



GIG
CYMRU
NHS
WALES

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

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

MINUTES OF THE OPEN MEETING OF THE AUDIT, RISK AND ASSURANCE COMMITTEE OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST HELD ON WEDNESDAY 12 SEPTEMBER 2024 IN CARDIFF MRD AND VIA TEAMS

Meeting Commenced at 09:30

PRESENT:

Peter Curran Non-Executive Director and Committee Chair
Kevin Davies Non-Executive Director

IN ATTENDANCE:

Julie Boalch Assistant Director of Corporate Governance and Risk
Judith Bryce Assistant Director of Operations
Christian Fox Trade Union Partner
Jill Gill Interim Assistant Director of Finance
Fflur Jones Audit Wales
Jason Killens Chief Executive
Osian Lloyd Head of Internal Audit, NWSSP
Gareth Lucey Audit Wales (left meeting after item 43/24)
Rachel Marsh Executive Director of Strategy, Planning and Performance
Trish Mills Director of Corporate Governance/Board Secretary
Steve Owen Corporate Governance Officer
Alex Payne Corporate Governance Manager
Felicity Quance Internal Audit
Chris Turley Executive Director of Finance and Corporate Resources
Damon Turner Trade Union Partner
Carl Window Local Counter Fraud Manager

OBSERVERS:

Rusna Begum Graduate Trainee
Louis Davies Network 75 Student
Jessica Price Head of Financial Accounting

APOLOGIES:

Ceri Jackson Non-Executive Director and Vice Chair of the Trust Board
Angela Lewis Director of People and Culture
Liam Williams Executive Director of Quality and Nursing

40/24 PROCEDURAL MATTERS

The Chair welcomed all to the meeting noting the apologies of Ceri Jackson, Angela Lewis and Liam Williams.

Minutes:

The Minutes of the Audit, Risk and Assurance Committee (ARAC) meeting held on 10 July 2024 were approved.

Action Log:

Action 27/24: Risk Management and Board Assurance Framework. *Following a discussion by the Committee, there will be consideration of a dedicated risk - in relation to risk 424 [Resource availability (revenue, capital and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)] in respect of the inclusion of fleet/vehicle, to consider the requirements against the Strategic Outline Plan and the funding requirements.*

Consideration was given to an update to the narrative of Risk 424 to reflect this. Alongside this, it was likely that a separate risk will be developed alongside the updated Fleet Procurement Strategy, to capture funding and other fleet risks in the future. This was now in progress, and it was therefore agreed that this action could be closed.

Action 28/24: Audit Tracker - *The Governance Team will consider the development of 'spotlight' communications for colleagues in the Trust regarding the monitoring and management of Audit actions.* This will be considered with the development of Tracker 3.0 (transition to the SharePoint solution) in line with the update provided in the action log. It was agreed that this action could be closed.

Committee Highlight Report:

The Committee highlight report from the 07 June and the 10 July 2024 was received.

Declarations of Interest:

No other declarations of interest were added to those already on the register.

RESOLVED: The Committee:

- (1) Noted the apologies of Ceri Jackson, Angela Lewis and Liam Williams.**
- (2) Approved the Minutes of 10 July 2024.**
- (3) Received the combined Committee Highlight report from 07 June and 10 July 2024.**
- (4) Noted there were no further declarations of interests recorded other than those listed on the Register of Interests.**

41/24 CHAIR'S REPORT ON CONTINUOUS COMMITTEE EFFECTIVENESS

In terms of this year's Committee effectiveness review, Peter Curran emphasised a continuous approach to addressing areas that did not score well in the previous year's review. He advised that he had met with the ARAC Non-Executive Directors (NEDs) to discuss certain areas and that intends to meet again in November. Trish Mills and Chris Turley will be involved in the meeting scheduled for November.

RESOLVED: The update was noted.

42/24 INTERNAL AUDIT PROGRESS REPORT AND INTERNAL AUDIT REPORTS

Osian Lloyd provided his Internal Audit Progress report update, highlighting the progress against the 2024/25 plan. He mentioned that of the 20 reviews, one draft report was ready, five were in progress, and three were at the planning stage. He also noted that there were no concerns regarding the delivery of the Plan and that it was on track to be delivered by the end of the year. Additionally, Osian Lloyd mentioned there have been no changes to the Plan and no pushbacks or deferral requests, indicating good engagement with the Trust. Trish Mills added that she held monthly meetings with Osian Lloyd to discuss the 2024/25 Plan in detail.

Internal Audit Reports

Volunteers Governance Internal Audit

Felicity Quance provided a detailed overview of the Volunteers Governance Internal Audit Report, which received a reasonable assurance rating. The audit reviewed the adequacy and effectiveness of the Trust's governance and operational management of volunteer activities, covering areas such as recruitment, retention, supervision, support, fundraising, and financial guidance. The audit identified nine medium-priority recommendations and one low-priority recommendation to strengthen existing processes. The review addressed four objectives which were all rated as reasonable:

- I. The volunteer strategy aligned with national strategies but could benefit from enhancements like volunteer development plans and a quality assurance framework.
- II. Policies and procedures were in place but needed further detail, especially in fundraising and financial guidance.
- III. Volunteer recruitment, onboarding, clinical oversight, and fundraising processes were in place but required consistency and better record-keeping.
- IV. Oversight and escalation of key issues and risks were regularly reported, but ownership of corporate risk needed to be identified.

Felicity Quance also noted that legal advice on fundraising had been received and was under review to determine the next steps. Trish Mills stated that initial advice on fundraising had been received from a legal firm experienced in advising NHS charities, which would be applied to both to the volunteers and to the charity. Trish noted that she would meet with Judith Bryce and the Volunteer Team to review the advice to support the development of a comprehensive fundraising policy.

Judith Bryce acknowledged the recommendations which reflected the thoroughness of the audit process adding that most of the actions were relatively straightforward to remedy. She added there has been a significant piece of work to get to this point with the Volunteer Team, and there has been a significant focus on the governance arrangements in place in the team.

Kevin Davies emphasised the importance of the fundraising and financial guidance components of the report, noting that irregularities in these areas could bring an organisation into the spotlight of the Charity Commission. He welcomed the recommendations and highlighted the need for centralised accounting to support the distributed model of volunteers.

Carl Window provided assurance to the Committee that from a fraud risk perspective, his team have been continuously engaged in the review process. He noted that he has offered observations, support and guidance, specifically regarding the financial controls, secondary signatories, and account authorisations.

Disciplinary Case Management Compassionate Practices Internal Audit

Felicity Quance presented the Disciplinary Case Management (Compassionate Practices) Internal Audit Report which received a reasonable assurance rating, and highlighted the following key points for the Committee's attention:

1. The review aimed to assess the adequacy of the disciplinary process and the integration of compassionate leadership principles;
2. The report included six matters arising, with 12 recommendations (three high, seven medium, and two low priority);
3. The Trust has adopted the All Wales Disciplinary Policy, with substantial assurance given for the alignment of strategic and operational actions with compassionate practices;
4. Limited assurance was assigned due to delays in embedding compassionate practices and the need for broader training coverage among those involved in case management;
5. The audit found general compliance with the All Wales policy in the sampled case files, indicating appropriate management of disciplinary cases. However, there were issues with compliance in fast-track investigations, documentation completeness and appeals not being heard within the 28 day target;

6. Regular reporting of disciplinary cases to the People and Culture Committee (PCC) was noted, with recent introductions of six monthly trend and theme reports.

The Trust Management have accepted the findings and have provided detailed responses to address the recommendations within the audit report Trish Mills advised the Committee that the report was reviewed at the PCC meeting on 30 August 2024, where it was linked to discussions on cultural themes and trends.

It was acknowledged there has been an increase in disciplinary cases, which was anticipated due to the "speaking up safely" programme encouraging more people to come forward. In terms of training, 228 people have been trained in compassionate practices, 70 have attended investigating officer training, and there were now three full-time investigation officers in post.

Kevin Davies expressed his surprise at the limited assurance for compassionate practices element, given the organisational changes and efforts made. He asked for more information regarding the underlying reasons for the limited assurance rating on this element, to better understand the situation. It was agreed that this action would be passed to Angela Lewis, for response.

Damon Turner asked whether the audit was conducted across all Directorates or if it was focused mainly on operations. He noted there were varying standards of compassionate practices across different Directorates, with some areas showing good practices and others that require improvement.

Felicity Quance stated that the sample for the audit was taken from across all directorates, not just the Operations Directorate. It was a random sample of cases that had been closed during the year. She acknowledged that while the narrative might seem more operations focused, it covered the entire Trust.

Risk Management Internal Audit

Felicity Quance provided an overview of the risk management internal audit, which received a reasonable assurance rating. The purpose of this audit was to assess the effectiveness of the risk management and assurance arrangements in place within the Directorates. Management accepted the findings and provided clear responses to address the issues raised. The key points from the report included:

1. The audit aimed to assess the effectiveness of risk management assurance arrangements at both corporate and directorate levels, specifically within the Operations and Clinical directorates;

2. Five medium priority matters were raised. The audit noted continued development and delivery of the Trust's Risk Transformation Programme, with processes in place for recording and monitoring risks. However, there were inconsistencies in the application of guidelines and issues with the completeness of the audit trail for local and directorate risks;
3. A Risk Management Policy and guidelines were in place and published; however, an additional corporate governance notice to inform staff had not been published at the time of the audit;
4. Inconsistencies were found in the completion of risk assessment forms and the recording and scoring of risks on Datix;
5. Active management of risks at the corporate level was noted, but there were issues with updating Datix to reflect reviews at the Directorate level;
6. Risks and mitigating actions were sometimes overdue for review, and some local risks were recorded outside of Datix, which could hinder effective oversight.

Julie Boalch acknowledged the issues around the Datix platform and noted that the 'Once for Wales' solution, which would address many of the issues highlighted in the report was experiencing delays with the provider. She emphasised the importance of ensuring clear audit trails in risk management and noted that whilst the Trust managed and reported risk well, not all local and Directorate risks were currently held centrally through a digital platform. Julie noted the upcoming recruitment of a band 7 Risk Manager, which will help with the delivery and support of risk management at this level across the Trust.

Trish Mills added that the Trust has effective risk management practices but acknowledged that there is room for improvement. She emphasised the importance of audit in the wider organisational approach to risk, and the delivery of the Risk Transformation Programme. Trish thanked Internal Audit colleagues for the partnership approach taken during this audit, specifically.

RESOLVED: The Internal Audit Progress report and the Volunteers Governance, Disciplinary Case Management Compassionate Practices and Risk Management Internal Audit Reports were received.

43/24 AUDIT WALES REPORTS

Financial Audit

Gareth Lucey provided an update from the financial perspective. He confirmed that the 2023-2024 Annual Report and Accounts for the Trust were certified and forwarded to Welsh Government in mid-July, meeting the set target. He noted that the focus was now on the independent examination of the Trust's charity accounts, with a deadline at the end of January 2025, and the planning for the 2024-2025 Trust financial statements. Gareth Lucey also noted that a meeting has been scheduled to begin the work associated with these audits.

Audit Wales will be completing an independent examination of the charity accounts for 2023/24 as opposed to a full financial audit, as agreed by the Charity Committee and Corporate Trustee. It was noted that the charity Annual Report and Accounts for 2023/24 will be prepared and issued to the Charity Committee for endorsement, prior to their submission to the Corporate Trustee in January 2025, for approval. The deadline for submission of the charity's annual return with the annual report and accounts to the Charity Commission is the 31 January 2025.

Performance Report

Fflur Jones advised the Committee that two reports have been issued in draft to the Trust recently: the financial efficiencies report, and the quality governance follow up report. These reports were currently going through clearance and will be presented at the November ARAC meeting. Additionally, two more reports were anticipated for the November meeting: the 2024 Structured Assessment report and the unscheduled care part two report for the Trust. Fflur Jones added that her team were in the stages of scoping the digital deep dive review, which will accompany this year's Structured Assessment.

Kevin Davies asked for clarification from Audit Wales on the digital deep dive review and asked whether this was the first time such a review was being conducted, and whether it would consider the systems that interact across Wales. He expressed concern that external factors beyond the Trust's control might negatively impact the review's findings.

Fflur Jones explained that the digital deep dive review was part of the 2024 Structured Assessment and that different areas were chosen each year for these deep dives. She advised that the current focus was on digital plans and strategies; specifically, how bodies were using these plans to guide their investments. She acknowledged Kevin's concern about national systems and assured him that his comments would be noted.

RESOLVED: The Committee noted the updates from Audit Wales.

44/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Risk Management Transformation Programme

The purpose of this report was to provide a detailed update on the Risk Transformation Programme, assurance, a high level synopsis of the 2023/24 Risk Management Internal Audit, and assurance in respect of the management of the Trust's principal risks. Julie Boalch shared a presentation on the Risk Management Transformation Programme and drew the Committee's attention to the following areas:

BDO Report: The Trust commissioned BDO to support the Risk Management Transformation Programme advising on best practices. The programme is in its third and

final year as far as the Integrated Medium Term Plan (IMTP) is concerned; however, the programme is expected to span another two to three years to fully achieve its goals.

The BDO report focused on three main areas:

- Providing best practice guidance on the design and build of a strategic Board Assurance Framework (BAF).
- Providing expert advice on developing risk appetite statements.
- Repositioning of the Trust's highest scoring risks.

The next steps for the programme will see the development of a strategic Board Assurance Framework (BAF) which is a high level tool that provides the Board with assurance that the key risks to the Trust's strategic objectives are being managed effectively. It consolidates all relevant information on these risks and serves as a methodology for the Board to oversee these risks. The programme aims to enhance the BAF to reflect the Trust's future strategic ambitions by aligning it to risks in achieving the organisational strategy.

Trish Mills commented that the Trust was in a good position due to the work done over the past couple of years in embedding effective risk management practices. The Board was now familiar with the top five risks and the governance flow, which sets a solid foundation for the next steps.

Julie Boalch explained that the next tranche of work involves exploring and developing the Trust's risk appetite against the six strategic objectives. This will be done in conjunction with Rachel Marsh and colleagues in the Strategy, Planning and Performance Team. The goal was to use risk appetite to aid decision making and allow clearer downward delegation.

Kevin Davies acknowledged that the Risk Management Transformation Programme showed a maturity journey and ambition. He expressed concern regarding the resource required to apply the necessary intellectual effort to this initiative and was interested in seeing how the realignment of risks 223 and 224 will develop. Kevin added that this work may help the Trust more clearly articulate its ambitions externally, including to Commissioners and other stakeholders in the political arena.

Julie Boalch confirmed that a workshop with Lee Brooks, Liam Williams, and their senior teams had been conducted to discuss the repositioning of these risks. Judith Bryce clarified that the reframing of these risks did not indicate an acceptance of the situation but instead, helped to categorise what can be influenced by the Trust and what can only be monitored. She found the recent workshop on repositioning these risks very helpful in starting the journey towards better categorisation and management.

Osian Lloyd expressed support for the direction of travel and the proposals to move forward with the Risk Management Transformation Programme. He noted that the Trust has consistently reached reasonable assurance on risk management in recent years. He further mentioned that he has regular meetings with Trish Mills and Julie Boalch to stay informed about the developments.

Osian Lloyd also indicated that reviews on risk management assurance were consistent in the programme. and can be tailored to look at the right areas. He pointed out that the timing was appropriate as the Trust was evolving its clinical model, which aligned with the Trust's strategic objectives.

Members acknowledged the limitations with the existing digital system which supported the management of risk – Datix – and noted that it is not supportive of the direction of travel and ambition of the programme. The Committee discussed in detail the need for a new digital system to support risk management, the ongoing evaluation of options, and the importance of securing the necessary resources and external support to achieve this.

Peter Curran asked what could be expected to be received in November by way of advancement and preparation for the February ARAC meeting. Julie Boalch confirmed that a new strategic BAF template and a progress update would be brought to the next meeting and that a session on the development of risk appetite statements is scheduled for the February 2025 Board Development session.

Board Assurance Framework

Julie Boalch provided an update on the principal risk activity and general risk updates:

1. The Trust's highest rated risks: **Risk 223** (*the Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*), remain at the highest score of 25. These scores reflected individual cases of avoidable harm, highlighting ongoing challenges in the unscheduled care system due to the levels of handover delays.
2. Risk 424 (*Resource availability (revenue, capital and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)*): The score has been reduced from 12 to 8 and will be removed from the corporate register but managed at the directorate level, closely linked to Risk 139 (financial risk)
3. Risk 619: This risk, related to the replacement of the CAS system, has been fully mitigated and will be closed.

Julie Boalch assured the Committee that the risks were reviewed in line with their risk ratings and given the appropriate governance and scrutiny. The Executive Leadership Team approved these updates for the last quarter.

Peter Curran noted that Ceri Jackson, member of the Committee, had given her apologies but provided comments for the record. Ceri welcomed the assurance provided in the

papers and supported the direction of travel following the BDO work. She emphasised the importance of clear strategic objectives with tangible success measures and risk appetite, acknowledging the challenges in their operating environment. These comments were noted.

RESOLVED: Members considered and discussed the contents of the report and:

- (1) Supported the direction of travel for the next stage of the Risk Management Transformation Programme: specifically,**
 - a. the development of a new Strategic Board Assurance Framework template based on the private healthcare example.**
 - b. the intention to commission external resources to develop the risk appetite statements.**
- (2) Noted the plans to reposition Risks 223 and 224.**
- (3) Received assurance on the 2023/24 Internal Audit Risk Management Review.**
- (4) Noted the reduction in score for Risk 424 from 12 (3x4) to 8 (2x4). The risk will be de-escalated to the Directorate Risk Registers for ongoing management.**
- (5) Noted the closure of Risk 619 from all registers having been fully mitigated.**
- (6) Received assurance on the review and attention to the principal risks, including their review at ADLT, ELT and at relevant Committees.**
- (7) Noted the ratings and mitigating actions for each principal risk.**

45/24 AUDIT TRACKER

Trish Mills updated the with the current position with respect to management actions for audits within the purview of the Committee, in addition to the wider progress in Quarter. There has been good engagement with Directorates on the revised Tracker 2.0 for quarter one, with the result that of the total of 144 internal audit actions on the Tracker, 36 have been closed in quarter. This was a closure figure of 25% of all internal audit actions.

Of the total internal audit actions, 45 of the 144 actions have been given proposed revised dates in Quarter (31% of the total) and there were five actions on their third revised date (3%). This latter figure included one action, reference 567, which was on its third revised date and was yet to be completed.

Of the six internal audit actions where the ARAC is the owning Committee, none of the actions have been closed in quarter. Of these, four have been given revised dates in quarter; none were on a third revised date.

In terms of the total external audit actions eight of the 22 have been closed in quarter (36%); seven (31%) have been given a proposed date in quarter, and one action was on its third revised date (reference 106a). There has been positive engagement from Directorates on the progression of actions, as was demonstrated by the closure position., with focused reviews and drop-in sessions helping to manage and close actions.

Trish Mills advised the Committee that it was intended that the new SharePoint Tracker 3.0 is still in development and would begin to be used for the 2024-2025 audits, onwards. This decision was made to avoid the huge workload and potential data loss associated with transitioning all the data from the current large Excel sheet. The intention was for the Excel Tracker 2.0 to be run down as the actions are closed. The new tracker will provide better reporting for the Committee, with Power BI helping to extract data. Full implementation was expected early next year.

Judith Bryce explained that action 567 related to the Hazardous Area Response Team (HART) internal audit, which was part of the 2022-2023 audit programme. She advised that the required self-assessment had been completed however it had been asked that a peer review of the self-assessment be completed before the action is closed. This peer review was yet to be completed but would be completed by the end of October 2024.

Peter Curran highlighted some key challenges in meeting internal audit deadlines. He pointed out that revising dates for internal audit actions could be complex and that original dates may sometimes be unrealistic.

Trish Mills acknowledged there were several reasons for revising dates, including other pressures and capacity issues. She emphasised that the Trust was aware of this and was working to improve the process to ensure management actions and the associated implementation dates are realistic. Osian Lloyd added that it was important to ensure that dates assigned to matters arising/actions were realistic and would engage with colleagues to ensure that actions and associated due dates are achievable.

RESOLVED: The Committee:

- (1) Received assurance that the management actions for the audits within the purview of this Committee, and overall were being effectively and appropriately managed, closed off in quarter or clarity provided on dates which have moved and rationale;**

(2) **Received and reviewed any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these were the following internal audits:**

- **Internal Audit: Volunteer Governance (noting this was discussed at the People and Culture Committee on 30 August 2024);**
- **Internal Audit: Disciplinary Case Management (noting this was discussed at the People and Culture Committee on 30 August 2024);**
- **Internal Audit: Risk Management.**

46/24 POLICY REPORT

Julie Boalch explained that the purpose of the report was to provide the Committee with assurance on the status of the Trust's policy work programme, which aimed to bring key policies up to date. A work programme was established following the pandemic to address the number of policies that were not within their review date, which had fallen to below reasonable levels during that period. Since then, 45% of Trust policies identified as a priority for review were now within their review date.

It was expected that 52% of all Trust Policies will be within their review date after the next round of approvals in October and November 2024. This was an improvement from 14% overall reported in July 2023 at the time the prioritisation exercise was undertaken. This figure does not include policies developed by NHS Wales or the NHS Employers Unit, which were adopted by the Trust.

A detailed report on the progress of the work plans and the status of all policies is provided to the Executive Leadership Team (ELT) following each Policy Group meeting via the Alert, Advice, Assure (AAA) reports.

A review of the policy prioritisation list will take place at the ELT on 25 September 2024 to consider those policies that are yet to be reviewed and determine whether these remain a priority, given the context that the Trust is operating within. Members acknowledged the significant progress made in the policy review process. Damon Turner highlighted the volume of work being undertaken and expressed appreciation from a staff perspective, noting that the governance processes for policies were robust.

RESOLVED: The Committee noted the update.

47/24 QUALITY AND PERFORMANCE MANAGEMENT FRAMEWORK

Rachel Marsh provided an update on the Quality and Performance Management Framework (QPMF). It was noted that in line with its Terms of Reference, the Committee is required to oversee the implementation of the QPMF, and its attention was drawn to the following update.

The work to implement the QPMF was managed through a Steering Group which includes Rachel Marsh, Trish Mills, and Liam Williams. The Steering Group has undertaken a corporate level self-assessment against the 24 organisational requirements and has developed a programme of work based on this self-assessment.

There were 18 actions on the Trust's level work programme, with the current status as follows: two completed; eight on target; three paused (for example, due to issues beyond the Trust's control); one not started (a 2024/25 action); and four where additional focus was required. Progress has been slower than desired due to capacity issues.

Trish Mills highlighted the role of the Finance and Performance Committee (FPC) in evaluating the effectiveness of the QPMF and ensuring the value of outcomes. She proposed that after the internal audit report is received by the ARAC in November 2024 that the Committee transfer the oversight of the effectiveness of the framework to the FPC, in line with the respective Committee Terms of Reference. This proposal was agreed by the Committee.

Ceri Jackson sought – via written comment to the Committee Chair - for further information on the three actions in respect of the Trust level work programme that were beyond the Trust's control and that were currently paused. It was agreed that Rachel Marsh would provide this information at the next meeting.

The Committee:

- (1) NOTED that the Trust has a Quality & Performance Management Framework.**
- (2) NOTED the updated terms of reference for the Quality & Performance Management Steering Group as approved in May 2024 ELT.**
- (3) NOTED that ELT has considered an organisational self-assessment undertaken by the Quality & Performance Management Steering Group against the organisational requirements and the resultant Quality & Performance Management Steering Group's work plan.**
- (4) NOTED the progress made on the work programme.**
- (5) CONSIDERED whether the Framework, Q&PMF Steering Group, its ToR, the completion of an organisational level self-assessment against the Framework, a work programme and the performance management of the framework, gave sufficient assurance;**

- (6) **AGREED that the approach to the oversight of the continued implementation and effectiveness of the Quality and Performance Management Framework would move to the Finance and Performance Committee, in line with the respective Committee Terms of Reference.**

48/24 ASSURANCE TO THE COMMITTEE ON SPEAKING UP SAFELY ARRANGEMENTS AT WAST

The Committee was asked to receive assurance on the arrangements for Speaking Up Safely at the Trust, note that the People and Culture Committee will continue its oversight of the area through this annual report to the Committee regarding the arrangements. Trish indicated that receipt of this assurance report from the Chair of the People and Culture Committee was a key part of this assurance process.

Peter Curran read out a comment by Ceri Jackson as the Chair of the People and Culture Committee (PCC) that noted that for 2025/26 this update be received by the PCC prior to being received by the ARAC. Due to the placement of meetings this year this preferred sequencing was not possible.

Additionally, Ceri indicated that speaking up safely was a key priority for the Committee and a key dependency for the Trust in achieving cultural change. It is important to note that the employee relations cases have been increasing as predicted with our focus on ensuring colleagues feel safe to speak up. The People and Culture Committee continue to receive updates on these numbers and whether the issues are being addressed.

RESOLVED: The Committee received assurance on the arrangements for Speaking Up Safely at the Trust and noted that the People and Culture Committee will continue its oversight of this area, reporting annually to ARAC.

49/24 LOSSES AND SPECIAL PAYMENTS – 1 APRIL 2024 TO 31 JULY 2024

Chris Turley advised that this report presented to the Committee gave details of Losses and Special Payments made during the four months from 1st April 2024 to 31st July 2024.

Chris Turley explained that the position after four months was a negative net position of £340K. This was due to the timing difference between when expenses were incurred and when reimbursements from the Welsh Risk Pool were received.

During June the Welsh Risk Pool reimbursements amounted to £0.975m. The vast majority of which related to the reimbursement of 1 medical negligence case against the Trust for incorrect medical diagnosis.

During July the Damages costs amounted to £0.377m of which £0.282m related to 1 medical negligence case against the Trust in relation to the handling and treatment of a patient.

In terms of any significant payments, especially those related to clinical negligence or personal injury, were subject to the necessary approval processes and were handled within delegated authorities.

RESOLVED: The Losses and Special Payments Report for the period 1 April 2024 to 31 July 2024 was received.

50/24 ALL WALES AUDIT COMMITTEE CHAIRS OPERATING ARRANGEMENTS

Peter Curran explained that the report was for noting. He highlighted key outputs from the recent meeting of the All-Wales Audit Committee Chairs network that he had attended:

Meeting Attendance: Attendance was low, likely due to a scheduling conflict with other Audit Committee meetings.

Audit Tracker: There was a detailed discussion about the audit tracker, with various Health Boards and Trusts sharing their methods. He highlighted that the Trust was particularly advanced in this area.

Counter Fraud Update: Matthew Evans provided an update on counter fraud activities across Wales.

Board Secretaries Update: Hazel Lloyd discussed the work of Board Secretaries, including the importance of induction training for Committee Members.

51/24 CYCLE OF BUSINESS MONITORING REPORT AND COMMITTEE PRIORITIES

Trish Mills added there were no matters to escalate to ARAC from the Cycle of Business.

RESOLVED: The Committee NOTED the update.

52/24 REFLECTIONS & SUMMARY OF DECISIONS AND ACTIONS

The following three actions were recorded:

1. Disciplinary Case Management Compassionate Practices:- The need for a clearer explanation and context of the underlying reasons that contributed to this Limited Assurance was requested from Angela Lewis.
2. Wales Audit reports: - In terms of the digital deep dive scheduled for 2024/25 as part of the Structured Assessment., whether this was being cross correlated across Wales. Further information was requested from Audit Wales regarding how this was fed into National Frameworks.
3. QPMF:- Further information was requested on the three actions in respect of the Trust level work programme that were beyond the Trust's, control that were currently paused from Rachel Marsh.

The Committee continued to welcome the hybrid meetings.

RESOLVED: The actions were noted.

Meeting concluded at 11:52.