleagues had confirmed that the issue of delayed handovers had been included on the DoH Risk Register.

Mr Nicholson pointed out that reference had been made at the workshop to the focus placed on this issue by the ARAC and its decision to escalate the issue to Trust Board for consideration.

The Chair said that, from the perspective of a Non-Executive Director, this issue was the single most important issue for the Trust and drove to the root of patient care and impact on patients.

The Chair advised that he had been asked to draft the Non-Executive Director submission to the Trust's Annual Report and he asked Ms Paterson to summarise the actions taken by the Trust for inclusion in the report.

6 Chair's Business

The Chair pointed out that, as Lead NED for Safeguarding, he had met with Ms Charlton and Mr Flannagan, Head of Safeguarding, to discuss safeguarding ahead of the peer review exercise facilitated through the National Ambulance Safeguarding Group.

The Chair reminded the meeting that, while significant progress had been made in this area since the appointment of the Head of Safeguarding, considerable work remained not least in ensuring resilience within the team. He explained that he had brought this to the Committee's attention because it had been necessary to identify a baseline from which to progress and this work had uncovered a number of issues which were being addressed.

7 Standing Items

7.1 Direct Award Contract (DAC) Register (AC30/03/23/03)

Mr Nicholson alluded to a question posed by Mr Knox at the previous meeting in relation to the conditional green status

attributed by BSO Procurement Compliance to the CAD replacement scheme. He explained that this conditional status had been around meeting the conditions set by BSO PaLS, in particular in relation to procurement and the issue of the notices required in respect of European legislation and DoH circulars around procurement. Mr Nicholson confirmed that a VEAT (Voluntary Ex Ante Transparency) notice had been issued as part of best practice and no challenges had been received. He advised that a CAN (Contract Award Notice) had also been published but this was outside of the required 30 day timeline. Mr Nicholson explained that this had been due to the complexity of the requirements; the timing of the award which was over Christmas; as well as the impact of a period of industrial action.

He confirmed that this had since been signed by the Chief Executive and resubmitted to BSO PaLs for processing.

The Chair sought confirmation that the Trust was no longer using Covid-19 related DACs.

Mr Nicholson advised that use of any DACS relating to Covid-19 was now minimal. He drew the Committee's attention to the information on DACs required and confirmed that, while these remained outstanding, work was ongoing to complete the DAC documentation.

Mr Ashford sought further information around the DAC for Ambulance Training Vehicle hire.

Responding, Mr Nicholson pointed out that the DAC for Ambulance Training Vehicle hire was not new but had been considered as 'complete' in previous reports to ARAC. However, he explained that this DAC had since been reinstated on the live list as there would be additional expenditure in March 2023. Mr Nicholson explained that the Trust hired specialist vehicles in order to deliver driving training to Operational staff and as part of the Trust's recruitment process. He said that, while he would have looked from within the Trust to provide vehicles for such training, it had been felt that there was insufficient fleet to meet the particular number of cohorts of staff requiring training. Mr Nicholson advised that the current DAC was approaching the end of its tenure and consideration

would be given to the way forward in terms of whether NIAS could provide vehicles from within; procure the specialist vehicles; or whether a procurement exercise or a further DAC would be necessary. He added that requirements around driver training had changed and continued to develop significantly.

Mr Ashford suggested that, when one took account of the cost associated with the DACs, consideration should be given to using NIAS vehicles for such training.

Mr Nicholson clarified that, on occasions, training involved the use of six vehicles for two days and said that this would impact on the services provided by the Trust.

Responding to a suggestion by the Chair around the use of decommissioned vehicles, Mr Nicholson pointed out that it very much depended on the nature of the training and the changing requirements of that training. However, he assured the Committee that this issue would be considered internally and clarified that DACs focussed on procurement as opposed to delivery.

The Committee **NOTED** the DAC Register as presented by Mr Nicholson.

7.2 Fraud Update – verbal update

At the Chair's invitation, Ms McAuley provided an update on fraud and advised that, since the last meeting, three of the four cases reported had been administratively closed due to lack of evidence while a further whistleblower allegation had been received in respect of the fourth case and was being investigated by the Counter Fraud Unit.

Ms McAuley advised of two further cases which had been reported since February – one had been received through the hotline directly to Counter Fraud and the other had been received by the Trust.

Ms McAuley indicated that there had been a change in process in February in that the Counter Fraud Unit now conducted preliminary investigations rather than the Trust. She clarified

that the preliminary investigation would determine whether there was any merit to the allegation and warrant a full investigation.

Mr Nicholson welcomed the change in process and was of the view that it provided an additional layer of independence and assurance.

7.3 Progress on Achieving Business As Usual – verbal update

Ms Paterson reminded members that she had last provided an update at the October meeting. She advised that any action or task referred to within that update with regard to progress towards business as usual now sat within an improvement programme within individual Directorates.

The Chair stressed the importance of returning to normal business and said it appeared that the Trust was moving in the right direction.

Ms Paterson acknowledged that the Trust was reverting to normal processes. She reminded the meeting that the Trust had been operating at extreme pressure, REAP 4, for a sustained period of time as well as ensuring continuity during periods of industrial action.

The Chair asked Ms Paterson to consider when this item might be removed as a standing agenda item.

At the Chair's request, Ms Paterson undertook to update the report provided at the October meeting with a view to bringing further assurance to the next meeting of the Committee.

The update was **NOTED** by the Committee.

8 Internal Audit

8.1 To advise on key issues

Discussion at item 8.2 refers.

8.2 Internal Audit Progress Report (AC30/03/23/04)

At the Chair's invitation, Ms McKeown took the Committee through the detail of the report. Referring to the Key Performance Indicators (KPIs), Ms McKeown advised that Internal Audit had delivered 76% of audit days, adjusted to reflect audit deferrals approved earlier in the year. She added that, with the exception of the year-end stocktake, all fieldwork had been completed and said that the planning process for next year's audit plan was now underway. Ms McKeown advised she had recently attended the Trust's Senior Management Team to discuss the audit plan for the next three years and said this would be presented to the Committee at its May meeting.

Ms McKeown referred to the audit on Patient Care Services and had noted the progress which had been made in the Executive Summary. She acknowledged that implementation of the recommendations was still work in progress and said she hoped this would come to fruition in the coming months.

The Chair welcomed the 'heat diagram' which, he said, clearly demonstrated the progress which had been made in Patient Care Services and commended all involved in this work.

Mr Ashford echoed the Chair's comments and said, he too, had found the heat diagram useful in showing the extent of the progress made.

Ms Paterson alluded to the development and reporting of KPIs within the Trust and said that progress towards achieving KPIs would be included in the Integrated Quality and Performance Report to be presented to Trust Board. She pointed out that, while reporting the data was important, how the data was used to improve services was key.

Ms Byrne reported that the new model for Patient Care Services would become operational on 4 April 2023. She commended the positive engagement with Internal Audit and said she had found this very helpful. Ms Byrne acknowledged the partial implementation of six Internal Audit recommendations and pointed out that three recommendations had been reprioritised from Priority 1 to Priority 2 based on the

level of work completed to date. She indicated that an action plan was in place to address the outstanding recommendations in Quarter 1. Ms Byrne said that a further formal review of outstanding Internal Audit recommendations would take place in September 2023 and said she would be optimistic at that point to be able to close off the outstanding recommendations. However, she clarified that this would be dependent on the success of the roll-out and added that this would be closely monitored.

Mr Nicholson asked whether the reprioritisation of recommendations had been recently introduced.

Ms McKeown clarified that the reprioritisation of recommendations was not usually done in follow-up audits but rather at more substantive follow-ups.

The Internal Audit Progress Report was NOTED by the Committee.

9 **External Audit**

9.1 **To advise on key issues**

Mr Knox advised that Mr Gray was retiring from the NIAO in the coming weeks.

Mr Knox indicated that the HSC Circular on the Manual of Accounts had not yet been published and reported that he had recently met with DoH colleagues to discuss accounts.

10 **Board Assurance Framework 2022-23 (AC30/03/23/06)**

Ms Paterson explained that the Board Assurance Framework (BAF) 2022-23 was being presented to the Committee to reflect the development of the document. She acknowledged the ongoing maturity within the Trust around the development of the three lines of defence and said the BAF would be further enhanced during planned Directorate performance, risk and assurance workshops. The opportunity would also be taken to highlight any areas of concern in relation to key risks, key business and/or significant change programmes.

Ms Paterson emphasised the dynamic nature of assurance and highlighted that the process would be under constant review and would be driven by senior management.

Responding to a query from the Chair, Ms Paterson described how the BAF complemented the risk framework and said that the BAF assisted in collating the various reporting arrangements for assurance across the Trust with a view to identifying any gaps in controls and assurances. She explained that discussion would then take place at Committee and Trust Board level with regard to the levels of assurance required. Ms Paterson said that it would be important for members to seek further clarification/evidence through the questioning of Trust officers.

Ms Keating clarified that the BAF focused on assurance rather than risk.

Ms Paterson commented that the BAF helped identify gaps. She cited the example of Patient Care Services and reminded those present that the Trust had recognised there were issues with the service and had asked Internal Audit to examine this in detail.

The Chair sought clarification on the criteria for areas to be included within the BAF.

Responding, Ms Keating explained that the BAF was very much driven by the Trust's Corporate Plan, using the key objectives as a starting point. She added that the risks were then linked across.

The Chair suggested that, as his term of office was coming to an end, it might be helpful to develop an information pack to assist the next ARAC Chair and he asked Ms Mitchell and Mrs Mooney to look at this moving forward, in particular the development of the BAF and how it was utilised.

Ms Paterson alluded to the continuing maturity of the Trust in this area. She noted that, in the absence of a performance framework, the accountability meetings with individual Directorates would be used to continue to build on the current BAF, enhancing it so gaps can be identified. She suggested that, in setting out the various levels of assurance, the BAF then assisted members to seek the necessary evidence to support that assurance.

The Chair commended Ms Keating on the improvements which had been made in this area.

Mr Ashford welcomed the continuing maturity of the BAF and said it was good to see gaps continuing to be identified as this linked to the dynamic nature of the document.

The BAF was **NOTED** by the Committee.

11 **Health, Safety & Fire Safety Annual Report 2021-22 (AC30/03/23/07)**

At the Chair's invitation, Ms Keating provided an overview of the content of the Health, Safety & Fire Safety Annual Report for 2021-22.

She advised that the report provided a retrospective look at the 2021-22 year and said that the 2022-2023 Annual Report would be available by Q2 of the 2023-2024 year for additional scrutiny and assurance purposes. Ms Keating said she hoped members would be able to see the progress which had been made across a number of areas.

The Committee **NOTED** the Annual Report.

12 **Closed Meeting**

The Chair advised that he did not intend to hold a Closed Meeting.

13 **Any Other Business**

There were no items of Any Other Business.

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

The next meeting of the Audit Committee will take place on Thursday 18 May 2023. Arrangements to be confirmed.

ARAC dates for 2023-24 are as follows:

- 22 June 2023
- 5 October 2023
- 1 February 2024

- 28 March 2024

All meetings will commence at 10am unless otherwise advised.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE MEETING AT 11.50AM.

SIGNED: *William Abraham*

DATE: 18 May 2023

FINAL