

## **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 1 DECEMBER 2022 VIA TEAMS**

#### **PRESENT:**

Martin Turner	Non-Executive Director and Chair
Paul Hollard	Non-Executive Director & Committee Member
Ceri Jackson	Non-Executive Director & Committee Member
Joga Singh	Non-Executive Director & Committee Member

#### **IN ATTENDANCE:**

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
David Butler	Internal Audit
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Osian Lloyd	Head of Internal Audit
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Jessica Price	Deputy Head of Financial Accounting
Felicity Quance	Internal Audit
Duncan Robertson	Interim Assistant Director of Audit, Research and Service Improvement
Paul Seppman	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Damon Turner	Trade Union Partner
Mike Whiteley	Audit Wales
Carl Window	Counter Fraud Manager

#### **APOLOGIES:**

Brendan Lloyd	Executive Director of Medical and Clinical Services
Angela Lewis	Director of Workforce and Organisational Development
Leanne Smith	Interim Director of Digital Services
Liam Williams	Executive Director of Quality and Nursing

#### **48/22 PROCEDURAL MATTERS**

1. The Chair welcomed all to the meeting and advised that it was being audio recorded.

2. The Minutes of the open session of the Audit Committee meeting held on 15 September 2022 were confirmed as a correct.

**RESOLVED: The Minutes of the meeting held on 15 September 2022 were confirmed as a correct record.**

#### **49/22 INTERNAL AUDIT REPORTS**

1. Osian Lloyd presented the progress report advising the Committee that good headway had been made on the Internal Audits for the current year. There were no further changes proposed to the Internal Audit (IA) plan of 2022/23. Members noted that the 2023/24 IA plan was due for approval at the 2 March 2023 Audit Committee meeting.
2. Osian Lloyd provided an overview on the following IA reviews that had been carried out by his Team:

##### **Hazardous Area Response Team (HART) – Reasonable Assurance**

1. The purpose of the review was to ascertain whether HART was properly trained and equipped to respond to high risk and complex emergency situations.
2. It was a positive report with a reasonable assurance rating. There was one high priority finding which concerned the need to improve the completion and compliance monitoring of training competencies. There were eight medium priority findings which were listed in more detail in the review. Trust management have accepted the findings and IA were content with the management responses.

##### **Comments:**

1. Lee Brooks commented there would be similarities between this audit and the recommendations from the Manchester Arena enquiry. He added the audit had given rise to several learning opportunities for the Trust.
2. Members observed a theme across the Trust where managers had missed the opportunity to attend and / or record training. Lee Brooks explained that specifically in respect of HART, there was a broad array of training which had been conducted despite operational pressures. He added this was an opportunity for the Trust to develop both its training opportunities and how such activity is recorded. Members recognised that evidencing this activity under the current reporting method had been challenging.
3. The Committee sought clarity of the lessons learned with partners and how they would be implemented. Lee Brooks explained that any internal actions and recommendations were monitored and shared with partners through a debriefing mechanism.

##### **Attendance Management – Reasonable Assurance**

1. Osian Lloyd advised the Committee that the purpose of this review was to assess the effectiveness of the early intervention mechanisms the Trust has implemented to improve staff attendance.

2. This was a positive report which had been given a reasonable assurance rating. The review had focussed on the three main types of sickness absence reported; mental health, musculoskeletal, and infectious diseases. There were several matters which required management attention of which five were medium priority findings, and one low priority finding.
3. These findings were referenced in more detail within the review. One of the main recommendations was to develop more robust monitoring and recording arrangements around sickness. The findings had been accepted by management and IA were content with the management responses.

Comments:

1. The Committee noted the report had been circulated to the People and Culture Committee for its awareness. Progress against the recommendations from the audit will be discussed and monitored by the People and Culture Committee.
2. In terms of lessening the impact on staff with regards to musculoskeletal issues, particularly with 'lift assist', Lee Brooks explained that the necessary equipment was on vehicles, the relevant training was given to staff and the Trust also had the ability to call upon Fire Service colleagues for assistance, if required.

**Electronic Patient Clinical Record (ePCR) system – Reasonable Assurance**

1. David Butler presented the audit and explained it was undertaken to review the delivery and management arrangements in place to progress the implementation of the ePCR.
2. The audit considered the following aspects; governance, monitoring and reporting and contractual arrangements, and made eight medium priority recommendations. Central to these recommendations was the need to consider the timing and method of engagement with Health Boards around implementation. Similarly, there was a requirement for early development plans with Digital Health Care Wales.

Comments:

Paul Hollard commented that the positive review had highlighted the many benefits of the ePCR programme; further to this Duncan Robertson advised the Committee that the actions were scheduled to be completed by the end of the current financial year.

**RESOLVED: That the IA progress report and IA reviews were received.**

**50/22 AUDIT WALES REPORTS**

**Audit Wales (AW) Update Report**

1. Fflur Jones, advised the Committee that the report contained details of the AW programme and its progress. It was noted that the structured assessment work was in its final stages and would be presented to the Board in January 2023.
2. The Committee were advised that the review on unscheduled care across Wales

was underway; the first part of which in relation to patient flow out of hospitals, was progressing well.

### **Equality Impact Assessment (EIA)**

3. Fflur Jones explained this was a national review undertaken on all Welsh public bodies and their compliance with the Equality Act 2010. Overall the review found good areas of practice, however there was scope to make greater use of EIA in terms of their promotion of equality cohesion. There were several recommendations from the report, aimed mainly at Welsh Government.
4. Julie Boalch advised the Committee that a Task and Finish Group had been set up to develop an Integrated Assessment Review Tool which would provide guidance for colleagues regarding the provisions of the Equality Act 2010, as well as other related legislation where assessments for change activities are required. The guidance will include the learning from this Audit Wales report. Once this tool has been developed it will inform future Key Performance Indicators.

### **National Fraud Initiative**

1. Fflur Jones explained that the National Fraud Initiative was a biannual exercise which matched data to help public bodies identify fraud or error in claims and transactions. In 2020/21 this initiative helped Welsh public bodies identify over £6.5m of fraud and overpayments. The report made three recommendations which were contained in the report.

### **Public sector readiness for Net Zero Carbon by 2030**

1. Fflur Jones explained that the report was the first phase of the work which outlined how the public sector was preparing to achieve Welsh Government's (WG) collective ambition for net carbon zero by 2030. The summary report has detailed five actions for organisations to consider.
2. Chris Turley informed the Committee that the Finance and Performance Committee monitored and reviewed progress in this area, and outlined the current work being undertaken by the Trust to achieve the target set by WG.

### **Comments:**

1. In terms of unscheduled care project review, the Committee queried whether the triage system within hospitals would be included. Fflur Jones confirmed this was included in part two of the review.
2. In terms of Equality Diversity and Inclusion (EDI) and the Equality Impact Assessment (EIA), members welcomed this and hoped it had an impact and how EIAs were embedded through the Trust.

**RESOLVED: That the Committee received the updates.**

## **51/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

1. Julie Boalch gave an outline of the report and the Corporate Risk Register (CRR) and drew the Committee's attention to risks that had been added, increased/decreased in score, and risks that had been closed.
2. Since the last Audit Committee meeting, the following activity has occurred; risk 311 (Inability of the Estate to cope with the increase in Full Time Equivalents (FTE)) had been closed. One new risk has been added, risk 557 (potential impact on services as a result of Industrial Action) and had been rated with a score of 16
3. Furthermore, there were two new risks which were in development; risk 538 (possible consequence of a further delay to implementation of the new Integrated Information System (Salus)) and risk 542 (Failure to deliver the WG NHS Decarbonisation Strategic Delivery Plan).

Comments:

Paul Hollard commented that the People and Culture Committee would monitor risk 557 going forward.

**RESOLVED: The Committee accepted the status of the risks in the CRR and noted the closure of Risk 311 and the inclusion of the new Risk 557 on the CRR with a risk rating of 16.**

## **52/22 LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD 1 APRIL 2022 TO 31 OCTOBER 2022**

The Committee were informed by Chris Turley that the total net losses and special payments made during this period amounted to £0.103m. All payments had been made within approved delegated limits.

**RESOLVED: That the losses and special payments report for the period 1 April 2022 to 31 October 2022 was noted.**

## **53/22 AUDIT TRACKER**

1. Julie Boalch explained that the report provided an update in respect of audit recommendations resulting from Internal Audit and External Audit reviews.
2. There were 10 high priority and 28 medium priority Internal Audit recommendations which were overdue; specifics regarding each and their completion dates were detailed in the report.
3. With regards to the 12 External Audit recommendations generated by the 'Taking Care of the Carers' external review, the Committee noted 8 were overdue, and 4 were not yet due.

Comments:

Members acknowledged the progress and looked forward to receiving updates regarding the older recommendations in due course.

**RESOLVED: The Committee noted the activity and progress since the last Audit Committee meeting in September 2022; specifically that there were 10 high priority and 28 medium priority Internal Audit recommendations overdue.**

**54/22 CONSENT ITEMS**

The following reports were presented for the Committee to note:

1. Committee Priorities Quarter 2;
2. All Wales Audit Committee Chairs Highlight report from the October 2022 meeting.

**RESOLVED: The Committee noted the reports.**

Date of Next Meeting: 2 March 2023.