



**MINUTES OF THE GOVERNANCE, AUDIT AND RISK ASSURANCE
COMMITTEE HELD AT 9:30AM ON
THURSDAY 9 DECEMBER 2025 IN THE BOARDROOM, NIAS HQ**

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

**IN
ATTENDANCE:** Mr M Riddell Assistant Director of HR & OD
Ms L Donnelly Interim Director of Finance
Ms B McCauley Assistant Director of Finance
Mr N Henry Assistant Director Governance
Ms C McKeown Internal Audit, BSO
Mr D Charles Internal Audit, BSO
Ms S Beggs Temporary Board Secretary
Mr N Sinclair Interim Director of Operations and
Chief Paramedic Officer
Ms M Lemon Director of HR & OD
Mr S Mullen Interim Director of Planning,
Performance and Corporate
Services
Ms R Finn Assistant Director, QSI
Ms C Hanna Lead Pharmacist

APOLOGIES:

1. Apologies & Opening Remarks

Apologies noted as above.

The Chair welcomed members to the meeting and welcomed

2. Procedure

2.1 Declaration of Potential Conflict of Interest

No declarations were made.

2.2 Quorum

The Chair confirmed that the Committee was quorate.

2.3 Confidentiality of Information

The Chair confirmed and emphasised the confidentiality of information.

3. Previous Minutes

The minutes of the previous meeting on 9 October 2025 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Corrigan.

4. Matters Arising

The Committee **NOTED** the actions arising from the previous meeting.

Ms McAuley advised she will provide a fraud update at the next GARAC Meeting.

At the last meeting Ms Donnelly agreed to seek an explanation as to why the Fleet DAC is being approved retrospectively. She has tried to follow this up with the fleet team but has no update to date, and Mr Mullen agreed to follow up and advise.

ACTION: Mr Mullen

Mr Charles is setting up meetings with Directors to agree the internal audit plans for the next three years, and will then have a follow up meeting with Ms Paterson and the Committee Chair ahead of consideration at the next GARAC Meeting.

Ms Paterson advised the Committee that the board are currently considering the NIAS Strategy at a high level, which might help and inform mitigation and delivery of priorities and will dovetail with these plans.

5. Internal Audit Recommendations

The Committee **NOTED** the updates and progress on the outstanding Internal Audit Recommendations.

Ms McAuley advised the papers provided outlines where NIAS are at mid-year and the progress made to date. At mid-year NIAS have implemented 83% of all recommendations due at that point. The paper demonstrates what has been implemented per directorate and notes what is high risk and what is likely not to reach year end. Ms McAuley plans to concentrate on those in the amber category as those are the ones that directorates need to provide assurance to the Committee on. Some require support from external bodies or the scale of them is significant, some are due to changes required in policies or engagement outside of NIAS' control.

Clinical

Mr Sinclair referred to the clinical recommendation regarding cardiac arrests within the red column and advised the majority of actions have been completed however, the development of the cardiac arrest register is outstanding, but they have now appointed someone in the team to take this forward.

Ms McAuley referred to the register potentially taking a couple of years to set up and asked Internal Audit if this needs to be fully complete before signing off. Ms McKeown said they will need to consider and understand in more detail before confirming.

Finance

Ms Donnelly advised that the Finance team have completed everything within their control to date. In terms of the Business case procedures, this Policy is a regional Policy and there is a Trust wide group progressing this. Ms Donnelly agreed to follow up and seek a better understanding of the progress.

ACTION: Ms Donnelly

Ms McKeown added that it has been quite a while since a direct regional update has been provided, however, this is important as it's public sector wide and not just HSC. Therefore, it is for that group to work alongside the DoH and Internal Audit can't close it until they see the outcome of that work.

The Committee Chair asked Ms Paterson if there is any assistance that could help progress this action and Ms Paterson

confirmed Directors of Finance are progressing but is content to escalate via the Chief Executives Forum tomorrow and understand how they can help to move this forward.

ACTION: Ms Paterson

Human Resources

Ms Lemon referred to recommendation 1.10 which shares responsibility with Ops (Mr Sinclair) and relates to long standing terms and conditions in place. Reviews are happening to provide assurance on the level of unsocial hours and trade union negotiations have begun.

Mr Riddell has set up a Sub Group of the JCNC to negotiate with TU's about unsociable payments which is an opportunity to set expectations on both sides. The next meeting is to review the specific issues pertaining to audit recommendations and focus less on issues that are complicating matters.

Mr Ashford referred to the issues identified and that NIAS are not in a position to put a stop in place and it will therefore continue. Mr Riddell is considering a plan to review with TU's and is confident NIAS can get into a space to discuss and implement.

Ms McAuley elaborated that significant rota issues were identified and there are still some difficult issues that need addressed. TU's have a difference of opinion on how payments are calculated in terms of relief, which is not straight forward and Mr Ashford queried if NIAS are stopping to pay the extra payments in the meantime until this is resolved.

Ms Paterson advised that 90% of what NIAS are doing is correct and is controlled, however, Ms McAuley and Mr Riddell continue to progress outstanding issues with the Unions. The critical thing from an Internal Audit perspective, is that they identified something that didn't have the required controls and NIAS have now set up an environment to control from a management perspective. There is assurance to the GARAC Committee that NIAS are managing and progressing towards a final conclusion.

Ms Lemon further assured the Committee that NIAS are paying staff in line with the terms and conditions, however, TU's have a different opinion on how this should be calculated which requires negotiation. The progress NIAS have made is in line with control management but acknowledge they need to get out of the legacy arrangements.

Ms McKeown advised there is not enough to satisfy and Internal Audit would like to see further progress, unless there is an agreement on a way forward with those payments.

Ms Lemon acknowledged Ms McKeown's feedback and is keen to have engagement with Internal Audit to understand clearly what evidence they require to close the recommendation. The Committee Chair agreed it would be useful for this meeting to take place and report back to the Committee via email rather than waiting on the next meeting, to provide assurance in between.

ACTION: Ms Lemon

Ms Lemon referred to recommendation 213 (Management should escalate to Directors where managers do not submit validated SIP returns to HR in line with required deadlines), which she believes has been achieved. Mr Ashford clarified this relates to staff in post and appropriate escalations where they haven't been confirmed.

Since the mid-year position NIAS have 100% compliance but they need to provide the evidence to Internal Audit to close. Mr Riddell confirmed they are providing a second set of reminders for those not completed which have been sent to SLT by way of escalating those that need to be closed off. Ms McAuley advised they will have the evidence for this tomorrow to present and close off.

Recommendation 226 has shared ownership with Ms Lemon and Mr Sinclair, and is regarding resource and rota management and GRS access. Mr Sinclair advised that 'Martin' is finalising the proposal with TU's and it can then be implemented, which will be submitted via Ops, JCNC, TU interface, SLT and Committee as required, which should be within the financial year for 2026.

Ms Lemon referred to the significant audit regarding absence management which was unacceptable and therefore escalated to the Board. The team continue to keep momentum on this and provide significant work to progress.

Ms Lemon referred to recommendations 238-239 regarding annual leave/TOIL and suspensions / Special leave and said that some relates to reporting to PCOD and the team have amended the report to that Committee with the required additional information.

NIAS are developing the Policy to cover Toil and Leave practices and have set up a sub group with TU's which will significantly improve the position once implemented.

The Committee Chair advised that he discussed concerns regarding these recommendations at the last NED workshop to ensure all members were aware. He sought clarity on how NIAS will manage the legacy of TOIL so the issue isn't carried forward. Mr Sinclair advised they will take a phased approach over a couple of years by paying the balance, or staff take out of their leave. Mr Corrigan emphasised that NIAS need to have a plan to avoid the legacy remaining and confusing matters with the new policy going forward.

Mr Ashford sought an update on the non-leave matters i.e. staff being granted leave they didn't have which had the potential for serious issues. Ms Lemon and Mr Sinclair assured the Committee they have already put controls in place and this has stopped. If staff require leave in addition to their quota it will go to line management for approval and aligned to exceptional circumstances.

Ms Paterson welcomes that this was uncovered and controls are in place to stop these practices which will be aided by policies.

Ms McKeown acknowledged the good progress made and appreciates the legacy impact may take a bit longer to address. The Chair agreed with Ms Paterson's comments that this is a good example of how Internal Audit positively helps, in terms of identifying gaps.

Ms Lemon referred to recommendation 240 which relates to information around suspensions, which is reported to PCOD. This continues to evolve and the deadline for February 26 may potentially be at risk however, they will strive to provide the evidence required.

Ms Lemon referred to the recommendation regarding improved partnership policies relating to the governance requirements for TU leave, which is something NIAS agree with and have already started to work on which is due to be discussed at the PCOD Committee tomorrow. Mr Riddell added that it is on the agenda to discuss informally with TUs next week and have something agreed by the end of March. Ms McAuley confirmed for the Chair that NIAS require evidence of the partnership and that this recommendation is not due within the current year but it would be great to get some recommendations due next year achieved earlier.

Ms Lemon updated the Committee in terms of absence management, that they have developed dashboards for compliance regarding return-to-work interviews and developed a process and guidance regarding the storage of sick lines.

Ms Lemon alluded to recommendation 247 regarding redeployments which is within the 'red' category and that they are hoping to deliver progress by the end of the year.

Internal Audit have recognised NIAS have made significant changes already regarding the KPI's for Occupational Health but NIAS need some additional KPI's to monitor and hope to progress by the end of the year.

Ms McAuley elaborated further on recommendation 243 and that NIAS may not meet the deadline. There are dashboards in place for operational managers and she is hopeful to close this off but it requires evidence. The Chair asked Ms Lemon to ensure she proactively encourages progress on this.

ACTION: Ms Lemon
Operations

Mr Sinclair referred to recommendation 158 and 161 regarding voluntary car drivers and updated the Committee that they are discussing with finance to put a system and practice in place to control voluntary car drivers. The Policy for Voluntary Car drivers is complete and currently going through the relevant governance structures to complete.

NIAS have implemented a formal procedure for bank staff which is in the final stages and Mr Riddell has received feedback from TU's and is confident NIAS can achieve the deadline.

There is now a governance structure in place to address recommendation 219 (sickness absence, trends and instances of where staff have leave turned down and take sickness). Line managers are made aware of instances to ensure appropriate discussions with staff are in place, and the team are currently providing evidence and audit trail to provide assurance these practices are happening.

Mr Ashford welcomes these systems being put in place to make managers aware and highlighted the need for NIAS to ensure the effectiveness is monitored. Mr Sinclair agreed to provide the necessary evidence and assurance that progress is being monitored.

ACTION: Mr Sinclair

In relation to recommendation 220, management of annual leave, staff across each division have quotas in line with extraction rates with ops, to ensure leave is taken adequately, however, the team is reviewing the annual leave policy in line with the agreed regional policy for annual leave and agreed minimal carry over. The Chair requested evidence to ensure staff are adhering to this and Mr Riddell advised that Mr Ciaran McKenna sends round a regular email to ensure staff are using leave for certain parts of the year which could be used as evidence.

Recommendation 227 (GRS restrictions) has been actioned but requires evidence which Mr Sinclair will follow up.

Mr Sinclair advised he will share the comms for evidence that Recommendation 246 (attendance and absence management) has been actioned in relation to line managers ensuring reasonable adjustments are managed. The Chair reiterated the importance of evidence being provided of practices already in place to address recommendations.

Planning / Performance

Mr Mullen referred to the recommendation focused on SLA agreements for procurements/estates, and that there are MOU's in place for Southern Trust and are currently working through the Belfast Trust sites and anticipate these will be complete by the end of the year.

In relation to recommendation 44 (fire safety) Mr Mullen confirmed they are seeking additional capacity within the health and safety team and have begun procurement to fulfil a fire safety officer role. He pointed out that 16 out of 33 sites have had site inspections which is significantly important to note, and Mr Ashford agreed that this is critical due to the potential prosecution or enforcement by NIFRS.

Mr Mullen updated the Committee that the team are in the process of centralising services and costs and the monitoring of same to address recommendation 68 in relation to contract management of medical devices.

There has been some progress made in relation to recommendation 123 (management of fleet and fuel), and the team are strengthening controls, for example, in relation to mileage returns and contracts services.

Mr Mullen referred to recommendation 128 and the team are considering the fleetwave system and other systems to use, which has been submitted to the DHCNI for approval. The team have carried out benchmarking against other trusts and ambulance services and some market testing has been carried out. Mr Mullen pointed out that it could take up to two years to progress this system.

Ms Paterson advised the Committee there had been some gaps of staff within the fleet team but matters are now being progressed and emphasised the need for the evidence to be collated to provide assurance that NIAS have audit and control in this space.

Ms McAuley referred to the potential of recommendation 128 taking two years to be fully implemented and sought Internal Audit confirmation of whether NIAS need to wait the full two years to close this out. Ms McKeown confirmed that she

believes they could close this out if NIAS can demonstrate they are considering and processes are in place.

Mr Mullen advised that NIAS have carried out a number of response plans this year which will provide evidence for recommendation 137 for NIAS to have a strategy to test and schedule response plans.

Mr Mullen updated the Committee that NIAS have recruited a new network manager which will address the recommendation 139 regarding resilience within IT and upgrading the network.

Mr Mullen's team are continuing to engage with Cyber Security in relation to recommendation 142, and that this will remain 'red' due to the regional business case awaiting approval from the DoH. He continued that until it is funded and resolved it prevents moving this recommendation from red to amber and has a regional impact.

Ms Paterson said that Internal Audit have helpfully segmented some recommendations that are more longstanding, and it is also helpful from a control management perspective that NIAS are exercising business continuity plans, which have been contributory to IT outages and de-briefs to test the resilience in that space. NIAS need to continue to seek an update regionally, which will take money and time to influence, however there is a lot of work internally which can provide evidence.

The Committee Chair suggested Internal Audit should seek an overview from the CiC in terms of regional updates and that issues are being resolved.

Mr Mullen referred to recommendation 180 to improve mandatory risk and e learning training and compliance reported via assurance framework, and updated the Committee that the last report demonstrated this has significantly improved across the organisation with compliance recorded monthly via accountability meetings and assurance framework.

Ms Paterson reminded the Committee it is important to agree what is mandatory or not and what NIAS can afford to deliver to take staff off front line duties to complete.

Ms McAuley alluded to the issue of corporate reporting if training is not considered mandatory and how it is being assessed. Mr Henry engaged with Internal Audit for a number of months and provided evidence, and subsequently revised which staff was mandatory, however, there is still further detail to be provided as evidence to show it's been implemented. Mr Charles referred to NIAS being 46% compliant at that time which is relatively low and required improvement, however, Ms McAuley recalled a recent communication stating NIAS were 68% compliant and she agreed to forward the communication to Mr Charles.

ACTION: Ms McAuley

Mr Ashford acknowledged that training is necessary to achieve audit recommendations but in line with other issues with training, it was identified staff need five training days per person, and NIAS need to be careful and ensure clinical training is at the top of the criteria. The Chair emphasised the importance of planning this correctly for the next three years as there is some complications with data and differences in figures, and he requested for this information to be confirmed and advised to the Committee.

ACTION: Mr Mullen/Mr Henry

QSI

The Chair welcomed Ms Finn to the meeting in Ms Charlton's absence and Ms Finn confirmed that recommendations 195 and 197 are the two priority findings.

She advised that it is unlikely they will achieve completion of these two findings within the deadline and these two findings are in the space of SAI training and Complaints training which are in line with regional process changes.

In relation to recommendation 197 a new process was introduced regionally and goes live on 1 Jan and NIAS need to provide bespoke training for the new process. Regionally two programmes have been developed which went live in mid-October and 185 staff have taken part. Stage two of the training went live last Thursday and NIAS need to consider attendance due to organisational pressures, resource and other training required, and therefore the risk is that the training will not be achieved before the end of March

A regional process for SAI has not been progressed and there is a lot of deviation regarding when it will be delivered, and therefore NIAS decided to go ahead and train staff on the old process and have developed a two-day programme to commence in January. This will cross over to the new process and it is highly operational dependant, and therefore the team anticipate there could be a challenge as NIAS are currently in REAP 4.

The Chair queried how NIAS stand in terms of staff being prevented to complete training due to delays in regional processes, and Mr Corrigan recalled previous occasions with IA agreement that if the original recommendation is not fit for purpose due to significant changes then it is withdrawn or removed from the register with Internal Audit and GARAC's approval. But this is done exceptionally and open to interpretation if the recommendation is out of date or the context has a regional element to it.

Ms Paterson agreed there are some matters that take time, money and have a small budget, and there also others that require systemic changes. She said the other challenge as an organisation is that this may be one of potentially 100 recommendations and may have less impact on the overall percentage and over disproportionately impacted. Ms Paterson hopes that Internal Audit recognise the balanced approach articulated by Ms Finn and acknowledge NIAS are trying to deliver a meaningful process.

Ms McKeown confirmed that it is reasonable for the Organisation to have these two recommendations and she understands the reasons NIAS do not want to implement the training now, however the recommendation is still valid and stay open until the training is delivered.

The Chair pointed out to the Committee the significant amount of detail discussed at today's meeting, which is important as they don't have time to do at other regular GARAC meetings.

Medical

The Chair welcomed Ms Catherine Hanna in Dr Ruddell's absence.

Ms Hanna updated the Committee that staff training started in mid-October and 152 staff (as of last week) have completed which is 24% of paramedic staff, and they have an action plan in place to provide evidence ahead of schedule.

In relation to local training around audit and compliance from stations, they have agreed due to changes in operational management, they will have completed training by the end of the financial year. New operational staff will go ahead and train divisionally and when the restructure takes place they will reassess.

The Chair thanked everyone for their hard work and contributions and Mr Corrigan said it is reassuring and clear that the Organisation and Directors are taking the recommendations seriously and undoubtedly the good work and progress will be evidenced to Internal Audit. He pointed out that recommendations can only be closed off when fully complete and if they are 90% complete, they will still show as outstanding, and he encouraged everyone to ensure they progress those remaining.

Ms McAuley confirmed that if the remaining 19% are achieved within the financial year, NIAS will be achieve 92.95% overall, which is the same as last year.

Mr Ashford acknowledged the good progress achieved but is aware there is still some yet to be done.

The Chair asked for the meeting in February to proceed to revisit progress before the end of the financial year.

Ms Paterson welcomes the updates at this Committee to assess the progress and receive assurance.

6. GARAC Forward Work Plan

Nothing changed

7. Any Other Business

The Chair referred to communication received that Ms Collette Kane is retiring at the end of December and he has written on behalf of the Organisation and Committee to thank her for the support. Mr Thomas Wilkinson will be taking over as the NIAO Engagement Director.

No other matters discussed.

The Chair thanked all members for their attendance and contribution.

8. **Date of Next Meeting**

29 January 2026

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE
MEETING CLOSED AT 16.00**

A handwritten signature in black ink, appearing to read "P. Graham", is written over a horizontal line.

SIGNED: _____

DATE: 29/1/26