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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 6 MARCH 2025 IN CARDIFF MRD AND VIA TEAMS

#### Meeting Commenced at 09:30

#### PRESENT:

Peter Curran	Non-Executive Director and Committee Chair
Ceri Jackson	Non-Executive Director and Vice Chair of the Trust Board

#### IN ATTENDANCE:

Julie Boalch	Assistant Director of Corporate Governance and Risk
Judith Bryce	Assistant Director of Operations (Left after Item 08/25)
David Butler	Audit Wales (Left during Item 03/25)
Jonathan Chippendale	Assistant Director of Clinical Development (Item 03/25 only)
Christian Fox	Trade Union Partner
Fflur Jones	Audit Wales
Wendy Herbert	Assistant Director of Quality and Nursing
Osian Lloyd	Head of Internal Audit, NWSSP
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
Ed Roberts	Interim Deputy Director of Finance
Yvonne Thomas	Audit Wales (Left after Item 08/25)
Aled Williams	Assistant Director of Digital (Item 03/25 only)
Carl Window	Local Counter Fraud Manager

#### APOLOGIES:

Rhiannon Beaumont-Wood	Non-Executive Director
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

## 01/25 PROCEDURAL MATTERS

The Chair welcomed all to the meeting noting the apologies of Rhiannon Beaumont-Wood, Chris Turley, Damon Turner, and Liam Williams.

**Minutes:** The Minutes of the Audit, Risk and Assurance Committee (ARAC) meeting held on 21 November 2024 were approved.

**Action Log:** Action 55/24: *The Committee sought an indicative timeline regarding the completion of the Digital Systems report. It was agreed this would be followed up and communicated to the Committee.* Fflur Jones advised it was likely the Digital Systems report will be presented to ARAC in June. Action Closed.

Action 59/24: *The Committee will adopt the policy by way of a Chair's Action post-meeting as it was not available on Ibabs. All-Wales Procedure for the Recovery of Overpayments - Chairs Action on 2 December 2024.* This action was agreed for closure.

Action 56/24b *In the Overtime Controls Internal Audit report, objective 2.18 reflects the workforce as being EMT Band 4 Paramedics, this needs to state EMT Band 5 and it was asked that this will be updated to reflect the change.* The Business Management Team have been tasked with engaging with Audit Colleagues with the request to amend the report narrative to reflect the correct wording. This action was agreed for closure.

**Declarations of Interest:** No other declarations of interest were added to those already on the register.

**Chair's Action:** The Committee was asked to Ratify the decision made by Chair's Action to adopt the All-Wales Procedure for the Recovery of Overpayments on the 02 December 2024. Trish Mills provided an explanation in terms of the timing of the Chair's action. Alex Payne further advised that one of the documents was omitted from iBabs in error and subsequently required a Chair's action in order to formalise the matter.

**Committee AAA Report:** November 2024: The Committee AAA report dated 21 November was received.

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

- (1) **Noted the apologies of Rhiannon Beaumont-Wood, Chris Turley, Damon Turner, and Liam Williams.**
- (2) **Approved the Minutes of 21 November 2024.**
- (3) **Noted there were no further declarations of interests recorded other than those listed on the Register of Interests.**
- (4) **Noted the update on the actions as described.**

**(5) Ratified the decision made by Chair's Action to adopt the All-Wales Procedure for the Recovery of Overpayments on the 02 December 2024.**

**02/25 COMMITTEE EFFECTIVENESS REVIEW AND REVIEW OF ANNUAL COMMITTEE PRIORITIES**

Trish Mills thanked the team for their hard work on the committee effectiveness review. The approach this year involved assessing effectiveness throughout the year rather than waiting for an end-of-year review.

The review included input from auditors to ensure comprehensive feedback. The National Audit Office (NAO) questionnaire was completed, highlighting three major themes and four or five recommendations for the committee to consider. The committee was asked to provide feedback on the NAO questionnaire responses and to identify priorities for the upcoming year.

Trish emphasised the need to consider changes to the terms of reference, reporting, and overall operation of the committee.

Trish discussed the process of committee referrals, noting that while there was a provision for escalations from other committees, it was not frequently utilised. She stressed the importance of making committee chairs and Non-Executive Directors aware of the opportunity to refer items to the ARAC. This could include issues related to audit recommendations that were off track. Trish suggested that more awareness and discussion in committees about what might be escalated to ARAC could be beneficial.

Trish asked the Committee to consider potential changes to the terms of reference, report formats, and the overall operation of the committee. Specific focus areas included the skill mix, induction processes, and the length and volume of meeting papers.

The Committee was encouraged to provide feedback on what worked well and what could be improved, either during the meeting or via the chat function.

The Committee discussed the importance of all members and attendees making valuable contributions. It was noted that the culture of the meeting allowed for open and respectful discussion, with members feeling comfortable to contribute. There was a suggestion to use iBabs for pre- and post-meeting comments to enhance engagement.

Peter Curran raised the issue of internal audit reports sometimes being reviewed by other committees before ARAC due to timing. He questioned whether ARAC should review both the original report and the feedback from the other committee to ensure thorough scrutiny. Trish agreed that if a report has been to another committee, it should come to ARAC with the committee's comments for additional scrutiny. There was a consensus that ARAC should challenge both positive and negative audit outcomes.

The Committee discussed the length of meetings, noting that while the current length was generally sufficient, it was important to ensure meetings do not become too long, which could impact the quality of discussion. There was a suggestion to consider splitting longer meetings over two mornings if necessary.

The Committee briefly touched on the need for a comprehensive induction process for new members, especially given the technical nature of the committee's work.

Ceri Jackson mentioned she did not have an induction when she joined the committee. She emphasised the importance of continuous learning, especially regarding regulations or changes, to ensure that committee members who were not professionals in the area have the necessary knowledge and skills for effective scrutiny.

Following Ceri Jackson's comments on the lack of induction, Trish acknowledged that no committee-specific induction had been provided and highlighted the identified gap. Trish mentioned that a paper on this topic would be discussed later and agreed with the need for a comprehensive induction programme. Trish also noted that the induction should cover various areas such as finance, audit, and structured assessment, and should be available to all prescribed attendees to ensure full contribution. Trish invited members to suggest specific areas for development to be included in the induction programme.

Christian Fox shared his experience as a relatively new senior team representative, mentioning that he initially found the content overwhelming. He appreciated the support from Trish, Julie, and Alex, which helped clarify what he needed to read and understand. Christian also expressed concern about the amount of time he should dedicate to reading and understanding the materials but noted that the support received made it easier.

Carl Kneeshaw mentioned attending the NHS Wales board development programme alongside two newly appointed NEDs. They found the program insightful, covering governance, board structure, financial sustainability, and organisational operations within NHS Wales. Carl appreciated the remote format but felt it was a missed opportunity for building networks.

Overall, the discussion focused on the need for a structured induction programme, continuous learning opportunities, and fostering a supportive culture for committee members.

Ceri Jackson mentioned that the committee has a good balance of skills, especially with the presence of internal and external auditors. She also raised a concern about the significant challenge around diversity when considering skill mix and committee membership, emphasising the importance of addressing this issue.

## **RESOLVED:**

- (1) Members assessed whether the committee’s remit, as outlined in its terms of reference, remained appropriate for 2025/26. Consideration was given to any necessary amendments, additions, or removals, areas that might be better addressed by another committee, or changes to membership.**
- (2) Members evaluated the cycle of business included in this pack. Reflecting on the hallmarks of effective assurance reporting, members were asked to propose potential improvements to enhance the strength and efficiency of assurance processes for the committee.**
- (3) Members considered the responses to the NAO questionnaire and advised of any alterations.**
- (4) Members reviewed the draft Annual Report and provided comments ahead of it being finalised for the May committee meeting.**

## **03/25 INTERNAL AUDIT REPORTS**

Osian Lloyd gave an update on the Internal Audit Progress Report and on the 2024/25 Internal Audit Plan, with the Committee noting that the plan remained on track. Osian added there were no proposed changes in respect of the Plan.

He added that in respect of Key Performance Indicator returns these had improved in terms of compliance, but there was still room for improvement. Trish Mills added that she and Osian have worked extensively to clarify the start of the 15-day period for report submissions, incorporating this into the handbook. Osian and his team have been instrumental in providing draft orders and setting clear deadlines. They escalate any issues as deadlines approach. Trish added that her and Osian met monthly to review reports, track progress, and address issues with directors.

The Committee also recognised that some actions required coordination among multiple executives, making them more complex than those with a single executive lead.

Trish Mills added that the current escalation process involved direct conversations with the relevant director. Should issues persist, a more structured escalation process with specific timelines would be implemented.

Several Internal Audit reports being presented:

### Vehicle Accident Management – Limited Assurance

The purpose of this audit was to assess the management of accidents relating to Trust vehicles, and the mitigating actions being taken to reduce the rate of occurrence. Two of the five objectives (policies were in place and drivers undertake appropriate driver training courses) received reasonable assurance, three received 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 was collected.

Significant discrepancies were found between incidents recorded in Datix (63) and Fleetwave (796), highlighting the need for better alignment and reporting practices. The audit emphasised the importance of using Fleetwave's reporting functionality to identify themes and trends.

Management accepted the findings and provided reasonable responses to address the issues. The committee were advised that 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. The audit highlighted the financial impact of vehicle accidents and the importance of timely reporting to access CCTV footage and contest legal claims.

Judith Bryce welcomed the audit which has been a valuable opportunity to improve processes and foster a culture of learning from vehicle accidents. The audit highlighted discrepancies between Fleetwave and Datix, and it was important to recognise that not all discrepancies were intentional. Some may be due to staff being unaware of vehicle damage, and Fleetwave's detailed reporting can document every minor incident, which might not always be detected or reported by the crew.

#### Exposure to fumes – Reasonable Assurance

The purpose of this audit was to evaluate the actions being taken by the Trust to ensure the health and wellbeing of staff exposed to fumes as a result of delays in handovers of care at hospital. The Quality, Patient Experience and Safety Committee (QuEST) reviewed this audit at their February meeting. The three objectives were all assessed as being reasonable assurance.

There was a noted decrease in reported incidents from 47 to 29 during the audit period. Improvements required included refining guidance on using shorelines, ensuring compliance with workplace exposure limits, and updating risk assessments for high-risk Emergency Departments (ED).

Management has accepted the recommendations and provided responses to address the issues. Wendy Herbert added that significant work has already been done to mitigate the actions identified, with many actions completed.

Ceri Jackson added that the report was discussed at the People and Culture Committee (PCC), highlighting compliance issues and the importance of ongoing work to address them. The discussion at PCC also 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 purpose of this audit was to provide assurance on compliance with the Health and Social Care Quality Engagement Act and alignment with the Trust's Integrated Medium Term Plan (IMTP). QUEST reviewed this audit at their February meeting. Many actions have already been completed or were on track, except for the complex data protection impact assessment related to SMS text messaging for 999.

Ceri Jackson stressed it was important that the Board were mindful of feedback from the public particularly that which was relevant to the Trust's long-term strategy.

### Rollout of Pentrox – Reasonable Assurance

The purpose of this audit was to assess the impact of the rollout of Pentrox on patients and staff, following the recent announcement that it can be administered by ambulance crews and Community First Responders. Of the four objectives of this audit, one was assessed as being substantial, two as reasonable and one as limited assurance. QUEST will receive a medicines management report in May 2025 dealing with some of the actions.

Management accepted the recommendations and provided responses to address the issues. Jonathan Chippendale outlined there was a balance between security and accessibility for Pentrox, adding there were plans to revisit training modules and access protocols.

Judith Bryce added there were significant benefits this initiative has brought to volunteers. By addressing the issue of prolonged waiting times and the inability to provide pain relief, this has made a real difference in their ability to perform their duties effectively. Judith added that the Trust was the first UK ambulance Trust to roll out this solution to volunteers. Additionally, the environmental impact of reducing Entonox use was an important benefit. Pentrox's rollout not only supported volunteers but also contributed positively to the Trust's environmental goals by minimising greenhouse gas emissions.

Ceri Jackson queried if the carbon footprint impact was being captured and were there any indicators being taken to the Finance and Performance Committee (FPC). It was agreed that in terms of reporting medical gases, Ed Roberts advised this was reported through the Decarbonisation Action Plan. In terms of the metrics being reported to FPC he agreed to investigate further and provide an update for the next ARAC meeting.

### 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 it to the board in its January 2025 AAA report. Members commended the team on the audit which provided substantial assurance across all objectives.

The audit assessed the safety and effectiveness of the digital operations of the 111 system, which replaced the previous Salus system. Despite the rapid implementation, the system's performance and security were maintained. Regular review meetings between the Trust and the supplier were noted, ensuring appropriate performance and issue resolution.

Aled Williams added that the collaborative effort between digital, 111, and operations teams was as a key factor in the successful rollout. Ed Roberts added that the new system was implemented at a significantly lower cost compared to the Salus system, resulting in considerable financial savings for the Welsh Government and the Trust.

#### Energy Management – Substantial Assurance

The purpose of this audit was to determine the adequacy of, and operational compliance with, the established systems for the management and control of energy consumption within the Trust and considered other supporting regulatory and procedural requirements. Five of the eight objectives were assessed as substantial and the remaining three as reasonable. The Finance and Performance Committee will review this audit at its March meeting.

The Committee noted that detailed monitoring reports were 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 audit concluded with substantial assurance, noting that energy use is well monitored and controlled. The Trust's active management of key issues and the implementation of renewable energy schemes were highlighted as positive steps.

The Committee noted that the Trust was the only UK ambulance service to have ISO accreditation in this area, reflecting the significant work done by the Estates team.

#### 2025/26 Internal Audit Plan

Osian Lloyd presented the 2025/26 Internal Audit Plan for approval. The Committee was assured the plan aligned to the principal risks facing the Trust. The schedule of audits was listed as follows:

- Risk Management & Assurance
- Welsh language standards
- Follow Up Action Tracker
- Budget setting
- Clinical equipment
- Clinical Model Transformation (CMT) programme management
- Integrated Medium Term Plan (IMTP) Development process
- Remote clinical support
- Cymru High Acuity Response Unit (CHARU)

- Manchester Arena Inquiry (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

Judith Bryce added there had been significant progress in addressing the recommendations from the Manchester Arena inquiry. Governance arrangements had been set up and 46 out of 50 internal recommendations had been completed.

The Committee approved the 2025/26 Internal Audit Plan.

**RESOLVED: The Committee:**

- (1) Noted the following Internal Audit reports: Vehicle Accident Management, Exposure to Fumes, Patient Experience and Community Involvement, Roll out of Pentrox , 111 Digital Operations and Energy Management.**
- (2) Approved the 2025/26 Internal Audit Plan.**

**04/25 AUDIT WALES REPORTS**

Annual Audit Wales Report 2024/25

The Annual Audit Wales Report for 2024/25 was received. Fflur Jones added that the annual audit report summarised all the pieces of work completed throughout 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.

Outline Audit Plan 2025/26.

The Committee were advised that the schedule of audits included:

- Audit of financial statements work.
- Structured assessment, incorporating a deeper dive into estates management.
- Ambulance Care local project work.

Yvonne Thomas added that the fee for the audit work has increased by 1.7% on average to cover inflationary costs. The detailed audit plan will be worked on between now and the end of April and presented to the May committee. The opinion on the accounts will be

issued by the end of June and a meeting was scheduled with the Auditor General to sign off the accounts on 27 June 2025.

### **Audit Wales Quality Governance Follow-up Report**

The Committee acknowledged that the report was received by the Quality, Safety, and Patient Experience Committee (QUEST) at their February meeting and was included in its AAA report. Fflur Jones added that three of the previous eight recommendations from the 2022 review had been fully implemented. These included 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 had been marked as on the tracker), including reaching targets for Personal Appraisal Development Review (PADR), addressing the mortality review backlog, and reporting to QUEST. In addition, further recommendations were made to ensure the Quality Strategy was 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.

Trish Mills commented that significant strides have been taken in tracking audit recommendations, with a stronger focus on ensuring closure. Over the last 18 months, you've shifted to a more assurance-focused approach for closing audit recommendations, which was previously limited by capacity. Moving forward, the areas addressed in the current report should close properly, and internal audits will help ensure this.

Wendy Herbert added that the COVID-19 pandemic significantly impacted the completion of certain actions, as priorities shifted to address the immediate crisis.

**RESOLVED: The Committee Received the Audit Wales update report.**

### **05/25 RISK MANAGEMENT REPORT**

Julie Boalch presented the report and provided assurance against the Risk Management Transformation Programme noting 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. Members moted that an update on the programme's direction of travel and timelines will be presented at the next meeting, acknowledging this was a two to three-year project.

Julie gave further specific updates 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 the achievement of target score.

Julie further added that work continued on the 'manage and monitor' approach to Risks 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*) to streamline the internal and external factors of both risks, through a Workshop Approach.

Judith Bryce added that the Workshop Approach aimed to make the risks related to handover delays and patient safety more meaningful and actionable was a positive step forward.

Following a query in terms of engagement in addressing these system-wide risks. Julie Boalch commented that colleagues were committed to viewing these risks from a system-wide perspective, these risks were now the highest scoring on the Joint Commissioning Committee (JCC) register, which helps in gaining system-wide engagement and attention. There was a strong willingness to collaborate, raise the profile of these risks, and work on mitigations to minimise harm.

**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.**
- (2) Noted the update on the 2024/25 Risk Management Internal Audit Review.**
- (3) Noted the next steps in relation to a digital risk management solution.**
- (4) Noted the ongoing repositioning of Risks 223 and 224.**
- (5) Noted the increase in score for Risk 260 from 15 (3x5) 20 (4x5). The detail will be discussed in Closed Session of Finance & Performance Committee.**
- (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.**

**06/25 AUDIT TRACKER 2.0 – DECEMBER 2024 (Q3)**

Trish Mills updated the Committee 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 which were due for closure in Q4.

There continues to be good engagement with Directorates on the revised Tracker 2.0 for Quarter 3 that has resulted in 31 of a total 113 (27%) open internal audit actions being closed in quarter, this figure is down from the 37% reported in Quarter 4.

Two actions from the 2022/23 'Quality Governance Review' Internal Audit remain partially complete and will remain on the tracker until replaced by more up-to-date actions, as agreed with Audit Wales. In addition, an action from the 2023/24 Workforce Planning Arrangements Internal Audit has been marked part-complete, with a revised date of March 2025.

Trish Mills ensured that committees were effectively tracking and closing off actions within the quarter. The revised risk reporting schedule aligned with board and committee cycles, providing up-to-date information. However, the tracker can be cumbersome, especially for committees with many actions. The focus was on changing behaviours to improve tracking and closure of actions. Older actions were being addressed, and there was support from internal audit to set realistic timelines. The new format should make the process easier and more effective.

Members discussed the reporting headlines agreed in September 2023, with a focus on using Power BI to provide more accessible and informative reports. They also considered moving from three revised dates to two, with the aim of improving accountability and ensuring realistic timelines were set from the outset. This proposal will be taken back to the Executive Leadership Team for further discussion by Trish Mills.

**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) Noted that the actions against the Cyber-Security and Technical Resilience internal audit will be received in closed session.**

**07/25 2024/25 ANNUAL ACCOUNTS REPORT**

Ed Roberts provided an update with respect to arrangements and timetables for the 2024/25 audited accounts and annual report. Key headlines were:

1. Audit Wales (AW) proposed an average fee increase of 1.7% for 2025/26 due to unavoidable inflationary pressures.
2. At the time of writing, Welsh Government (WG) were yet to provide the final year-end timetable, but the draft year-end timetable proposes audit certification deadline of 30<sup>th</sup> June 2025 compared to 15<sup>th</sup> July 2024 certification for 2023/24.

3. At the time of writing, AW have provided the draft Outline Audit Plan 2025 and have advised the Detailed Audit Plan 2025 will be provided in readiness for the May ARAC meeting.
4. *'Audit enquiries of those charged with governance and management'* was yet to be received from AW and will therefore be circulated later.

**RESOLVED: The update was noted.**

## **08/25 2024/25 ANNUAL FILINGS SCHEDULE**

Alex Payne presented the reported and noted that the Annual Filings timetable has been drafted based on the draft Manual for Accounts (MfA), therefore the schedule was subject to change as the final MfA was yet to be received. The Committee should note that the deadline / certification date for the 2024-25 filing was 30 June 2025; which was earlier than the 2022-23 and 2023-24 filing. The Finance Team will maintain a work programme for the production of the accounts.

**RESOLVED: The Committee:**

- (1) Approved the Annual Filings 2024-25 schedule; and**
- (2) Noted that circulation of the draft reports for review and comment by email will be completed as set out in the table in paragraph 13.**

## **09/25 INTEGRATED GOVERNANCE PROGRAMME: THE DYNAMIC INTEGRATED SYSTEM OF GOVERNANCE AND OVERSIGHT**

The committee were introduced to the Integrated Governance Programme by Trish Mills. The aim was 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 committee noted the mapping of governance structures, which would serve as the 'single source of truth' for the Trust, and a baseline for the Quality and Performance Management Framework. The programme included tiering principles setting out the rules of establishment and operating arrangements to streamline processes.

Trish added that the programme was 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.

Ceri Jackson suggested emphasising the strategic and operational governance context in the summary paper and questioned whether the Trust could further streamline meetings and groups. Trish Mills acknowledged these points and mentioned ongoing efforts to

ensure efficiency and effectiveness, including an effectiveness review of the Clinical Quality Governance Group. Members expressed support for the programme, highlighting its potential to improve clarity, consistency, and confidence in governance processes.

**RESOLVED: The Committee:**

- (1) Received assurance on the integrated mapping of governance forums at Annex 1 and Annexures 1a to 1e.**
- (2) Considered the tiering principles at Annex 2**
- (3) Noted the next steps for the programme.**

**10/25 POLICY REPORT**

Lisa Trounce provided an update on the progress made in policy compliance, noting an increase from 14% in July 2023 to 46% currently. She noted that a meeting with the Assistant Director's Leadership Team was scheduled to reprioritise the remaining policies, which will enable more robust performance reporting from Q1 onwards. It was noted that going forward a biannual report would be presented to the committee.

Ceri Jackson raised a question about the decision-making process for determining whether a document should be a policy or a standard operating procedure (SOP). Lisa explained that the policy group ensures these discussions were held with Trade Union partners and other stakeholders before deciding. The goal was to ensure that procedural documents were appropriately categorised.

Trish Mills noted that the next piece of work being undertaken would focus on ensuring that policies drive audit and monitoring processes effectively. This includes embedding policies within directorate groups and ensuring that they are part of everyday governance. Trish suggested that this work would likely start in 2026-2027.

**RESOLVED: The Committee:**

- (1) Received assurance on the progress to bring the Trust's policies up to date.**
- (2) Endorsed the future work plans for the remained of the work.**

**11/25 QUEST COMMITTEE HIGHLIGHT REPORT: CLINICAL AUDIT PLAN 2025/26**

Trish Mills provided noted that Clinical Audit Plan for 2025/26 had been approved at the last Quality, Patient Experience and Safety Committee meeting, and was presented to the Audit, Risk and Assurance Committee for assurance, in line with its terms of reference.

**RESOLVED: The report was received for assurance and the update was noted.**

## **12/25 LOSSES AND SPECIAL PAYMENTS – 1 APRIL 2024 to 31 JANUARY 2025**

Ed Roberts presented the losses and special payments report which covered the period 1 April to 31 January 2025. 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.

**RESOLVED: The Losses and Special Payments Report for the period 1 April 2024 to 31 January 2025 was received.**

## **13/25 COMMITTEE INDUCTION**

The proposed induction programme was set out, with the template committee induction document which will be adapted for each committee ahead of implementation. The committee was asked to provide feedback on the proposed framework, endorse the ARAC-specific arrangements, and support its implementation by the Corporate Governance Team.

Peter Curran found the PowerPoint pack comprehensive and helpful, with no additional comments. Ceri Jackson praised the clarity and excellence of the work, emphasising the importance of a supportive environment for continuous learning and clarity on roles and responsibilities.

The discussion concluded with an acknowledgment of the need for continuous improvement and support for committee members.

**RESOLVED: The Committee received the proposed committee induction programme, endorsed the ARAC specific induction arrangements, and noted that the Corporate Governance Team will implement the arrangements as proposed.**

## **14/25 AMENDMENTS TO STANDING ORDERS AND STANDING ORDERS NON-COMPLIANCE REPORT**

Trish Mills explained that the changes to the standing orders, were minor and mostly involved updates to titles with no material impact on the Trust.

The committee reviewed and endorsed the amendments to the Standing Orders Main Document and the Scheme of Reservation and Delegation of Powers for approval by the Trust Board in March and noted the position with the non-compliance issues.

**RESOLVED: The Committee:**

**(1) Reviewed and endorsed the amendments to the Standing Orders Main Document and the Scheme of Reservation and Delegation of Powers for approval by the Trust Board in March; and**

**(2) Noted the position with non-compliance against Standing Orders and mitigating actions taken regarding the non-compliance of Standing Orders reported to the Board in February 2025 regarding the approval of a contract award.**

**15/25 ALL WALES AUDIT COMMITTEE CHAIRS MEETING HELD ON 10 DECEMBER 2024**

The committee heard that the All-Wales Audit Committee Chairs met in December at which three focus areas were 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 was performing well in these areas.

**RESOLVED: The update was noted.**

**16/25 COMMITTEE PRIORITIES & CYCLE MONITORING REPORT**

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

**RESOLVED: The Committee Noted the update on the Cycle of Business Monitoring Report for the Committee.**

**17/25 IMPACT ASSESSMENTS**

The report was presented for information.

**RESOLVED: The report was received for information.**

**18/25 REFLECTIONS AND SUMMARY OF ACTIONS**

Peter Curran highlighted the extensive ground covered during the meeting and the high quality of both written and verbal presentations. He recognised the constructive challenge and support among participants, ensuring inclusivity and understanding of roles.

Ceri Jackson noted the effectiveness of the hybrid meeting format and the high standard of papers, which facilitated appropriate scrutiny and assurance.

Trish Mills reflected on the broader remit of the committee around assurance and the importance of the integrated governance program. Trish appreciated the time given to discuss broader assurance pieces and the contributions from her team. She encouraged attendees to provide any additional feedback via chat or e mail.

**Meeting concluded at 13:52**

**Date of next meeting: 1 May 2025**