



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

AUDIT, RISK AND ASSURANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this [link](#) to the Committee page on the Trust website.

Trust Board Meeting Date	27 March 2025
Committee Meeting Date	6 March 2025
Chair	Peter Curran

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Amendments were endorsed to the **Standing Orders and Scheme of Reservation and Delegation to Officers**. These amendments are before the board for approval at their March meeting. A notice of non-compliance with Standing Orders was reported that related to a contract award and the publication of minutes from the AGM in 2023/24. Both have been reported to the board, and the committee was assured as the actions to ensure this does not occur again.
2. Whilst engagement with Internal Audit is good, **management responses to internal audits** within 15 days is reported as 'red'. The remaining ten audits will need to be returned within the timeframe for this to be reported as green by the end of the financial year and to bring the full audit programme to this committee by June 2025. Reasons include the need for multi-directorate action plans, capacity and competing priorities.
3. Whilst not a matter of escalation, the committee commended the teams on two **substantial assurance Internal Audit reports**.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

4. A **pre-meet** was held with Audit Wales, Internal Audit and the committee Chair ahead of the meeting.
5. The **2025/26 Internal Audit Plan was approved**. The committee was assured the plan aligned to the principal risks facing the trust. The schedule of audits are:
 - Risk Management & Assurance
 - Welsh language standards
 - Follow Up Action Tracker



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwilans Cymru
Welsh Ambulance Services
University NHS Trust

- Budget setting
 - Clinical equipment
 - CMT programme management
 - IMTP Development process
 - Remote clinical support
 - CHARU
 - MAI
 - Capacity management plan (Ambulance Care)
 - High risk records policy
 - Data management practices/devolved data
 - Emerging technology adoption
 - Business continuity
 - Organisational change policy
 - Mandatory in-service training (MIST)
 - Job evaluation
 - Capital Provision: scope(s) to be confirmed
 - Estates assurance: fire safety
6. The **2025/26 Audit Wales Plan was approved**. The schedule of audits include:
- Audit of financial statements work
 - Structured assessment, incorporating a deeper dive into estates management
 - Ambulance Care local project work
7. The committee heard that the **All-Wales Audit Committee Chairs** met in December at which there were three focus areas discussed. They were the management of audit actions via audit trackers, supporting systems used for risk management activity and counter fraud measures. The Chair reflected that the Trust is performing well in these areas.
8. Members **reflected** that extensive ground had been covered during the meeting and the high quality of the reports was commended. There was robust and constructive challenge and support from internal and external audit colleagues, which aids the committee's effectiveness and provides the necessary assurances. The significant contributions and reports prepared from various colleagues were noted. Additionally, members felt that the hybrid format worked well.

ASSURE

(Detail here any areas of assurance the Committee has received)

9. The **Annual Audit Wales Report** for 2024/25 was received. Audit Wales advised that the annual audit report summarises all the pieces of work completed throughout during the year, including accounts work, the Cost Savings Arrangements review, Quality Governance Follow Up audit, and the Structured Assessment. All these pieces of work have been through clearance and considered by the committee in year. The committee were assured that the remaining pieces of work would be completed in year as planned.
10. **Audit Wales Follow Up Review of Quality Governance Arrangements** was received by the Quality, Safety, and Patient Experience Committee (QUEST) at their February meeting and is included in its AAA report. Three of the previous eight recommendations from the 2022 review had been fully



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

implemented. These include monitoring clinical audits, improving the process around board member visits, and implementing the Joint Investigations Framework. However, four recommendations were not considered as complete (which they had been marked as on the tracker), including reaching targets for PADRS, addressing the mortality review backlog, and reporting to QUEST. In addition, further recommendations were made to ensure the quality strategy is achievable within available resources and to detail the necessary funding. The management responses to the new recommendations were considered positive and comprehensive, and the approach to revised actions for the previously closed recommendations was commended.

11. Progress against the **2024/25 Internal Audit Plan** was received, and it was noted that the plan remains on track.
12. The following Internal Audits reviews were completed during the quarter and presented to the Committee. Members reviewed the action plans that accompanied the audits and were assured they were appropriate and timely:
 - **Vehicle Accident Management – Limited Assurance.** The audit assessed the management of vehicle accidents and the mitigation actions in place. Key areas for improvement include developing formal guidance and checklists for consistent investigations, maintaining a central repository for driver assessments and training, and ensuring evidence of third-party damage is collected. A task and finish group will be set up to implement the recommendations with a focus on improving processes. Assurances were provided that that group will have oversight from the Senior Operations Team.
 - **Exposure to fume – Reasonable Assurance.** The audit evaluated actions to ensure the health and well-being of staff exposed to diesel fumes due to delays in handover at emergency departments. Improvements needed include refining guidance on using shorelines, ensuring compliance with workplace exposure limits, and updating risk assessments for high-risk emergency departments. Significant work has already been done to mitigate the actions identified, with many actions completed. The report was discussed at the People and Culture Committee, highlighting compliance issues and the importance of ongoing work to address them. The discussion highlighted the importance of ongoing efforts to ensure staff safety and the positive steps already taken to address the audit findings.
 - **Patient Experience and Community Involvement – Reasonable Assurance.** The audit assessed compliance with the Health and Social Care (Quality and Engagement) (Wales) Act 2022 and alignment with the Trust's IMTP. Improvements needed include better-defined and coordinated activities, enhanced survey content integrity, and completing the feedback loop. QUEST reviewed this audit and reported to the board in its February 2025 AAA report. Many actions have already been completed or are on track, except for the complex data protection impact assessment related to SMS text messaging for 999 service user feedback. The engagement framework and delivery plan have evolved to support the clinical model transformation program. The discussion underscored the importance of effective public engagement, the need for improved reporting and coordination, and the alignment of feedback with the Trust's strategic goals.
 - **Rollout of Pentrox – Reasonable Assurance.** The audit assessed the impact of the Pentrox



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwllans Cymru
Welsh Ambulance Services
University NHS Trust

rollout on patients and staff, noting its introduction in May 2023. The project received recognition for its effective care, but improvements are needed in training compliance, storage access, and reporting on benefits realisation. The balance between security and accessibility for Pentrox was highlighted, with plans to revisit training modules and access protocols. The environmental benefits of reducing Entonox use were discussed, with Pentrox contributing to a lower carbon footprint. The discussion highlighted the positive impact of Pentrox on patient care and volunteer support.

- **111 Digital Operations – Substantial Assurance.** The purpose of this audit was to assess whether the digital operation of 111 is safe and effective, with mitigation plans in place for any weaknesses identified and tracked to resolution. The Finance and Performance Committee reviewed this audit and reported to the board in its January 2025 AAA report. Members commended the team on the audit which provided substantial assurance across all objectives. Processes for monitoring system performance and preventing incidents were found to be effective. Regular review meetings between the Trust and the supplier were noted, ensuring appropriate performance and issue resolution. The system was implemented rapidly within four months, requiring decisions to be made on the day due to external pressures. Despite the rapid implementation, the system's performance and security were maintained.
 - **Energy Management – Substantial Assurance.** The audit reviewed the risk mitigations and management of energy costs, including the implementation of a new national energy contract. The Trust's impact from the new contract was less significant compared to other organisations. Detailed monitoring reports are used to inform decisions, and renewable energy schemes have been implemented to improve energy efficiency. Three medium-priority findings were raised, including the need for enhanced automation of approvals, reducing estimated reads, and removing non-A-rated small appliances. The Trust is the only ambulance service to have ISO accreditation in this area, reflecting the significant work done by the Estates team.
13. The Committee has oversight of the **Trust's Policy** work plans and was assured that 46% of policies identified as a priority for review are now within their review date which is a significant improvement on the 14% reported post pandemic in July 2023. A re-evaluation of the policy priorities has been undertaken with the Executive Leadership Team and a new work program established for 2025/26. Given the positive progress this report will now be received bi-annually.
 14. The **losses and special payments** made during the period 01 April to 31 January 2025 were presented. The total amount of special payments and losses was just over £500K after reimbursements from the Welsh Risk Pool. The damages figure in this period amounted to £126K.
 15. The committee's terms of reference require it to receive assurance on the **arrangements for clinical audit** at the Trust. Assurances were received by way of a report from the Chair of QUEST to this effect.
 16. In private session the Committee received the counter fraud update 01 October 2024 to 31 December 2024 well as the report on **tenders and single tender waiver requests**, noting there were no single tender waivers in the last two periods. The **Local Counter Fraud Service (LCFS)** provided an update on its work in tackling fraud, bribery and corruption in the Trust. The report provided detail of ongoing



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwilans Cymru
Welsh Ambulance Services
University NHS Trust

- and future Counter Fraud work against the approved work plan. The Committee noted that there are currently 24 recorded ongoing investigations (33 in last reporting period), with 11 new referrals (10 in the last reporting period) having been received. 19 cases have been closed in the quarter.
17. The committee's **2024/25 effectiveness review** was conducted and any changes to the terms of reference and operating arrangements will come to the May meeting.
 18. The **Integrated Governance Programme** was introduced to the committee. The aim is to replicate good governance principles from the board and committee level throughout the entire organisation, ensuring a flow of assurance from floor to board. The mapping of governance structures was received, and this serves as the 'single source of truth' for the Trust, and a baseline for the Quality and Performance Management Framework. The programme includes tiering principles setting out the rules of establishment and operating arrangements to streamline processes. The programme is a two to three-year initiative, with the next steps including the development of a handbook and further refinement of the governance structures. The programme will form a priority for the committee in 2025/26 and the details of the year's deliverables and desired outcomes will be discussed in May.
 19. An update was provided with respect to arrangements **and timetables for the 2024/25 audited accounts and annual report**.
 20. An update was received on the revised **Audit Tracker** from the Q3 2024/25 reporting period, including the current position with respect to closure of actions on their third and final date that were reported to the committee in Q2, with all on track for closure in Q4 as expected. The committee noted the significant number (68) of actions are due for closure in Q4. The committee reaffirmed the reporting headlines agreed in September 2023, with a focus on using Power BI to provide more accessible and informative reports. The committee considered moving from three revised dates to two, with the aim of improving accountability and ensuring realistic timelines are set from the outset. This proposal will be taken back to the Executive Leadership Team for further discussion.
 21. The **impact assessment signpost document** was received for information. This document will be linked to the new front covers to ensure decisions are made following the appropriate impact assessment process.
 22. The **Committee's cycle of business** monitoring report was reviewed with no matters to escalate. Its priorities are on track and a report on the committee specific induction was well received.

RISK MANAGEMENT

The committee received assurance against the Risk Management Transformation Programme and noted the progress made to date with the board in the development of a suite of risk appetite statements aligned to the Trust's six strategic objectives. An update on the programme's direction of travel and timelines will be presented at the next meeting, acknowledging this is a two to three-year project.

Specific updates were noted against the principal risk management activity in Quarter including the increase in score of Risk 260 (cyber security) to 20. This risk will be considered in a closed session of the Finance & Performance Committee due to the sensitive nature of the mitigating actions which impact on



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

the achievement of target score.

Work continues on the 'manage and monitor' approach to Risks 223 and 224 to streamline the internal and external factors of both risks.

Members approved the 2025/26 risk reporting schedule which had been aligned to the board and committee cycle.

COMMITTEE AGENDA FOR MEETING IN JUNE

Committee effectiveness review for 2024/25	Internal Audit Progress Report and following audit reports: - Vehicle accident management - Exposure to fumes - PECCI - Rollout of Pentrox - 111 digital operations - Energy management	2025/26 Internal Audit Plan
Risk management and board assurance Risk Transformation Programme	Audit Tracker	Policy Report All Wales Recovery of Overpayments Procedure
Near Miss Report	Losses and Special Payments	Cycle of business and monitoring report

COMMITTEE ATTENDANCE

Name	30 April 2024	7 June 2024 ¹	10 July 2024 ²	12 Sep 2024 ³	21 Nov 2024 ⁴	6 Mar 2025
Peter Curran						
Kevin Davies						
Joga Singh						
Ceri Jackson						
Rhiannon Beaumont-Wood						
Chris Turley						Ed Roberts
Audit Wales	Fflur Jones ⁵	Fflur Jones	Yvonne Thomas	Fflur Jones ⁶	Fflur Jones	
Julie Boalch						
Judith Bryce					Jon Sweet	
Christian Fox						
Angie Lewis						
Carl Kneeshaw						
Osian Lloyd					From Item 7	
Trish Mills						
Liam Williams					J Turnbull-Ross	Wendy Herbert

¹ Jason Killens and Jonny Sammut joined this meeting

² Jason Killens and Rachel Marsh joined this meeting

³ Jason Killens and Rachel Marsh joined this meeting

⁴ Bethan Evans, Non-Executive Director joined this meeting to ensure quoracy as new NED membership is implemented

⁵ Darren Griffiths and Amy Lord also attended

⁶ Gareth Lucy also attended



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwllans Cymru
Welsh Ambulance Services
University NHS Trust

COMMITTEE ATTENDANCE

Name	30 April 2024	7 June 2024¹	10 July 2024²	12 Sep 2024³	21 Nov 2024⁴	6 Mar 2025
Carl Window						
Damon Turner					Until Item 10	

	Attended
	Deputy attended
	Apologies received
	No longer member