



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 THURSDAY 21 NOVEMBER 2024 IN CARDIFF MRD AND VIA TEAMS

#### Meeting Commenced at 09:30

#### PRESENT:

Peter Curran	Non-Executive Director and Committee Chair
Bethan Evans	Non-Executive Director (Attended just for this meeting)
Ceri Jackson	Non-Executive Director and Vice Chair of the Trust Board

#### IN ATTENDANCE:

Hugh Bennett	Assistant Director Commissioning and Performance
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations (left at 10:00)
Christian Fox	Trade Union Partner
Fflur Jones	Audit Wales
Osian Lloyd	Head of Internal Audit, NWSSP (Joined at 10:15)
Martyn Lewis	Internal Audit
Trish Mills	Director of Corporate Governance/Board Secretary
Carl Kneeshaw	Director of People
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Jessica Price	Head of Financial Accounting
Felicity Quance	Internal Audit (Joined at 10:05)
Jonathan Sweet	Assistant Director of Operations
Andy Swinburn	Executive Director of Paramedicine (Joined at 11:25, left at 11:40)
Chris Turley	Executive Director of Finance and Corporate Resources
Jonny Sammut	Director of Digital Services (Left at 11:50)
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Damon Turner	Trade Union Partner (Left at 10:00)
Carl Window	Local Counter Fraud Manager

#### OBSERVER

Lisa Trounce	Head of Compliance and Assurance
--------------	----------------------------------

**APOLOGIES:**

Rhiannon Beaumont-Wood	Non-Executive Director
Judith Bryce	Assistant Director of Operations
Liam Williams	Executive Director of Quality and Nursing

**53/24 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting noting the apologies of Rhiannon Beaumont-Wood, Judith Bryce and Liam Williams.

**Minutes:**

The Minutes of the Audit, Risk and Assurance Committee (ARAC) meeting held on 12 September 2024 were approved.

**Action Log:**

Action 42/24: Internal Audit reviews: *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.* Following advice from the Board Secretary, the Chair of ARAC has confirmed that no further context or follow up was required on the actions generated from the 'Disciplinary Case Management' internal audit, as the matters arising were accepted and have corresponding actions. It was acknowledged that good progress has been made on compassionate practices however there was still an improvement to be made. Given all these actions were due to be implemented by the end of September 2024, it will be for the ARAC to monitor the progress against the actions and the extent to which they have been completed via receipt of the Audit Tracker. It was agreed this action would be closed.

Action 43/24: Audit Wales Reports: *In terms of the digital deep dive scheduled for 2024/25 and whether this was being cross correlated across Wales, further information was requested regarding how this information was fed into National Frameworks.* The review will be undertaken at each body across Wales to assess how well bodies understand current and future digital and data risks, challenges and opportunities, how they are planning to mitigate these challenges and risks and how they are delivering and monitoring their digital plans. The review will also seek to understand the role of Welsh Government and DHCW in the management of digital services across Wales, particularly within the DHCW-specific report. Audit Wales will share the project brief with committee members in due course. It was agreed this action would be closed.

Action 47/24: Quality and Performance Management Framework (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.* Hugh Bennett explained there were three items currently paused in respect of the Trust level work programme that were beyond the Trust's control; the Commissioning forward plan, the JCC was still forming so it was difficult to work out timelines on this, once JCC becomes more settled this will be actioned. The Strategic Transformation Board dashboard, this has been paused but the methodology of framing this has just been agreed and will be undertaken at the Clinical Model Transformation Programme Board on 11 December. The third one was around staff strategies and plans, and which there was now a forward plan. It was agreed to close this action.

**Declarations of Interest:**

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

**RESOLVED: The Committee:**

**(1) Noted the apologies of Rhiannon Beaumont-Wood. Judith Bryce and Liam Williams.**

**(2) Approved the Minutes of 12 September 2024.**

**(3) Noted there were no further declarations of interests recorded other than those listed on the Register of Interests.**

**54/24**

**CHAIR'S REPORT ON CONTINUOUS COMMITTEE EFFECTIVENESS**

In terms of this year's Committee effectiveness review, the Chair emphasised a continuous approach to addressing areas that did not score well in the previous year's review. The Committee was transitioning to a continuous effectiveness review approach instead of an annual review. He stressed the importance of ongoing feedback from all members and staff to improve the Committee's effectiveness.

The Committee further discussed the questionnaire for identifying best practices but noted the need for a hybrid approach, combining collective views and focusing on qualitative questions. They felt the current questionnaire/approach was not fit for purpose and advocated for a streamlined approach.

**RESOLVED: The update was noted.**

## **55/24      RESOURCING POLICY (LIMITED ASSURANCE) – INTERNAL AUDIT**

The Resourcing Policy Internal Audit was received at this stage of the agenda due to other commitments of the Executive Director of Operations.

Lee Brooks explained that the internal audit for the resourcing policy, which resulted in a limited assurance opinion, had been anticipated. He stressed that the audit had been initiated with the understanding that there were areas that required improvement. He added that the limited assurance outcome was not a surprise and viewed it as an opportunity to create the impetus for necessary progress in those areas requiring improvement going forward.

Jonathan Sweet discussed the outcomes of the resourcing policy internal audit, highlighting several key points:

The current policy was more of a procedure document and does not translate well across all functional areas of operations. It was very EMS response-focused and does not meet the needs of a modern service.

The management team has acknowledged the recommendations, and progress has already been made in some areas, such as process mapping of local arrangements and working time breach reporting.

Discussions have started with the senior operations team to develop departmental standard operating procedures and review the resourcing policy to make it fit for a modern service.

The Team recognised the complexity of the task and the need for significant consultation and engagement with staff and Trade Union partners. Overall, the Team was committed to addressing the recommendations and improving the resourcing policy to better meet the needs of the service.

Damon Turner queried how the scope of the audit was determined and asked why overruns were not included. Lee Brooks explained that the scope of the audit was determined through a standard approach involving himself and Judith Bryce. The audit focused on the resource policy, and since overruns were not a matter for the resource policy, they were not included. However, Time off In Lieu (TOIL) was included because it was a feature of resource management.

On the matter of Trade Union (TU) consultation, Lee Brooks commented that that for future audits, especially those closely related to staff, it would be beneficial to involve TUs in setting the audit agenda.

Ceri Jackson asked a specific question about the management action plan, particularly focusing on the working time breaches and whether these breaches should be reported to the Executive Leadership Team (ELT). Lee Brooks suggested that the oversight and assurance reporting on working time breaches should be strengthened and proposed that this reporting should go through the Senior Operations Team (SOT) and then be provided to the Senior Leadership Team (SLT).

**RESOLVED: The Committee received the Resourcing Policy Internal Audit Report.**

## **56/24     AUDIT WALES REPORTS**

Fflur Jones provided an update on the financial audit and performance audit work. She mentioned that the accounts were completed, and the charitable funds work was due to begin shortly, with no issues reported so far.

She also highlighted the deep dive into financial efficiencies and the Structured Assessment, which were both on the agenda. Upcoming work included the follow-up Review of Quality Governance arrangements and the review of unscheduled care, both of which neared completion.

Additionally, she mentioned the Deep Dive on Digital Systems review, with the scope to be finalised and shared with the Committee in due course. Fflur Jones agreed to send an email between meetings to keep the Committee updated on the timeline for the deep dive on digital systems.

In terms of the follow up Review of Quality Governance Audit follow up audit, the Committee inquired whether there was anything specific to alert the committee to, given that the review was almost ready. Fflur Jones responded that the follow-up review of quality governance was nearly finalised. She noted that while there had been progress on each recommendation, some were not fully completed, and further arrangements could be strengthened. Specifically, out of eight recommendations, three were considered complete, one was superseded, and four were in progress.

Ceri Jackson asked for assurance that the timeline for the filing of the charity accounts by the end of January would be met, having expressed concern about compliance issues. Fflur Jones gave assurance that the financial audit team has been engaging with Chris Turley and his team to discuss the timelines and that no issues have been reported. She was therefore confident that Audit Wales would meet the required timelines. Chris Turley confirmed that the timelines for the Independent Examination of the charity accounts had been discussed with Audit Wales colleagues. He assured the Committee that both sides were aligned to meet the filing deadline of 31 January 2025, with the Charity Committee meeting planned for mid-January to receive the accounts.

## **Review of Cost Savings Arrangements**

Fflur Jones presented the report noting that the review had been very positive, adding that the Trust has a good understanding of its cost drivers and has identified all its savings for the year, which was an improvement from the previous year. The Trust recognised areas for improvement, such as increasing recurrent savings. There were some discrepancies in reported figures, but these have been clarified. The Trust regularly reviews risks and reports savings performance to the Board and the Finance and Performance Committee.

Chris Turley welcomed the report, stating that it did not present any unexpected findings. He mentioned that one recommendation had already been addressed and another was detailed in a previous gateway review. He added that the Trust was delivering more on recurrent savings than initially planned, which should help boost the percentage of recurrent savings in the future.

## **Structured Assessment**

Fflur Jones presented the report and highlighted the following areas of note for the Committee's attention:

The Trust has maintained an excellent track record for developing Integrated Medium Term Plans (IMTP) that met Welsh Government approval and financial duties. There were strong arrangements in place for developing other plans, including the Strategic Quality Plan and the Digital Plan.

The Board and committees operated effectively with high levels of transparency and a full complement of members. There was significant ongoing work to strengthen areas such as the Board Assurance Framework, audit tracking, and quality management.

There was regular oversight of financial spending and savings performance, with good levels of scrutiny and challenge from Board Members.

Trish Mills acknowledged the positive report and confirmed that the Trust was already addressing the recommendations.

The Committee congratulated all those involved with the continuous improvement of the work being undertaken.

**RESOLVED: The Audit Wales update report and the review of cost savings arrangements and Structured Assessment reports were received.**

## 57/24 INTERNAL AUDIT PROGRESS REPORT AND INTERNAL AUDIT REPORTS

Osian Lloyd provided his Internal Audit Progress report update:

The audit plan was on track with no concerns raised about the delivery of the plan so far, with some audits scheduled towards the end of the year. Four reports have been finalised, including the Patient Experience Community Involvement report, which had been completed and will be presented to the Committee at its meeting in March.

There are new global internal audit standards which will become effective from 1 April 2025. Preparatory work has been undertaken to understand the impact and ensure appropriate application of the revised standards, going forward. No significant changes to the audit approach were anticipated; but there may be a need for more evidence on the implementation of agreed management actions.

The indicator for management's response to audit recommendations was currently showing as red, indicating a deterioration from the previous status.

Trish Mills advised the Committee that she and Osian Lloyd met monthly to review each item on the audit plan, ensuring close monitoring of progress. Recent delays in management responses were attributed to several factors, including a series of Committee meetings and multiple Audit Wales reports arriving simultaneously. Trish agreed to emphasise the need for timely responses and will take this issue back to the Executive Leadership Team and similarly with the Assistant Directors Leadership Team.

### **Internal Audit Reports**

**Integrated Quality and Performance Management Framework (QPMF) (Reasonable Assurance):** Felicity Quance explained that the purpose of the audit was to assess the adequacy and effectiveness of the Trust's governance and operational management of quality and performance.

Felicity added that discussions were held with Audit Wales to understand themes from their recent Follow-Up Review of Quality Governance arrangements, to ensure comprehensive coverage.

The audit concluded with a reasonable assurance rating, identifying three high-rated and five medium-rated recommendations. These included reviewing the communication plan for the quality and performance management framework to ensure actions were clear, defined, and achievable and to review the governance structure to ensure sufficient oversight of the framework.

Trish Mills commented that one of the priorities for the Committee was to monitor and oversee the implementation of the QPMF. She suggested transferring the oversight of the

QMPF and its ongoing effectiveness to the Finance and Performance Committee (FPC), in line with FPC's Terms of Reference. The ARAC will instead receive periodic updates on the effectiveness of the QPMF from the Finance and Performance Committee going forward, by way of assurance – through the FPC's Annual Report

**Overtime Controls (Reasonable Assurance):** Felicity Quance advised that the audit aimed to provide assurance on the adequacy of processes in place to control and monitor overtime allocation in line with the Trust's financial savings plan.

The audit covered planned overtime but did not include unplanned overtime such as overruns due to patient handovers.

Two matters arising led to three medium-priority recommendations with a conclusion that the audit was a reasonable assurance rating.

The Trust's overall overtime usage remained within the allocated budget, however there was scope to better demonstrate the linkage between the review of hours and the rationale for amendments in overtime allocation.

The testing of overtime payments matching timesheets and payroll returns revealed no issues, but the process was manual and time-consuming, requiring significant development for automation going forward.

The management have accepted the findings and have provided responses to address and take forward the recommendations.

Jonathan Sweet welcomed the review and acknowledged the interdependencies with the resourcing policy. He advised that work was already progressing on the management actions required, particularly in formalising the mechanism to capture changes in overtime allocation. There will be subsequent reporting to the senior operations team and the senior leadership team, including an assessment of variations and a robust rationale for any changes in the local approach. The introduction of the electronic timesheet was a priority, and it will be featured in the next IMTP for the following year.

Christian Fox referred to objective 2.18 in the report which reflected the workforce as being EMT Band 4, it was agreed this required changing to state EMT Band 5 and it was asked for this to be updated to reflect the change. Jonathan Sweet noted this comment and will ensure it is updated.

**Data Quality (Reasonable Assurance):** In presenting the report, Martyn Lewis acknowledged that the Trust was making timely progress in developing a data quality culture, supported by a strategy and commitment to enhancing data quality.

There were some underpinning policies within the data quality policy which were out of date and required updating. Policies were not published on the website, and this was an organisational decision.

There was no specific training for data quality, though it was included in the Information Governance (IG) training. It was noted that compliance with IG training had fallen below 75%, which may hinder achieving a full data quality culture.

There were many data silos within the Trust, and work was ongoing to develop an information asset register to ensure asset owners were fully up to date. Data quality was reported to the IG steering group, but discussion on data quality has been limited, there have been no data quality metrics or Key Performance Indicators (KPI) developed to provide a clear status of data quality.

Jonny Sammut thanked the audit team for their work on the review and acknowledged the progress made despite limited resources.

In response to the two high-level recommendations regarding the requirement for additional resources recruitment for these positions was underway, with around 20 applicants for the Data Quality Manager and 40 for the Data Quality Analyst.

In terms of the Information Asset Register training was scheduled for information asset owners to ensure data quality at the source and to identify and flag risks.

The team will review where data silos exist within the Trust and provide recommendations to the Executive and Committee going forward.

The issue of public website policies was a corporate stance, with plans to review this in 2025-2026.

**Resourcing Policy (Limited Assurance): The Committee noted this item had been discussed earlier in the meeting.** Felicity Quance highlighted that Lee Brooks requested the audit due to the policy not being updated for 10 years. The audit did not include an assessment of the adequacy of rosters, the method for uploading rosters, or testing information on the global rostering system or shift track.

Discussions with locality managers and staff were not included; the focus was on corporate arrangements and regional resourcing teams' management.

Local arrangements varied and were not formally defined or quantified, requiring the development of standard operating procedures for clarity.

Systems were in place to capture key requirements like annual leave, sickness, TOIL, and Trade Union time, but there was a lack of review and reporting on working time breaches.

The process for TOIL needed further clarity due to ambiguous policy language.

There was no reconciliation of sick leave between the Trust's Global Rostering System (GRS) and the Electronic Staff Record (ESR), with limitations in system interconnectivity being addressed.

Inconsistent processes were applied across Wales, with work in early stages to map and consolidate these processes for fairness and effectiveness.

Reporting on outside resource authorisations needed enhancement, with no reason codes currently included in GRS for management information.

Jonathan Sweet agreed with the limited assurance outcome of the audit, acknowledging that the current resourcing policy was more of a procedure than a policy document and did not translate well across all functional areas of operations. Management has acknowledged the recommendations, and progress has already been made in some areas, such as process mapping of local arrangements and reporting mechanisms for working time breaches. Significant consultation and engagement with staff and Trade Union partners will be required to develop departmental standard operating procedures and review the resourcing policy and TOIL process. The work will involve the wider directorate, senior operations team, and senior leadership team to ensure appropriate resourcing and delivery.

**RESOLVED: The Internal Audit Progress report and the Internal Integrated Quality and Performance Management Framework, Overtime Controls, Data Quality and Resourcing Policy Audit Reports were received.**

## **58/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch provided an update on the Risk Transformation Programme, highlighting the progress made and the next steps, including the development of the new Strategic Board Assurance Framework (BAF) and Risk Appetite Statements. She added there was potential to use a digital solution to support this work. Julie Boalch also added that she could bring a more detailed programme update, including timelines, to the next meeting. It was further recognised that the Trust has commissioned additional external support to assist with developing risk appetite statements and conducting workshops. The first workshop, planned for December, will focus on training and understanding risk appetite, while the second workshop in February will develop the Trust's risk appetites against strategic objectives. Julie Boalch added that she would collaborate closely with colleagues to ensure that the dates of the workshops will have full participation.

Julie Boalch provided updates on the principal risks and noted that some scores have been reduced due to positive engagement and mitigations. Specifically, risk 594 (*The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death*) was reduced from 20 to 15, and risk 163 (*Maintaining Effective & Strong Trade Union Partnerships*) was reduced from 16 to 12. Both risks will remain on the Corporate Risk Register for ongoing monitoring and mitigation.

Trish Mills noted that the Committee should own the monitoring and oversight of the strategic BAF carefully. She stressed the importance of not rushing into a strategic BAF before working out both the line of sight and the digital solution.

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

- (1) Noted the progress of the Risk Management Transformation Programme: specifically, the development of risk appetite statements and strategic Board Assurance Framework.**
- (2) Noted the next steps in relation to a digital risk management solution.**
- (3) Noted the ongoing repositioning of Risks 223 and 224.**
- (4) Noted the reduction in score for Risk 163 from 16 (4x4) 12 (3x4) and Risk 594 from 20 (4x5) to 15 (3x5). Both risks will remain on the Corporate Risk Registers for ongoing management.**
- (5) Received assurance on the review and attention to the principal risks, including their review at ADLT, ELT and at relevant Committees.**
- (6) Noted the ratings and mitigating actions for each principal risk.**

**59/24 AUDIT TRACKER**

Trish Mills updated the with the current position with respect to management actions for audits within the purview of the Audit, Risk and Assurance Committee (ARAC), in addition to the wider progress in Quarter two 2024/25.

There has been exceptionally good engagement with Directorates on the revised Tracker 2.0 for quarter two, with the result that of the total of 115 internal audit actions on the Tracker, 43 have been closed in quarter. This was a closure figure of 37% of all internal audit actions (25% in the previous quarter). Progress has been particularly good with actions assigned to the Finance and Performance Committee.

Of the total internal audit actions, 33 of the 115 actions have been given proposed revised dates in quarter, which was 29% of the total (31% in the previous quarter). There was narrative included in the report regarding the closure of action 470 from the 'Asset Management RAM System' internal audit.

In terms of the external audit actions where the ARAC was the owning Committee, both outstanding actions have been closed in quarter (100%). These actions were from the 2023 Structured Assessment and related to oversight of the IMTP delivery and oversight of the Trust savings plan.

The following Internal Audit reports and the relevant actions were given updates on by the responsible Director as follows:

Andy Swinburn:

### **Pain Management Internal Audit**

Action 604 (The Trust should ensure all Patient Group Directions (PGD)s follow the Medicines Management policy, with a review undertaken every three years as a minimum). Andy Swinburn mentioned that the Trust now has its own pharmacist, who has started working on this issue. The delay was due to reliance on external bodies for approvals, but now the Trust has control over the process.

### **Senior Paramedic Role Internal Audit**

Action 612 (A training plan and expected timeline for the required clinical skill enhancements should be established) Training has been completed for 59 staff members, with only four remaining, who were new recruits, and these will be completed shortly.

Action 613 (The terms of reference should be reviewed to: Include a defined pathway for escalation of issues; Update membership to ensure representation from each locality; and Define quoracy). Adjustments have been made to the terms of reference, and they will be coming back through the Senior Operations Team (SOT) for approval.

Action 614 (The Trust should undertake a lessons learned exercise on the development and evolution of the SP role.) There has been minimal movement against this due to capacity issues and it was agreed that the date of completion be extended.

### **IM&T Infrastructure Internal Audit**

Jonny Sammut addressed actions 624 (The process for clearing all PRTG/system alerts should be formalised and documented) and 625 (Switches should be identified within the asset register), explaining that the delays were due to prioritising the CAS implementation and upgrades to the 999 telephony suite. The new helpdesk IT software, House on the Hill, was now in place, and the team was working on its configuration. He was confident that they will meet the revised date for these actions.

## **Records Management Internal Audit**

In terms of action 657 (Records should be moved into the new storage area). Jonny Sammut explained that the data quality team was currently only 0.4 Full Time Equivalent, but two new positions have been advertised (Data Quality Manager and Data Quality Analyst) and received a good number of applicants. This will help address the high-level recommendations around the information asset register and data quality improvement.

## **111 Commissioning Final Advisory Report**

In respect of action 643 (The Trust should obtain written confirmation of the escalation process to be followed within the current governance structure). Hugh Bennett mentioned that the escalation arrangements with the Commissioners were well-established and have been agreed upon. A letter has been drafted and was currently awaiting Rachel Marsh's signature for closure.

The Committee were assured that actions on their third revised date were being actively managed and were expected to be completed by the revised deadlines. Members acknowledged the updates and assurances on the progress of specific actions, with the Directors explaining the reasons for delays and the steps being taken to ensure completion by the revised dates.

### **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. It was noted that the actions against the Cyber-Security and Technical Resilience internal audit will be received in closed session.**
  
- (2) Received and review any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these were the following internal and external audits. It was noted that the internal audits a-c were received by the Finance and Performance Committee on the 19 November 2024:**

#### **Internal Audits**

- a) Quality and Performance Management Framework (Reasonable)**
- b) Data Quality (Reasonable)**
- c) Overtime Controls (Reasonable)**
- d) Resourcing Policy (Limited)**

## External Audits

- e) **Structured Assessment 2024**
- f) **Review of Cost Savings Arrangements.**

### 60/24 POLICY REPORT

Julie Boalch provided an update on the Policy Report, highlighting significant progress over the last 16 months. The percentage of policies within their review date has increased from 14% to 46%. She noted that out of 47 policies identified as priorities for review in the 2023-2024 and 2024-2025 work programmes, only 12 have been reprioritised to the 2025-2026 work programme. Julie acknowledged the collaborative effort across the Trust to achieve this progress.

Julie Boalch explained that the 42 policies identified for the 2025-2026 work program have been assigned priority numbers from 1 to 10. Policies with priority numbers 1 to 3 were considered high priority and were expected to be completed next year. She also mentioned that while the focus will be on these high-priority policies, additional policies may be reviewed depending on activity and changes in legislation or practice.

The All Wales Recovery of Overpayments Policy (English Version) was erroneously omitted from the papers; this would be circulated separately by the Corporate Governance team to Members as a Chair's action for approval, to avoid any delay in its adoption.

#### **RESOLVED: The Committee**

- (1) **Considered the progress to bring the Trust's Policies up to date and endorsed the future work plans for the remainder of this work.**
- (2) **The All Wales Recovery of Overpayments Policy (English Version) would be circulated separately to Members as a Chair's Action for approval.**

### 61/24 NEAR MISS AND LOW HARM INTELLIGENCE REPORT

Bethan Evans, Chair of the Quality, Patient Experience and Safety Committee (QuEST) provided an overview of the near miss and low harm intelligence report, emphasising its importance for the Trust. It should be noted that the QuEST Committee received an update at their meeting on 5 November 2024. Bethan Evans highlighted the following key points for the Committee's attention:

The report covered near misses and low harm incidents recorded from September 2022 to September 2024.

The QuEST Committee agreed to include future reporting and analysis of all near misses and low harm incidents within the Putting Things Right (PTR) report.

The analysis showed a high volume of grade one and grade two complaints, many of which were assessed as near miss opportunities for learning.

The main causes of these incidents were handover delays and immediate release requests being declined. Recent improvement work on the use and scope of the Datix Cymru Incident Module by the Quality Governance and Assurance Team have reduced this type of trigger-reporting and will enable more effective analysis of incidents in future.

The QuEST Committee recognised the value of near misses for moving from a reactive to a proactive approach to patient safety.

The QuEST Committee will continue to monitor and analyse lower-graded incidents, especially as the clinical model transformation program progresses.

The ongoing scrutiny and analysis will be reported through the AAA report to the Trust board after each meeting.

The Chair asked about the Executive ownership and accountability for this area. Bethan Evans confirmed that the Quality and Nursing Directorate owned this responsibility, and there has been recent investment in the Putting Things Right (PTR) team to address resource challenges. She also mentioned that Claire Appleton, operating at assistant director level, oversaw the PTR agenda.

**That the Committee:**

- (1) Approved the future reporting of near misses being included in the quarterly Putting Things Right Report to Committee.**
- (2) Received assurance that the Chair of the QuEST Committee would provide assurance to the Audit, Risk and Assurance Committee on the future approach.**

**62/24 LOSSES AND SPECIAL PAYMENTS – 1 June to 30 September 2024**

Chris Turley advised that this report presented to the Committee gave details of Losses and Special Payments made during the four months from 1 June to 30 September 2024. The losses and special payments made during this period amounted to £186K net repayments

**RESOLVED: The Losses and Special Payments Report for the period 1 June to 30 September 2024 as received.**

## **63/24 COMMITTEE HIGHLIGHT REPORT (NO ALERTS FROM SEPTEMBER 2024)**

No further comments were made to the report.

**RESOLVED: The update was noted.**

## **64/24 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.**

- (1) Confirmed its assurance on the implementation of the Quality and Performance Management Framework (QPMF) within the Trust (agreed earlier in the meeting Item 57/24), noting ongoing work which will continue to evolve. This will allow for the oversight of the QPMF and its effectiveness to move to the Finance and Performance Committee;**
- (2) Noted the update on the Cycle of Business Monitoring Report for the Committee.**

## **65/24 REFLECTIONS AND SUMMARY OF ACTIONS**

Hybrid Meeting Success: The hybrid meeting format was deemed successful, with positive feedback on the room configuration and the effectiveness of minimising chat to maintain engagement.

Focus on Third Revised Dates: Ceri Jackson highlighted the importance of focusing on third revised dates for action items, which allowed for detailed discussions and ensured effective tracking of actions.

Acknowledgment of Efforts: The Chair acknowledged the hard work of the directors and the team in managing the audit tracker and ensuring actions were addressed. He emphasised the importance of directors' involvement in providing updates and explanations for action items.

Overall Satisfaction: Participants expressed satisfaction with the meeting's structure and the progress made on various agenda items.

**Meeting concluded at 12:20**