



**MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE  
(ARAC) HELD ON THURSDAY 27 JUNE 2024 AT 9.30AM IN THE  
BOARDROOM, NIAS HQ**

**PRESENT:** Dr P Graham Committee Chair  
Mr D Ashford Non-Executive Director  
Mr P Corrigan Non-Executive Director

**IN**

**ATTENDANCE:** Mr M Bloomfield Chief Executive  
Ms R Byrne Director of Operations  
Ms M Lemon Director of HR & OD  
Mr P Nicholson Director of Finance, Procurement,  
Fleet & Estates (joined at 11am)  
Ms M Paterson Director Planning, Performance &  
Corporate Services (via Teams)  
Ms B McAuley Assistant Director of Finance  
Ms L Donnelly Assistant Director of Finance  
Ms C McKeown Head of Internal Audit, BSO  
Ms C Hagan External Audit ASM  
Mr P O'Sullivan Northern Ireland Audit Office  
Ms L Mitchell Independent Adviser to Committee  
Mrs C Mooney Board Secretary

**APOLOGIES:** Ms L Charlton Director of Quality, Safety &  
Improvement  
Dr N Ruddell Medical Director  
Mr N Sinclair Chief Paramedic Officer  
Mr D Charles Internal Audit, BSO

**Welcome, introduction and format of meeting**

The Chair welcomed everyone to the meeting.

1 **Apologies**

Apologies were noted.

## 2 **Declaration of Potential Conflict of Interest & Confirmation of Quorum**

The Chair asked those present to declare any conflicts of interest now or as the meeting progressed.

The Chair stressed the confidentiality of information presented.

## 3 **Previous Minutes (AC27/06/24/01)**

The minutes of the previous meeting held on 16 May 2024 were **APPROVED** on a proposal from Mr Ashford and seconded by the Committee Chair.

## 4 **Matters Arising (AC27/06/24/02)**

### 3.1 **Action List**

The Committee **NOTED** the Matters Arising.

## 5 **Chairman's Business**

### 5.1 **Feedback from ALB ARAC Chairs' Forum – 29 May 2024**

The Chair reminded colleagues that he had attended this Forum on 29 May 2024 and had found it to be a useful meeting. He briefed the meeting on concerns expressed around the increase in size of annual reports and said it had been agreed that recommendations as to what should be included in reports would be drawn up and shared with ARAC Chairs. The Chair said that discussion had focussed on the potential for two distinct documents – one containing the financial elements and the other around the achievements and challenges of respective organisations.

Ms McKeown advised that the DoH's Head of Internal Audit had been asked to develop suggested recommendations.

Ms Hagan indicated that Ms Kane, who was responsible for health audits, had asked for a general recommendation in relation to annual reports to be included in the Report To Those Charged With Governance (RTTCWG) in order to improve the

readability. She clarified that the recommendation would not appear in the current RTTCWG but in the subsequent one.

Mr Bloomfield said he would welcome such guidance and noted reports had increased in size as Trusts described the achievement, risks and challenges.

The Chair highlighted the importance of the Annual Report and was of the view that there was significant value in the information therein.

## **5.2 National Audit Office (NAO) Self-Assessment (AC27/06/24/03)**

The Chair explained that the Committee was required on an annual basis to undertake the NAO Self-Assessment questionnaire. He advised that the Self-Assessment, which had initially been completed by Mrs Mitchell and Mrs Mooney, had been circulated to members for consideration and members had advised they were content.

The Committee **APPROVED** the Self-Assessment.

## **6 Corporate Risk Register (AC27/06/24/04)**

The Chair advised that work continued to review the Corporate Risk Register (CRR) to make it more focussed and succinct as well as ensuring it dovetailed with the Internal Audit recommendations.

Ms Paterson explained the background to the review of the Register and said that she met with the Committee Chair on a number of occasions to discuss as well as discussing the review at the Senior Management Team. She added that the review of the Trust's risk management by Internal Audit had been timely and indicated that the Trust had received a satisfactory level of assurance. Ms Paterson said it would be important to address the findings of the audit in-year in order to maintain a satisfactory level of assurance in the 2024-25 year.

Ms Paterson drew members' attention to the summary of the CRR and explained the summary set out how the Trust intended to present risk in a more concise and streamlined manner into the future. She advised that five risks had been closed or de-escalated

to Directorate Risk Registers and nine risks had been changed or escalated to the CRR.

Continuing, Ms Paterson indicated that each risk would link to related business objectives, making sure that the Register was linked to the delivery of these objectives.

She alluded to the Chair's intention to use the October meeting to consider some of the aged recommendations which had not been progressed and advised that the Senior Management Team considered regular reports from Ms McAuley as to progress against all recommendations.

Ms Paterson advised that, pending approval from the Committee today, a workshop would be organised to consider the risk appetite and tolerance as well as ensuring there was a considered way of scoring risk across the Register and Directorate Registers which would help improve the Trust's focus and prioritisation.

Ms Paterson said it would also be important to look at opportunities for e-learning across staff groups. She acknowledged the challenges in determining who had received training. Ms Paterson indicated that the governance and controls within the Board Assurance Framework needed to be strengthened and highlighted the linkages between the Risk Register and the Framework.

The Chair thanked Ms Paterson for her update and acknowledged that this remained work in progress. He welcomed the changes which had been made to date. The Chair drew members' attention to the 'latest update' column and explained that, moving forward, only the most recent development would be included. He added that the risk movement had also been included.

Mr Corrigan welcomed the work which had been undertaken to achieve a more streamlined approach. He said that he had two key concerns on which he sought updates. The first related to the post of Risk Manager which had been vacant for some time and the second related to risk management e-learning for all staff.

Responding, Ms Paterson acknowledged the need for more capacity within the risk management team to look across assurance frameworks and governance. She advised that interviews for the post of Assistant Director of Risk, Governance and Assurance

would be held in the coming weeks. However, she said that, moving forward, she anticipated that the Trust would need a specific Risk Manager post to work with Directors in a business partner role.

With regard to e-learning, Ms Paterson explained that the Trust had corporate risk and the existing e-learning packages. However, she acknowledged the challenges associated with identifying who had undertaken the training via e-learning and said she was aware that other Trusts struggled with similar issues. Ms Paterson indicated that work would be taken forward to improve these areas.

Mr Ashford welcomed the intention to examine the Trust's risk appetite in more detail and said he agreed with Mr Corrigan's concern re the vacant Risk Manager post. Mr Ashford indicated his agreement with the direction of travel and said it would be important not to lose the good work done to date.

The Chair said that work would continue to refine the Risk Register.

Ms Byrne referred to Risk ID3 'Capacity of the Emergency Preparedness, Resilience and Response Department' and advised of the significant work undertaken to improve capacity within EPRR. She acknowledged the high risk level and said this was due in part to recent recruitments and strengthening of the team. Ms Byrne said that she did not see this risk level reducing.

Ms Paterson clarified that the Committee was endorsing the template in terms of how the CRR would be presented into the future.

The Committee **APPROVED** the CRR as presented by Ms Paterson.

## **7 Board Governance Self-Assessment Tool (AC27/06/24/05)**

The Chair explained that the Trust was required to complete the Board Governance Self-Assessment Tool on an annual basis.

Ms Mitchell noted the improved position compared to the previous year and said that this was as a result of the Trust now having its full complement of Board members.

The Chair noted that significant progress had been made and highlighted a number of queries.

Mrs Mooney responded to the queries raised.

Mr Corrigan said it would be important for Board members to be proactive in terms of meeting with frontline staff and stakeholders.

Mr Bloomfield welcomed the intention to meet with staff and said there would be opportunities for members to do so. He acknowledged that, when meeting staff at Emergency Departments (EDs) for example, it would not be appropriate to engage with stakeholders at that point. However, he referred to the Trust's Service User Forum which had recently been established and believed that this would provide an opportunity for members to meet service users.

Mr Ashford advised that he had previously undertaken a 'ride along' with crews and believed that experiencing delays at EDs at first hand had helped in terms of gaining a real understanding of what both patients and staff experienced.

Mr Bloomfield questioned whether the rating attributed to the acknowledgement that the Trust's Board Assurance Framework needed to be updated was appropriate.

Ms McKeown pointed out that the Framework should be updated on an annual basis.

Ms Paterson pointed out that the most recent Framework was dated 2022-23 and acknowledged the need for it to be updated.

The Committee **APPROVED** the Board Governance Self-Assessment Tool for submission to the August Trust Board.

## 8 **Standing Items**

### 8.1 **NIAS Direct Award Contract Register (AC27/06/24/06)**

Ms McAuley presented the Direct Award Contract (DAC) Register. She advised that five DACs had been completed and removed from the Register and noted a new DAC which related to the supply, installation and commissioning of two sets of

replacement, automated vehicle gates, for secure rear service yard at Ballymena Ambulance Station

Members pointed out that the Ballymena Station was a relatively new station and sought further explanation as to why there was a need for new gates.

Ms McAuley said it was her understanding that a DAC had been required due to the need to secure the station.

Mr Bloomfield said that, when signing off on the DAC, he had content with the rationale offered by the BSO Procurement and Logistics Service (PaLS) to rectify the issue through a DAC.

The Committee **NOTED** the DAC Register.

## 8.2 **Fraud Update:**

- **Counter Fraud Service 2023-24 End of Year Report (AC27/06/24/07)**
- **NIAS update (verbal update)**

The Committee **NOTED** the BSO Counter Fraud Service (CFS) 2023-24 End of Year Report.

In relation to NIAS, Ms McAuley reported that there had been one allegation of fraud made and this had been referred to the CFS. She advised that, following preliminary investigations, the CFS had confirmed that the allegation was unfounded and the investigation was subsequently closed.

Ms McAuley advised that the CFS had provided four awareness sessions for staff and over 50 staff had attended the online session.

Dr Graham welcomed this and the Committee **NOTED** the NIAS update.

## 8.3 **Emergency Preparedness, Resilience and Response (EPRR)**

Mr Ashford advised that the Safety Committee had received a detailed update on EPRR at its June meeting. He said he was of the view that the enhanced assurance meetings should

continue for the foreseeable future to provide support to the team or at least until the Assistant Director of EPRR was appointed at which time he would review the position. Mr Ashford said he had been encouraged by the last discussion. He noted that a further enhanced assurance meeting was scheduled for 29 August 2024 and invited other NEDs to join if they wished.

On behalf of the Committee, Mr Corrigan congratulated Ms Sharpe on being awarded the King's Ambulance Medal.

Ms Byrne advised that the EPRR Assurance and Improvement Group had been re-established and had met in May with a single agenda item to revisit the Group's terms of reference to strengthen assurance and governance. She said that the terms of reference had since been signed off and the next meeting involving representatives from all Divisions and Trust Directorates had been scheduled with a strong focus on business continuity. Ms Byrne advised that the Trust had secured a member of staff with considerable expertise in business continuity from the Yorkshire Ambulance Service for a 6-month secondment. She said that Ms Vinand would work with NIAS staff to strengthen and support the development of staff moving forward.

The Chair suggested that EPRR remain on the ARAC agenda.

## **9 Internal Audit**

### **9.1 To advise on key issues**

Ms McKeown noted that the key issues to report had been included on the agenda.

### **9.2 Internal Audit Progress Report (AC27/06/24/08)**

At the Chair's request, Ms McKeown presented the Internal Audit Progress Report. She advised that the planned audit of the Hazardous Area Response Team (HART) had been deferred to next year. Ms McKeown explained that, as the Trust was currently implementing the ACE recommendations, it was felt that an audit would identify the gaps already known to the Trust.



Mr Ashford acknowledged this but believed there had been some discussion at the audit would be conducted in quarter four. He expressed concern that deferring the audit could mean that the audit would not be undertaken until quarter four in the 2025-26 year.

Ms McKeown undertook to revisit this.

Ms Byrne advised that she had spoken to Mr Charles and also to Mr Bloomfield as Accountable Officer re the deferment of the audit with a view to it being undertaken early in the 2025-26 year.

Mr Ashford commended the good progress that had been made to date and acknowledged the additional assurance provided by Internal Audit. However, he said he would be happy for the audit to be undertaken in quarter one of 2025-26.

Mr Corrigan suggested that the Committee agree to the deferment but on the condition that the audit would be conducted in early 2025-26. He sought clarification from Ms McKeown as to what the audit days could now be used for and suggested it might be possible to bring forward another audit.

In response, Ms McKeown explained that, on the back of the Trust receiving an overall limited audit opinion, it had been agreed that the audit days would be used for follow-up. She said she had discussed the matter with Mr Bloomfield and had agreed that Internal Audit would support the Directorate teams as they moved to implement outstanding recommendations.

Mr Bloomfield agreed that this would be the best use of Internal Audit days and acknowledged Mr Ashford's point around the additional independent assurance provided by Internal Audit.

The Chair agreed with the earlier suggestion that the audit would be deferred until quarter one in 2025-26.

Referring to the progress report, Ms McKeown advised that, by the end of June, Internal Audit would have four of the seven audit reports, excluding the Stocktake Audit, with the Trust. She explained that the benefit of having the reports with the

Trust early in the year was that it allowed further time to address any recommendations.

Ms McKeown drew the Committee's attention to page 6 of the progress report which set out the summary of the Risk Management audit and to page 7 which provided a heat-map of progress. She noted that the audit had identified five key findings and acknowledged the work ongoing to revise the Corporate Risk Register.

Ms McKeown advised that management had accepted the recommendations and she commended the work being undertaken.

The Committee **NOTED** the Internal Audit Progress Report as presented by Ms McKeown.

### 9.3 **BSO Internal Audit HSC General Annual Report 2023-24 (AC27/06/24/09)**

Ms McKeown drew the Committee's attention to this report which summarised all Internal Audit work across the HSC Trusts.

She noted that 49% of assignment assurances provided in 2023-24 had been Satisfactory which was consistent with the 2022-23 year. However, she noted that this had been the lowest level of Satisfactory assurances across the sector since 2016-17.

Ms McKeown indicated that, although her overall assurance opinion for the majority of HSC organisations was Satisfactory in 2023/24, overall Limited assurance had been provided to a number of organisations and that risk to the sustainability of annual overall Satisfactory assurance opinions in future years remained in some organisations.

Ms McKeown pointed out that the implementation of recommendations was at its highest level of 82% of Priority 1 and 2 being implemented at the year end across the sector. She indicated that the most common type of limited assurance related to contract management and procurement. Ms McKeown advised that the proportion of Priority 1

recommendations was increasing albeit the number was small compared to the overall number of recommendations issued.

Mr Corrigan sought confirmation that the number of overall limited assurances across the HSC was greater this year than last.

Ms McKeown confirmed that the sector's low level of Satisfactory assurances reduced her ability to look back on previous years.

Mr Bloomfield was of the view that the reduced level of Satisfactory assurances did not necessarily reflect service pressures but pressures on staff and said he was aware of the additional pressures being placed on already exhausted staff. He noted the increasing sickness absence levels across the system and believed that there was linkages.

Ms McKeown acknowledged this but pointed out that the 2023-24 year had seen the highest level of implementation of audit recommendations which demonstrated the continued focus on audit.

The Chair asked if the Trust was disadvantaged due to its size.

Responding, Ms McKeown said she did not believe so. She pointed out that, in the past, she had provided overall Satisfactory assurance to organisations which had had less than 50% of Satisfactory audits. However, she acknowledged that there was a point at which it was not possible to do this.

Ms McKeown said that, looking ahead, her findings were consistent with previous years in that the sector needed to focus on the implementation of significant audit recommendations as well as on staff training, compliance with controls and the need to continue to develop and embed assurance mapping.

Mr Corrigan emphasised the need for improvement. He said he hoped that, with the additional assistance from Internal Audit, the Trust would address the outstanding recommendations. He believed that, if the Trust could improve

on its 76% implementation rate, it would demonstrate the seriousness of its approach.

Mr Bloomfield advised that the Trust had adopted a similar approach to that of managing absence and said Ms McAuley now attended SMT on a monthly basis to present on progress. He said he believed Internal Audit was aware of the serious consideration of these issues by the Trust.

The Chair echoed Mr Bloomfield's comments and said that the focus of Non-Executive Directors would be to ensure the Trust received an overall Satisfactory level of assurance at year-end.

Ms Lemon said she welcomed the additional input from Internal Audit to support managers. She acknowledged the large quantum of recommendations that remained partially implemented and noted the scale of evidence required to support full implementation.

The Committee **NOTED** the BSO Internal Audit HSC General Annual Report 2023-24.

10 **BSO Final Governance Statement to Trusts 2023-24 (AC27/06/24/10)**

The Committee **NOTED** the BSO Final Governance Statement to Trusts and was advised that this remained in draft form and subject to amendments until it was formally approved as part of the BSO Annual Report and Accounts in July 2024.

11 **Annual Report and Accounts 2023-24**

11.1 **Letter of Representation: NIAS public & Charitable Trust funds for the year ended 31 March 2024 (AC27/06/24/11)**

11.2 **Draft, Audited, Uncertified Annual Report & Accounts for the year ended 31 March 2024 (AC27/06/24/12)**

11.3 **Draft, Audited, Uncertified, Charitable Trust Funds Trustee's Annual Report for the year ended 31 March 2024 (AC27/06/24/13)**

Mr Nicholson explained that he intended to speak to these three elements of the agenda collectively. He advised that the documents presented followed on from those presented to the Committee on 16 May 2024 and pointed out that they remained in draft and were uncertified but had gone through the audit process. He extended his thanks to ASM and NIAO colleagues for reviewing the documentation and their suggested improvements which were reflected in the documentation before the Committee.

Mr Nicholson said that, subject to the Committee's approval, the documents would be presented to the Trust Board later that afternoon with a view to the NIAO issuing the audit certificates and the documents being laid before the NI Assembly before the summer recess on 5 July

He referred the Committee to the Letter of Representation which covered both the public and Charitable Trust Fund accounts. Mr Nicholson acknowledged that the presentational amendments suggested by the auditors had been made and said that, overall in terms of financial performance, the Trust accounts remained unchanged in respect of a breakeven position and remaining within the Trust's Capital Revenue Limit (CRL) as well as achieving the prompt payment of invoices.

Mr Nicholson conveyed his thanks to all those involved in the production of the accounts.

Referring to the Charitable Trust Fund accounts, Mr Corrigan sought further information in relation to the internal governance arrangements and decision-making processes.

Mr Nicholson advised that the Trust did not have a Charitable Trust Fund Committee due to the level of funding which the Trust had had historically. However, he acknowledged that, over the pandemic, the donations to the Trust's Charitable Trust Fund had increased and he suggested it would be helpful to establish a sub-Committee to consider funding applications.

He explained that ongoing decisions around the allocation of funding from the Charitable Trust Funds had been delegated

to the Director of Finance and he noted that the annual report covering the Charitable Trust Funds was presented to the Committee. Mr Nicholson advised that the Trust had refreshed its Charitable Trust Fund Strategy earlier in the year and would be keen to utilise the funds therein.

Mr Corrigan said members had to collectively satisfy themselves that the appropriate governance arrangements were in place and he queried whether governance should fall within the finance element of the PFOD Committee.

The Chair agreed with these comments and suggested that this issue, as well as the potential for a sub-Committee to be established, should be taken into account when reviewing the Committee structure.

Mr Bloomfield clarified that, while the authority to approve spend had been delegated to the Director of Finance, proposals were discussed at SMT with a particular focus on staff health and wellbeing. He added that Ms Lemon had brought forward several proposals in the past on how funding from Charitable Trust Funds might be utilised. Mr Bloomfield said he would welcome members' suggestions as to how additional oversight and financial governance arrangements would be put in place.

On behalf of the NIAO, Mr O'Sullivan extended his thanks to the Trust finance team.

In respect of the Annual Report and Accounts for the year ended 31 March 2024, Mr Nicholson drew the Committee's attention to the resolution to Trust Board:

*The Trust has a Committee structure with agreed Terms of Reference outlining specific duties in respect of the establishment, review and maintenance of an effective system of integrated governance, risk management and internal control.*

*Within this framework the Audit and Risk Assurance Committee, having relied upon the work of the Trust's External and Internal Auditors and assurances provided by them, agreed at its meeting on 27 June 2024 (subject to the*

*satisfactory completion of any outstanding audit matters and a number of minor amendments and changes) to recommend to the Trust Board that:*

- 1. The Annual Report and Accounts for the year ended 31 March 2024 should be approved by the Trust Board as presented and:
  - the Performance Report should be signed by the Chief Executive;*
  - the Accountability Report (which includes: Governance Report; Remuneration and Staff Report; and Accountability and Audit Report) should be signed by the Chief Executive; and*
  - the Financial Statements relating to Public Funds should be signed by the Chair and the Chief Executive.**
- 2. The Letter of Representation (Public Funds) for the year ended 31 March 2024 should be approved by the Trust Board and signed by the Chief Executive.*

In respect of the Charitable Trust Funds Trustees's Annual Report and Accounts for the year ended 31 March 2024, Mr Nicholson drew the Committee's attention to the resolution to Trust Board:

*The Audit and Risk Assurance Committee reviewed the Charitable Trust Funds Trustee's Annual Report and Accounts for the year ended 31 March 2024 and the Letter of Representation. The Committee also received a report from the Director of Finance.*

*The Committee, having relied upon the work of the Trust's External and Internal Auditors and assurances provided by them, agreed at its meeting on 27 June 2024 (subject to the satisfactory completion of any outstanding audit matters and a number of minor amendments and changes) to recommend to the Trust Board that:*

- 1. The Charitable Trust Funds Trustee's Annual Report and Accounts for the year ended 31 March 2024 should be approved by the Trust Board; and*

- *The Trustee's Annual Report should be signed by the Chair and the Chief Executive; and*
  - *The Financial Statements should be signed by the Chair and the Chief Executive.*
2. *The Letter of Representation (Charitable Trust Funds) for the year ended 31 March 2024 should be approved by the Trust Board and signed by the Chief Executive.*

Mr Nicholson clarified that there was now one Letter of Representation covering both the public and Charitable Trust Fund accounts which would be signed by the Chief Executive.

The Committee **AGREED** both resolutions which would be put to the Trust Board later that afternoon.

## 12 **External Audit**

### 12.1 **To advise on key issues**

There were no key issues to advise.

### 12.2 **Draft Report To Those Charged With Governance (RTTCWG) (AC27/06/24/14)**

Ms Hagan noted that there had been some additions and refinements made since the draft RTTCWG had been issued to the Trust. She conveyed her thanks to the Trust finance team for their co-operation.

Ms Hagan confirmed that, with regard to the 2023-24 public and Charitable Trust Fund accounts, the Trust had received an unqualified audit opinion without modification on both accounts. Ms Hagan then highlighted the salient points of the RTTCWG to the Committee. She drew members' attention to page 3 of the report which set out several actions to be taken by the Audit Committee, namely that the Committee should:

- review the findings set out in this report, including the draft letter of representation and the draft audit certificates at Appendices one and two respectively; and



- consider whether the uncorrected misstatements set out in the Misstatements and Irregular Expenditure section should be corrected. The Audit Committee minutes should provide written endorsement of management's reasons for not correcting these misstatements.

Ms Hagan advised that section 2 of the report highlighted the scope of the audit while section 3 summarised the risks identified in the Audit Strategy and how they had been addressed.

The Chair thanked the External Auditors and the NIAO for their work to date and welcomed the overall audit opinion. He referred to the management response to the RTTCWG as well as a timescale identified for actions and asked when the Trust might expect this work to be concluded.

Responding, Mr Nicholson advised that the management response would be provided today and said the final RTTCWG would be expected in the autumn. He noted that the Trust would accept all recommendations and work within available resources to implement them.

Mr Corrigan noted that the final agreed RTTCWG as well as the management response would be brought back to the Committee.

Mr Ashford suggested that, in respect of the DAC register, it would be helpful for the Committee to have the date on which the DAC was approved as well as the date of contract commencement so members could see whether the DAC had been retrospectively approved.

The Chair reminded members of the actions to be taken by the Committee and drew members' attention to the Letter of Representation which set out the management position. He confirmed that the Committee agreed that the effect of the uncorrected misstatements was immaterial and members were content with this position.

The Chair thanked Ms Hagan for presenting the draft RTTCWG which was **NOTED** by the Committee.

13 **ARAC Annual Report 2023-24 (AC27/06/24/15)**

The Chair alluded to the ARAC Annual Report and noted that it covered the 2023-24 year. He advised that the report would be considered at the In Committee Trust Board later that afternoon. The Chair noted that the draft report had been shared with other members of the Committee and they were content.

The Committee **APPROVED** the ARAC Annual Report 2023-24.

14 **Closed Meeting**

At this point in the meeting, NIAS Directors left the meeting to allow the Closed Meeting to take place. There were no specific actions from the Closed Meeting.

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

The next meeting of the Audit and Risk Assurance Committee will take place on Thursday 10 October 2024 at 9.30am in the Boardroom, NIAS HQ. A significant proportion of this meeting will be used to consider progress against IA recommendations.

ARAC dates for 2024-25 are as follows:

- Thursday 5 December 2024
- Thursday 6 February 2025
- Thursday 20 March 2025

All meetings in the 2024-25 schedule will commence at 9.30am unless otherwise advised.

16 **Any Other Business**

The Chair noted that this would be Mr Nicholson's last ARAC meeting before he retired. On behalf of the Committee, he thanked Mr Nicholson for his significant contribution to the work of the Committee and the Trust and wished him a long, happy and healthy retirement.

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

A handwritten signature in black ink, appearing to read "P. Grabau", is written over a horizontal line. The signature is cursive and includes a small dot at the end.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ 10/10/24 \_\_\_\_\_