



GIG
CYMRU
NHS
WALES

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

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 30 APRIL 2024 IN VANTAGE POINT HOUSE, CWMBRAN, 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
Kevin Davies	Non-Executive Director
Joga Singh	Non-Executive Director (Left after Minute 20/24)

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Judith Bryce	Assistant Director of Operations
Christian Fox	Trade Union Partner
Jill Gill	Head of Financial Accounting
Darren Griffiths	Audit Wales
Fflur Jones	Audit Wales
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit, NWSSP
Amy Lord	Audit Wales
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer
Felicity Quance	Deputy Head of Internal Audit, NWSSP
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Carl Window	Counter Fraud Manager

APOLOGIES:

Liam Williams	Executive Director of Quality and Nursing
---------------	---

15/24 PROCEDURAL MATTERS

The Chair welcomed all to the meeting.

Members noted that any declarations of interest were contained within the Trust's Register of Interests. Peter Curran added he was no longer the Interim Finance Director for Turbine Leisure Trust and that there was a minor spelling mistake in respect of Jonny Sammut's name. Trish Mills advised these two issues had already been resolved.

Minutes:

The Minutes of the Audit Committee meeting held on 1 March 2024 were approved.

Action Log

Minute Reference 02-24: *It was requested that a comparison of Audit Fees with other organisations be provided along with the reasons for increase.* An explanatory letter was attached to action log. Action closed.

Minute Reference 03-24: *To consider the placement of the extra AC/TB meetings and the process for drafting of the accounts from an AC point of view and the oversight.* Dates have been confirmed and published. Action closed.

Minute Reference 06-24: *It was asked that reference be made to specifically include Volunteers within the Risk Management policy to assist in ensuring clarity and accountability for everyone involved. It was agreed that the policy would be approved subject to including the relevant wording regarding Volunteers.* The policy amended to reflect the change; Action closed.

Minute Reference 10/24: *It was asked that reference be made to specifically include Volunteers within the Counter Fraud, Bribery and Corruption policy to assist in ensuring clarity and accountability for everyone involved. It was agreed that the policy would be approved subject to including the relevant wording regarding Volunteers.* Policy amended to reflect the change; Action closed.

Committee Highlight Report

The report was received for information.

RESOLVED: The Committee.

(1) Noted the apologies received from Liam Williams who was engaged with the CAS implementation along with other members of his team and was unable to send a deputy.

(2) Approved the Minutes of 1 March 2024.

(3) Considered the action log and closed the actions as described; and

(4) Received the Committee highlight report.

16/24 INTERNAL AUDIT REPORTS

The Committee received a progress update from Osian Lloyd against the 2023/24 Internal Audit Plan, revealing five remaining audits to be completed by the June meeting. The most recent Key Performance Indicator (KPI) for audits reporting deadlines continues to show an improvement. Two completed audits were presented to the Committee during the quarter:

Comments:

Trish Mills added that she would be presenting a report to the Executive Leadership Team (ELT) which will provide clarity regarding timing in terms of when the 15 day period begins for management to provide their responses to audits. Furthermore, there will be continuing efforts to schedule sessions with the ELT during the audit scoping phase to coordinate timelines and avoid scheduling conflicts.

Members discussed the limited assurance Estates Audit and the emphasis that this was an all Wales review which reflects system challenges as opposed to this being entirely under the Trust's control.

1. **Seatbelt Action Plan:** Felicity Quance stated that this audit received reasonable assurance. Its aim was to evaluate the implementation of the seatbelt action plan, ensuring the safety of both crews and patients in Trust vehicles, and assessing compliance. An incident in North Wales in April 2021 prompted a review of the seatbelt action plan. The Trust conducted assessments to ensure compliance with safety protocols and standards. Following the incident, the Trust responded promptly by establishing a Road Traffic Collision Cross Directorate Group. Additionally, an internal health and safety investigation was initiated. Subsequently, an action plan was developed, which has been evolving as the investigation progresses. It is important to note that the action plan was implemented prior to the completion of the investigation, emphasising the timeliness of the response.

The coroner's report identified three aspects which require further consideration, details of which were still awaited from the coroner.

Quality assurance arrangements were established with both external providers, including due diligence checks to ensure they meet the required standards, as well as internal inspections of Trust owned vehicles. It was noted that the number of inspections to be undertaken across the 76 Trust Non-Emergency Patient Transport

Services (NEPTS) sites is limited to four stations per year. Resourcing issues have impacted on the number of internal inspections being completed.

The Quality, Patient Experience, and Safety Committee, along with the People and Culture Committee, will review this audit in more detail in May, given its relevance to patient safety and health and safety.

Judith Bryce welcomed the report and acknowledged that the additional actions have been implemented to enhance safety for patients, staff, and the Trust. The quality and support days referred to in the report were deemed successful, and their reporting will be presented to the Joint Senior Leadership Team Day on 17 May.

Following a query in terms of the number of internal inspections being undertaken, Judith Bryce added that she was assured that these checks are in place, and if capacity allows, will undertake more than four; this will be maintained as a minimum with no significant risks with this approach.

2. **ICT Contract Management:** Felicity Quance advised the Committee this audit had received reasonable assurance. Its objective was to assess whether the Trust has appropriate contract management arrangements in place to ensure the achievement of value for money. The Finance and Performance Committee reviewed this audit at its March meeting.

At the time of the audit, there was a lack of structure in the supplier and contract function, especially regarding additional services. However, actions had been taken to address this, including the appointment of a contract manager. Additionally, a standard operating procedure was approved to correct this issue.

An ICT contract register was in place for current contracts, but it was observed that it did not include all suppliers, particularly those used for single capital orders or contracts where ICT requirements fell outside of digital services' budgetary responsibility.

Additionally, it was noted that while there is an ongoing contract management process to review performance reports, it is not fully documented. There was no evidence found for the management of instances of poor performance or escalation procedures if required.

The monitoring of contracts before their term ends is conducted at the Digital Services Senior Management Team meeting. However, since there were no minutes from these meetings in place, it remained unclear what requirements were determined for relevant procurement processes or what the next steps needed to be in relation to that.

Jonny Sammut added that it might be disproportionate to include all contracts in the contract register. Therefore, as part of the management action, he has agreed to document any recurrent spend via the contract register. For anything else, he will continue to monitor using the single one-off spend in Oracle, as it provides sufficient detail while balancing time and effort. Additionally, many of the actions are already in progress in terms of evidence gathering for performance meetings.

Members queried if, across the NHS, there was any shared learning or best practice that the Trust could adopt, specifically on improvement areas. Jonny Sammut added that following benchmarking against other ambulance services it revealed that there are only two other ambulance services in the UK that have established a contract manager role. In the ambulance sector, the Trust is progressing and maturing compared to the wider industry. While there is still work to be done, it is noteworthy that the Trust is in a relatively good place within the sector.

RESOLVED: The Committee noted the update and received the Seatbelt Action plan audit and the ICT Contract Management audit reports.

17/24 AUDIT WALES REPORTS

Audit Wales Progress Report

Fflur Jones presented the 2023 Audit Wales Annual Report for the Trust, which had been summarised in an accompanying report and outlined findings from various audit activities, including the audit of the 2022/23 accounts, 2023 structured assessment, national workforce review, and the Trust's workforce planning arrangements. Both the Committee and the Board had reviewed these reports.

Part Two of the Unscheduled Care Review, focusing on accessing urgent and emergency care, has begun, with the Trust formally engaged in this phase. This review is part of a broader examination that includes Part One (flow out of hospital), which has been completed and is in clearance with the Regional Partnership Boards, and Part Three (national arrangements and leadership structures), which will begin in the coming months.

Audit Wales Annual Report

Fflur Jones explained that the annual audit report provides a comprehensive summary of all the work conducted over the past year. The findings contained within this report have been previously reviewed and discussed by the Committee and covers various aspects, including the work on the accounts and performance audits, the workforce planning report and structured assessment.

Audit Wales Annual Audit Plan 2024

Amy Lord presented the 2024 Audit Plan which covers both accounts work and performance audit work. Key highlights included:

1. Accounts Audit Planning: The plan highlights risks identified during planning procedures, outlines the timetable, team composition, and fee.
2. Significant Audit Risks: The significant audit risk of management override is highlighted, as mandated by international auditing standards. Other identified risks include duty to break even over a three year period, new systems for calculating provisions, and the impact of International Financial Reporting Standard (IFRS) 16 on leasing standards.
3. Trust Specific Risks: These include expenditure recognition, capital expenditure classification, senior officer remuneration, and related parties.
4. Audit Timetable: The audit is scheduled to conclude in July, with today's presentation marking the start of the audit planning process.

Overall, the plan provides an overview of the audit approach, risks, and timetable for completing the audit of the 2023/24 accounts.

The audit fee for the 2024/25 year was noted at £200,483. This is in line with the Fee Scheme as approved by the Senedd Finance Committee and represents a 6.4% increase on previous years.

The Committee were updated by Fflur Jones on the planned performance work which will include the annual structured assessment incorporating both a core element and a deep dive element. The core element will address governance, planning, and use of resources, while the deep dive will focus on digital systems to support service resilience and transformation.

Originally, the plan was to conduct a deep dive into digital systems this year; however, this has been deferred to next year to prioritise financial resilience. The deep dive will begin later in the year.

Additionally, substantial work is being done on the urgent and emergency care review at the Trust.

Comments:

Chris Turley commented that the upcoming audit will address risks identified, including those mandated by auditing standards and common across many NHS organisations. He added that everything is proceeding according to plan in terms of the draft accounts which

will be submitted to Welsh Government this week, and then initiating the auditing process with Audit Wales colleagues next week.

The request from Audit Wales for responses regarding statements of responsibilities for those charged with governance has been received. The team is currently working on drafting the responses, which will then be reviewed before submission. It is noted that there may not be significant changes from previous years, but a detailed review will be conducted to ensure accuracy and relevance.

Jonny Sammut highlighted a potential challenge regarding readiness for the digital systems audit, mentioning that the team might face capacity constraints due to the ongoing digital plan refresh. Towards the end of the year, there could be significant demands and programs of work, which may impact the team's availability for the required fieldwork.

The Committee recognised that the focus on digital systems investment is crucial, not only in terms of its impact but also from a risk perspective. Understanding the return on investment and how these systems are utilised across different areas is essential. For instance, the variation in usage of digital healthcare records among health boards underscores the importance of assessing whether these systems are being effectively used as intended and how they contribute to managing risk and harm within the healthcare system. Further details on the scoping of the digital audit work were requested.

Darren Griffiths from Audit Wales thanked Members for their comments and agreed to incorporate those points as part of the scoping work. He added that Audit Wales will be adjusting the scope of their work for the Digital Healthcare Wales organisation (DHCW) to reflect its system leadership role in Wales and its importance in developing and delivering digital systems and solutions to NHS Wales. This adjustment will involve focusing on capturing pan-Wales national issues and is still in the process of being scoped, with plans to deliver it towards the end of the summer or early autumn.

RESOLVED: The Committee received the Audit Wales Progress Report, Audit Wales Annual Report, and the Annual Audit plan for 2024.

18/24 ANNUAL BOARD AND COMMITTEE EFFECTIVENESS REVIEWS 2023/24

Prior to the update the Chair expressed his thanks to Trish Mills and her team's comprehensive and thorough report, acknowledging that it is more wide ranging than reports seen in other organisations and sectors and serves as recognition for their efforts and the quality of their governance work.

Audit Committee 2023 annual effectiveness review

Trish Mills explained that the Audit Committee conducted its 2023/24 annual effectiveness review using the National Audit Office tool for survey questions. Members assessed their effectiveness based on this tool, the Committee's work throughout the year, and discussions held during the meeting. Proposed changes to the Terms of Reference resulting from this review will be presented to the Board at its May meeting.

Seventeen questionnaires were distributed, with five responses received, resulting in a return rate of 29%, which was consistent with the previous year. However, not all questions were answered in some responses, due to the questionnaire being tailored for central government departments, making certain questions less relevant. The detailed outcome analysis was circulated enabling members/attendees to examine and filter the responses more closely.

The results showcased the Committee's performance across multiple domains, notably in financial reporting, where only minimal areas for improvement were identified. Notably, there were improvements observed in the timeliness of submitted papers, potentially linked to the introduction of a document delineating reporting deadlines, which was widely disseminated among all directorates. Furthermore, a new practice was introduced in 2023: a regular report from the Chair of the People and Culture Committee concerning the Trust's "speaking up safely" program. This initiative was in response to deficiencies in whistleblowing practices highlighted in the previous year's survey results.

The Audit Committee's Terms of Reference were reviewed to ensure all matters within the remit of the Committee were clear and were articulated with the oversight and scrutiny role of the Committee in mind. The following changes were proposed:

1. Change of name from Audit Committee to Audit, Risk and Assurance Committee (ARAC). The National Audit Office recognises this as best practice nomenclature, and it describes more appropriately the wider remit of the Committee and the focus for 2024/25 and beyond on the strategic Board Assurance Framework and the programme of integrated governance and assurance.
2. The addition of the Deputy Board Secretary/Head of Risk to the prescribed attendees.
3. Addition of a Chair's Action provision. It is likely that this would be utilised primarily for policy approval where waiting a quarter for a scheduled meeting would cause undue delay in publishing updates to policies.
4. Addition of the commitment of the Committee to continuous improvement and the duty of quality.

The Audit Committee's draft annual report, accompanying the update, underscores the breadth of responsibilities managed by this Committee throughout the year. Paragraph 16

of the annual report highlights the extensive workload and the cyclical nature of business that the Committee manages, reflecting its significant remit.

Comments:

The Committee discussed ways of increasing the response rate for surveys which had been a concern, and exploring collective approaches from NEDs or senior staff could be a positive step forward in addressing this. A revised and streamlined approach to surveys for the 2024/25 reviews was agreed upon.

Clarity was sought on the wording with regards to controls in the Corporate Risk Register. Trish Mills explained that the introduction of the new Board Assurance Framework will provide a different perspective on internal controls, allowing for a more nuanced evaluation of whether controls and actions are within the Trust's appetite and tolerance levels. This shift in approach will likely enhance the effectiveness and efficiency of risk management processes moving forward.

The Committee were very supportive around induction for new members who may benefit from a more structured onboarding process to become more effective in their roles.

Committee Effectiveness Reviews – Other Committees

Trish Mills explained that the other six Board Committees and one advisory group reviewed their effectiveness in Quarter 4 2023/24 adopting the methodology used in 2022/23 and based on the same question set along the themes of Committee focus, engagement, team working, and effectiveness.

All Committees have been productive throughout the year, handling a substantial workload. While the volume of papers and the length of agendas continue to be highlighted as areas of concern, Members were reassured that their remits were suitable, and efforts are being made by the Executive to minimise volume and avoid duplication. The Audit Committee was asked to assess the distribution of delegated work and determine if it is fair and feasible.

Updates to Terms of Reference for the Committees include:

1. Academic Partnerships Committee: Change of purpose statement and a reduction in the Non-Executive Director membership of the Committee from four to three (including the Committee Chair). There is a potential change of name of this Committee foreshadowed in 2024.
2. Charity Committee: Purpose of the Committee amended to provide clarity on its connection to the Corporate Trustee, and the need to make decisions with public benefit in mind. The level of approvals for the use of charitable funds has been

reduced in line with changes in delegations for the Bids Panel. There has been a reduction in the Non-Executive Director membership of the Committee from four to three (including the Committee Chair).

3. Finance and Performance Committee: The information governance and information security remit has transferred from the Quality, Patient Safety and Experience (QUEST). Directorate specific plans aligned to the long term strategy 'Delivering Excellence' will be received by this Committee rather than reviewed for alignment. The Audit Committee will receive assurance on the implementation of the Quality and Performance Management Framework and that this Committee will receive assurance on its effectiveness and the value of outcomes the framework produces.
4. Remuneration Committee: Addition of any interim appointments to the roles that are within the remit of the Committee.

Each Committee except the Remuneration Committee has set its priorities for 2024/25. These priorities will be monitored quarterly by way of an assurance report by the Director of Corporate Governance/Board Secretary. This is not additional to the work of the Committee but provides a focus on areas of work that may be new or novel in the Terms of Reference or requiring some specific oversight during the year.

The Chair extended his thanks to the Corporate Governance team for the support provided to each of the Committees and Board and in managing an extensive cradle-to-grave process for each meeting, ensuring the smooth running of each meeting. Efforts are being made to streamline processes and to continue to provide succinct reports highlighting key areas for committee's attention.

Trish Mills added that a standardised questionnaire was introduced in 2022 to maintain a baseline for survey responses, which is a good practice. It is unfortunate that response rates are not as high as desired, acknowledging the pressures during the winter months and some members responding to eight surveys depending on the attendance at each committee.

Comments:

Members endorsed the comprehensive work done by the Corporate Governance team and the committees and thanked all involved. Despite the challenges with response rates, Members were assured that the results are reliable and dependable.

The Committee agreed the simplification of the questionnaire for other Committees to help improve response rates; however, this would be at the discretion of each Committee.

The Committee discussed the balance between governance, management, and time spent on effectiveness reviews particularly with several Board Members not yet in place. Members

reflected on whether the current approach strikes the right balance and whether adjustments are needed to ensure effectiveness without overburdening individuals or the Trust. It was agreed that the Trust has reached a significant level of maturity and assurance and it might be appropriate to streamline effectiveness and timeliness of review in specific areas whilst ensuring that the necessary governance and assurance measures are adhered to.

Members highlighted the importance of transparency and public accountability. By acknowledging the extensive work and scrutiny that happens at the Committee level, it helps demonstrate to the public that thorough deliberation and assessment have occurred before matters are brought to the Board. This transparency ensures that the public understands the depth of consideration that goes into decision making processes. Additionally, the importance of discussing risks in detail was noted, especially during public Board meetings, to demonstrate transparency and accountability.

The Committee recognised the importance of aligning discussions with the appropriate forums and focusing on the key priorities outlined in the Terms of Reference. This ensures that discussions are productive and relevant, taking place in the right context and at the right time.

Members expressed their confidence in the Corporate Governance team's approach to governance, risk management, and assurance. They appreciated their diligence in ensuring that the processes remain proportionate, reasonable, and not overwhelming. This balance is essential to avoid excessive bureaucracy and ensure that the Trust's efforts are focused on meaningful outcomes rather than to fulfil requirements. Overall, Members felt assured and confident in their ability to maintain this balance effectively.

The Committee noted there had been a significant cultural shift towards a more evolved governance culture within the Trust. This evolution is evident in the meticulous attention to detail and grassroots approach to governance practices. From aligning key projects with appropriate Committees to documenting approval processes and management responses for audits, there is a clear emphasis on governance in day-to-day operations. This shift reflects a deeper understanding and integration of governance principles across all levels of the Trust, particularly among senior teams.

Trish Mills added that having a structured cycle of business for each Committee ensures alignment with their respective Terms of Reference. This approach provides assurance that the Committees are focusing on their priorities at the appropriate times. While adjustments may be necessary as circumstances evolve, the proactive nature of this approach prevents the Trust from passively navigating its governance responsibilities. She further recognised the ongoing journey towards a more strategic focus, with insights from the effectiveness reviews helping to guide this transition.

In terms of papers and reports Trish Mills added there was a recognition of the need to

improve the presentation and writing of reports, perhaps leveraging tools like Artificial Intelligence (AI) to enhance executive summaries and overall clarity.

Trish Mills explained that a plan would be in place to refine the effectiveness methodology for the next year, including the use of different questionnaires tailored to each Committee's needs. The Audit Committee will review and advise if any further assurances are necessary before presenting the package to the Board for approval.

RESOLVED: The Committee:

- (1) Reviewed and approved changes to Audit Committee's terms of reference and its operating arrangements in response to issues raised in questionnaires, and given the small number of responses, propose any other changes**
- (2) Agreed the Committee's priorities for 2024/25.**
- (3) Approved the Audit Committee's annual report.**
- (4) Advised if changes are required to the effectiveness methodology for the 2024/25 reviews.**
- (5) Noted the changes to the operating arrangements and terms of reference for:**
 - Academic Partnership Committee**
 - Charity Committee**
 - Finance and Performance Committee**
 - People and Culture Committee**
 - Quality, Patient Experience and Safety Committee**
 - Remuneration Committee**
 - Welsh Ambulance Services Partnership Forum**

and endorsed these and the annual reports for onward approval by the Trust Board

- (6) Advised if any further assurances are sought on the effectiveness of the Trust's governance arrangements for its committees, including whether the spread of work as illustrated is appropriate and manageable.**

19/24 SELF-ASSESSMENT AGAINST THE CORPORATE GOVERNANCE CODE FOR CENTRAL GOVERNMENT DEPARTMENTS 2017 – 2024 REVIEW

Trish Mills advised the Committee that the Board is required to confirm adherence with the Corporate Governance Code for Central Government Departments 2017 in the Annual

Governance Statement. The Committee reviewed the self-assessment against the Code and were assured that the Trust complies with all elements.

RESOLVED: The Committee Reviewed the 2023/24 self-assessment against the Corporate Governance Code for Central Government Departments 2017, ahead of confirming compliance with the Code in the 2023/24 Accountability Report.

20/24 SCHEME OF RESERVATION AND DELEGATION OF POWERS - CONTRACT AWARDS BY BOARD

Trish Mills advised the Committee that the Trust's Standing Orders (SOs) must be kept under review to ensure they remain current and that their practical application in the Trust is clear and communicated. The update report sets out amendments to the SOs from Welsh Government and clarifications made to the Scheme of Reservation and Delegations of Powers (SoRD) for endorsement by the Audit Committee.

Interim Amendments to Standing Orders

1. On 1 April 2024 the Joint Commissioning Committee (JCC) was established as a joint committee of the seven Health Boards. SOs and a SoRD have been adopted for the JCC.
2. Interim amendments have been made to the Model SOs to reflect the new arrangements for the JCC and to remove reference to the Welsh Health Services Commissioning Committee (WHSCC) and the Emergency Ambulance Services Committee (EASC) which ceased to exist on 31 March 2024.
3. On 1 April 2024 the Trust was awarded University Trust Status, and its name was changed to the Welsh Ambulance Services University NHS Trust. The SOs have been amended to reflect this.
4. The changes to the SOs are included at Annex 1 to the report and have been made in line with the Welsh Health Circular numbered 2024/019.
5. The Standing Orders at 7.2.5 provides for our Annual General Meeting (AGM) to be held by 31 July each year. Welsh Government have advised in the Manual for Accounts that for 2023/24 the AGM may be held before 30 September 2024. This ensures alignment with the external audit scheme. The Audit Committee was asked to formally endorse this for the Board's approval.

Amendments to the Scheme of Reservation and Delegation of Powers

Trish Mills advised that the Trust periodically reviewed the SoRD as it was essential to clarify its practical implementation and address any anomalies or inefficiencies. The recent Vehicle Replacement Programme Internal Audit, which provided reasonable assurance, identified a

non-compliance issue concerning contract approvals by the Board. This occurred despite the Board having approved the overall programme and the annual business cases detailing the procurement process. The SoRD has been amended to allow for the logistical issues that flow from an award of contract to be delegated by the Board to the Chief Executive Officer.

Trish Mills added that there have been some other updates to the SoRD, particularly regarding alignment with Standing Financial Instructions (SFI's) on Single Tender Waivers and adjusting limits to reflect changes in roles, such as a change to Director for the Board Secretary role. The amendments have been included for endorsement by the Committee and for subsequent approval by the Board.

Governance Practice Note 005

The draft Governance Practice Note 005 is attached to the report. This is for internal use to further support Directors in the development of business cases and the pathways to approval.

RESOLVED: The Audit Committee:

- (1) Endorsed the interim amendments to the Standing Orders and recommended their approval to the Board, including the deadline to hold the 2023/24 AGM by the 30 September 2024.**
- (2) Endorsed the amendments to the Scheme of Reservation and Delegation of Powers and recommended their approval to the Board.**
- (3) Approved Governance Practice Note 005.**

21/24 COMMITTEE CYCLE OF BUSINESS 2024-25 AND MONITORING REPORT

Trish Mills explained that the purpose of this paper is to provide the Committee with the updated cycle of business as the final step in the 2023/24 effectiveness review process. The cycle of business for the Audit Committee in 2024/25 has been simplified compared to other Committees. The Terms of Reference are structured differently, with some areas color-coded for specific meetings or times of the year. Green items indicate topics covered meetings, while beige items serve as prompts during agenda setting. Additional notes may be added for context during agenda setting.

There has been a change in the monitoring report process for the Audit Committee compared to last year. These reports will now be provided at each Committee meeting, indicated in blue on the cycle of business document. This allows for tracking of items that have been presented as scheduled or moved to different meetings.

RESOLVED: The Committee:

- (1) Reviewed and approved the 2024/25 cycle of business; and**
- (2) Noted the cycle of business monitoring document.**

22/24 REGISTER OF INTERESTS & REGISTER OF GIFTS, HOSPITALITY AND SPONSORSHIP

Trish Mills explained that in response to a limited assurance audit on Standards of Business Conduct during the 2022/23 period, a new comprehensive policy was developed. This report now presents the Register of Interests and the Register of Gifts and Hospitality, which have been incorporated into Committee discussions and reflects efforts to address issues raised during the limited assurance internal audit. Furthermore, the Register of Gifts, Hospitality & Sponsorship for the 2023/24 financial year are presented for review and receipt by the Audit Committee. Both registers have been presented as at the 31 March 2024.

The audit also recommended expanding the publicly available list to include all decision-makers. While the Electronic Staff Record (ESR) enables people to register their interests, the policy states that everyone in the Trust on Band 8a and above must complete a declaration of interest form, even if it is a nil declaration. Approximately 270 individuals were identified from the ESR and the Trust is taking a proactive approach to managing and ensuring that all staff members are aware of the revised process. The use of a Microsoft form will streamline the data collection process and provide clarity on which of these staff members have submitted their declarations. Initial feedback includes updates on individuals who are no longer with the Trust, indicating discrepancies between ESR records and actual status. The team is making adjustments to ensure accurate records and a central register will be maintained, publicly available unless there are valid reasons for exceptions.

In terms of the Declarations of Gifts, Hospitality and Sponsorship, since the approval of the Standards of Business Conduct Policy in July 2023 there has been a series of organisational-wide communications to aid understanding of the policy requirements, specifically in relation to gifts. These communications will be delivered on an ongoing basis throughout the year, particularly in the lead up to festive periods.

Comments:

Members were assured through discussion that the appropriate levels of scrutiny and governance processes were in place regarding the declarations of gifts and hospitality.

Carl Window advised the Committee that significant progress was being made in addressing secondary employment concerns with emphasis on training and awareness, clear policies and procedures, regular audits and monitoring, manager accountability and

the encouragement of reporting by staff. All these initiatives were designed to reduce fraud.

Damon Turner added it was important to maintain the option for patients to express their gratitude and support for staff members, even if the Trust has discontinued the practice of holding social funds locally.

RESOLVED: The Audit Committee:

- (1) Confirmed receipt of the Board and Executive Leadership Team Register of Interests as at 31 March 2024;**
- (2) Confirmed receipt of the Gifts, Hospitality, Sponsorship Register as at 31 March 2024.**

23/24 REFLECTIONS & SUMMARY OF DECISIONS AND ACTIONS

Members reflected on the meeting raising several points and noted that any key messages to the Board will be annotated in the AAA report.

RESOLVED: The above was noted.

Meeting concluded at: 11:56

Date of Next Meeting: 7 June 2024