

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 3 March 2022 VIA TEAMS

PRESENT :

Martin Turner	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director

IN ATTENDANCE :

Julie Boalch	Head of Risk and Deputy Board Secretary
Judith Bryce	Assistant Director of Operations
Simon Cookson	Internal Audit NWSSP
David Butler	Internal Audit NWSSP
Fflur Jones	Audit Wales
Jill Gill	Financial Accountant
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Andy Haywood	Director of Digital Services
Wendy Herbert	Interim Executive Director of Quality and Nursing
Navin Kalia	Deputy Director of Finance and Corporate Resources
Osian Lloyd	Deputy Head of Internal Audit NWSSP
Trish Mills	Board Secretary
Jeff Prescott	Corporate Governance Officer
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Chris Turley	Executive Director of Finance and Corporate Resources
Carl Window	Counter Fraud Manager

APOLOGIES:

Paul Seppman	Trade Union Partner
Joga Singh	Non Executive Director

13/22 PROCEDURAL MATTERS

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

Declarations of Interest

The standing declaration of interest of Mr Emrys Davies as a former member of UNITE

was recorded.

Minutes

The Minutes of the open and closed sessions of the Audit Committee meeting held on 2 December 2021 were confirmed as a correct record.

Action Log

The Committee considered the action log:

Action 27/21 – Internal Audit Reports, deferring of reviews. Updates were given on the Internal Audit reviews that were requested for deferment. Trade Union Release Time, Health and Safety, Decarbonisation and the Savings Plan. Agreed for this action to be closed.

Action 28/21 – Audit Wales Reports, Taking Care of the Carers Audit Review – Update was on the agenda, action Closed.

Action 31/21a - A process to outline the use of the Trust Seal be developed. Item is on agenda, action closed.

Action 31/21b - Produce a list showing recent use of the Trust Seal, details were attached to the action log, action closed.

Action 34/21 – Loses and Special Payments. Review the reporting process. Item on agenda, action closed.

Action 36/21 – 2022/2023 Annual Filings timetable – Dates to be published. Item on agenda, action closed.

RESOLVED: That

(1) the Minutes of the Audit Committee's open and closed sessions held on 2 December 2021 were confirmed as a correct record;

(2) the standing declaration of interest in respect of Mr Emrys Davies as a retired member of UNITE was recorded; and

(3) the actions referred to in the action log were considered and actioned as necessary.

14/22 COMMITTEE EFFECTIVENESS REVIEW 2021/22

1. Trish Mills reminded the Committee that as detailed in the Trust's Standing Orders and the Committee's Terms of Reference, it was obligatory for Board Committees to evaluate their effectiveness and report findings to the Board annually.
2. The Committee effectiveness review included a review of its terms of reference (TOR) and the gleaning of information from questionnaires sent to members and core attendees.

3. In respect of the TOR, Trish Mills outlined several proposed amendments which in the main were minor. The Committee's attention was drawn to the areas of clinical audit and information governance and information security. Both these areas were contained in the NHS Wales Audit Handbook model TOR as Audit Committee roles, however it was agreed that these currently appropriately sit within the Quality, Patient Experience and Safety Committee TOR, with that Committee providing assurance to the Audit Committee on clinical audit in particular and to the Board on all matters in its remit.
4. Furthermore, the Committee were alerted to the proposed Committee membership changes which would strengthen executive representation at the Committee by adding the Executive Directors of Quality and Nursing and Workforce and Organisational Development.
5. In terms of the questionnaires, the Committee noted that 11 had been distributed with 4 being responded to. Details of the responses were contained within the report.

Comments:

1. The Chair commented that the Accountable Officer (Chief Executive) was not a member but would receive an invite. Simon Cookson explained that this varied across health boards, in most cases the Chief Executive attended at least once a year. Following a discussion, it was agreed that paragraph 4.6 of the TOR be amended to state that the Chief Executive **will** be invited to attend annually as opposed to should be invited.
2. Members held a discussion which considered how other Board Committees demonstrated the governance procedures they have undertaken and how it was escalated for assurance purposes. Trish Mills explained that the reviews of all committees will go to the Board, and that the second stage of effectiveness will include the development of cycles of business for the committees. This, together with clear TORs would provide the audit committee and the board with an overview of the governance arrangements. It was suggested that the alert information contained in other committee highlight reports be provided for the Audit Committee's attention as part of a regular update.

RESOLVED: That the Committee

- (1) Reviewed and approved changes to the Terms of Reference subject to the minor amendment described above;**
- (2) Considered the issues raised in both the participants' questionnaire and the NHS Wales Audit Committee Handbook self-assessment;**
- (3) Set priorities for the Committee for 2022/23; and**
- (4) It was noted that the Committee Annual report would be circulated to Members prior to submission of the Board in May 2022 for comment.**

15/22 GOVERNANCE PRACTICE NOTES

for approval. The practice notes were intended to provide guidance on the application of the Standing Orders. Details of the practice were as follows:

1. Trust Seal Governance Practice Note: A proforma was to be used when requests for the use of the seal were made and this was included in the practice note. The Governance Team were working with the Estates Team to develop a forward view of the leases and other land related documents that may require the Trust Seal so that approvals can be scheduled in advance to take place in person where possible. Furthermore the Governance Team will record the use of the seal on an electronic register from 1 April 2022.
2. Private Board and Committee Business Governance Practice: This practice note provides clarity on the business that is appropriately taken into a private session of the Trust Board or its Committees and sets out the ways in which decisions made in private session were communicated in public session.
3. Chair's Action Governance Practice Note: This practice note provided for a streamlined approach to Chair's Actions by way of email in the majority of cases. It also provided for the ways in which they were ratified in public session of the Board thereafter.

Comments:

In respect of the practice note related to Private Board and Committee Business, which provided that minutes of the Remuneration Committee would be provided to the private session of the Trust Board unless there were sensitivities in the minutes that precluded this, clarity was sought in terms of whether all Board members would have sight of Remuneration Committee Minutes. Trish Mills explained that the Remuneration Committee Terms of Reference were being amended in order that all Non Executive Directors would be Members therefore they would see the Minutes. However there may be occasions where the Minutes would have sensitive details concerning the Executive and where sanctioned by the Chair of the Remuneration Committee it would not be appropriate for them to be disclosed.

RESOLVED: That the Audit Committee approved the Governance Practice Notes for the Trust Seal, Private Board and Committee Business, and Chair's Action.

16/22 INTERNAL AUDIT REPORTS

Progress report

1. Simon Cookson introduced the progress report and advised the Committee that all the audits in progress were due to close on time.
2. He added that the cooperation with Trust Executive Directors was very positive in respect of completing the audit reports and expected that the end of year report would be a positive opinion.
3. The formal deferment of the audit review on the savings plan for 2022/23 was requested and approved by the Committee.

Internal Audit Plan 2022/23

Osian Lloyd updated the Committee on the Internal Audit plan for 2022/23 which set out the programme of work proposed for next year. He added that it contained the internal audit charter which defined the overarching purpose and authority for internal audit. The report also considered areas of risk and the Trust's response to them. The plan was kept under review and remained flexible subject to the varying situations. A note of thanks was recorded for Julie Boalch in her work and the assistance provided to Internal Audit.

Comments:

A question arose in respect of timings of audits, especially in regards to ambulance immediate release response requests, Osian Lloyd advised that there was opportunity to be flexible on timings and outlined the mechanism involved in setting the deadlines. For this particular area the timings were agreed with the Director of Operations and the Medical Director.

Internal Audit Reviews

Osian Lloyd presented each of the internal audit reviews as follows:

1. Information Management – Reasonable Assurance. The purpose of this review was to assess 999 calls and the availability of patient discharges through 'Consult and Close' and how it was analysed to inform patient safety and quality improvement. There were 2 medium priority findings raised; greater use of the referral data in the incident records should be made and that the current analysis of the 'can't send' responses was extended to include other incident responses. This should be routinely analysed, monitored and reported.
2. Digital Governance - Reasonable Assurance. The purpose of this review was to provide assurance that the Trust's governance of digital services was appropriate to provide oversight and deliver the digital strategic objectives. The key matters that arose was the requirement to develop a strategic outline programme which would describe how the digital strategy would be implemented and the required resourcing, to define the key timescales of delivery and to establish the structures in order to link in with operations.
3. Recruitment Practices, Equality, Diversity and Inclusion (EDI) – Reasonable Assurance. The Purpose of the report was to provide assurance that arrangements were in place to ensure that applicants from a diverse range of backgrounds were encouraged and supported in the recruitment process. There were 4 medium priority findings raised and related to; improve the link with the Patient Experience and Community Involvement Team and the strategic equality objectives, more analysis was required on the effectiveness of initiatives to attract new staff, further work was required on the progress of candidates and the Terms of Reference for the EDI steering group require updating. Paul Hollard added that these issues would be monitored through the People and Culture Committee.
4. Non Emergency Patient Transfer Services - Transfer of Operations, Benefits Realisation. Limited Assurance. The purpose of this review was to provide

assurance that benefits realised reflected those identified at the start of the transfer of works project. It was important to note that the findings related to the capturing, reporting and monitoring of the benefits realised. Paul Hollard added it was imperative to be clear that the audit review did not concern the transfer process, it referred to the benefits realisation plan. Judith Bryce advised the Committee that several discussions had been held with Audit colleagues and management were content with the findings

5. Cardiff Make Ready Depot (MRD) – Reasonable Assurance. David Butler explained that the purpose of this review was to evaluate the processes and procedures implemented by the Trust in order to support the management and delivery of the Cardiff MRD scheme. The Audit revealed that whilst some of the works costs had increased significantly the overall project would be delivered within the funding envelope. Whilst there had been an 18 week delay to the project, it was noted that 10 of these were attributed to the pandemic. The key priorities of note were; the need to conclude on the assessment of any project delays, to formally review performance of the project and that any remaining recommendations were to be considered as part of the formal post project evaluation. Chris Turley added that notwithstanding the pandemic, delivery of the project had been remarkable, albeit there had been a delay. He commented there were still some snagging issues with the building and that some operational staff would be moving in within the next couple of weeks.

RESOLVED: That the

- (1) Internal Audit Plan for 2022/23 was approved;**
- (2) Internal Audit Charter was approved; and**
- (3) The associated Internal Audit resource requirements and Key Performance Indicators were noted.**

17/22 RESPONSE TO AUDIT WALES REPORT AND CHECKLIST: TAKING CARE OF THE CARERS

Catherine Goodwin informed the Committee that the report provided an outline to the Trust's responses in respect of the audit undertaken on Taking Care of the Carers. Several recommendations had emanated from the report and these were:

1. Retaining a strong focus on staff wellbeing
2. Consider workforce issues in recovery plans
3. Evaluating the effectiveness and impact of the staff wellbeing offer
4. Enhancing collaborative approaches to supporting staff wellbeing
5. Providing continued assurance to boards and committees
6. Building on local and national staff engagement arrangements

Comments:

Trish Mills added that the above recommendations would be included in the Trust's audit

tracker.

RESOLVED: That the Committee noted the update:

18/22 AUDIT WALES UPDATE AND ANNUAL REPORT

The update was given by Fflur Jones who briefed the Committee on the audit work either completed or scheduled for the upcoming year. Some of the scheduled work included areas from the 2020/21 structured assessment and the quality governance review. Members noted that the work on unscheduled care, which had been paused during 2021, had resumed.

In terms of the annual report, Fflur Jones gave an overview of the contents and drew the Committee's attention to work undertaken on Test, Trace and Protect and financial audit work. She asked that a note of thanks be recorded to those in the Trust that had assisted in its compilation.

Comments:

Members expressed their frustration in respect of the amount of time being taken to complete the unscheduled care review and the lack of timescale to completion. Fflur Jones agreed to update the Committee on progress going forward.

RESOLVED: That

- (1) the Committee received the reports noting that the Board would receive the annual report under consent items at its next meeting; and**
- (2) the audit plan would be circulated to Members prior to the next Committee meeting.**

19/22 2021/2022 ANNUAL REPORT TIMELINE

1. Trish Mills reported that a Task and Finish Group had been established to ensure that the Trust met the Annual Report 2021-22 reporting requirements as set out in the Manual for Accounts published by Welsh Government and was aligned with the timetable for the Trust's annual accounts.
2. A timetable for the production of the Annual Report had been developed and was brought to the attention of the Committee. Due to the scheduling of Trust Board and Committee meetings, it was proposed that the Draft Annual Report will be circulated by e mail for review by Members.

RESOLVED: That the Committee approved;

(1)The Annual Report 2021-22 Timetable; and

(2)Circulation of the following reports by email for review:

- a. Sign off Draft Remuneration Report Lead to the Remuneration Committee;**
- b. Sign off of Draft Annual Report to Audit Committee**

20/22 2021/2022 ANNUAL ACCOUNTS UPDATE

1. The Committee were given an update by Chris Turley which included any planning undertaken, the progress made and any issues arising with the preparation of the 2021/22 annual accounts.
2. The Committee were also provided with the details of the timetable and key dates in relation to the 2021/22 year end accounts.

Comments:

In relation to any instances of actual, suspected or alleged fraud within NWSSP and BCULHB fraud it was queried why BCULHB was not included within the management response. It was agreed that BCULHB would be included within the response

RESOLVED: That the Committee

- (1) Noted the contents of the report;**
- (2) Considered and approved the response points within Annex 2 of the report subject to the additional reference of BCULHB within the management response; and**
- (3) A note of thanks was recorded for all those involved in the work, notably, Navin Kalra, Jill Gill and Julie Boalch.**

21/22 AUDIT TRACKER

Julie Boalch presented the report and drew attention to the following key points:

1. All of the recommendations had been closely scrutinised by the relevant responsible officers; paying particular attention to any overdue recommendations.
2. At the time of issuing the report there were 83 internal audit recommendations, of which 15 had been added to the tracker since the last Audit Committee meeting as a result of 3 audit reports presented in December 2021.
3. In respect of the 83 recommendations, 31 were overdue with 4 of them marked as high priority and were from the 2020/21 clinical contact centres performance report and these were due to be completed between April and July 2022.
4. A further recommendation related to the Trust's Risk Appetite Statement from the Risk Management and Assurance review which formed part of the Risk Transformation programme currently underway. This would not be completed until approximately March 2023.

Comments:

In terms of the overdue recommendations, were there any high risks or was the Trust

content they could be contained? Julie Boalch explained that the 2 recommendations relating to the information systems security were being addressed by external consultants. In relation to the remaining 2, raising concerns and risk management and assurance, work was continuing and progressing on both.

RESOLVED: That Members received and discuss the contents of the report and:

- (1) Noted the activity since the last Audit Committee in December 2021; and**
- (2) Considered the Trust's proposals to address each recommendation.**

22/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

1. Trish Mills advised the Committee that the purpose of the report was to give an update in relation to the Trust's Corporate Risks and Board Assurance Framework (BAF). A particular focus was on the work that was currently underway rearticulating and strengthening the Trust's highest scoring risks.
2. Furthermore the Committee was asked to approve a request to pause reporting on the BAF for 3 months. This would enable work on a transitional BAF that would provide for updated and rearticulated risks, particularly the highest scoring risks, together with a review of the controls in place and assurances against each control which would enable the actions to address any gaps to be clear. The Committee was assured that the Board and all Committees would, in the meantime, continue to receive regular updates on the Corporate Risk Register (CRR) which contained the Trust's key risks.
3. A new risk had been added to the CRR, number 458, a confirmed commitment from the Emergency Ambulance Services Committee (EASC) and/or Welsh Government required regarding funding for recurrent costs of commissioning. Chris Turley added that this risk was likely to change in terms of the score, currently a 12. The Committee recognised that the Finance and Performance Committee was monitoring this particular risk.
4. Trish Mills made reference to the work underway to review other corporate risks which included:
 - c. Risk 163 - *Maintaining Effective and Strong Trade Union Partnerships* which had increased in score from 9 to 12
 - d. There was a title change to risk 139, the new title was described as *Failure to deliver our Statutory Financial Duties in accordance with legislation*
 - e. Risk 109, *Resource availability (revenue) to deliver the organisation's IMTP* was recommended for closure noting that this element of the risk was included under risk 458.

Comments:

1. The Committee welcomed the report and supported the pausing of BAF reporting, recognising that the key corporate risks would continue to be monitored and managed during this period.

2. Members discussed in further detail regarding the reporting of the high risks in more detail to the Board. Trish Mills explained that the transitional BAF will incorporate the high rated risks and will detail the actions to mitigate them. The relevant Committees would also be scrutinising and challenging these risks; the actions to monitor the risks would be carried out through the Executive Management Team.

RESOLVED: Members received assurances on the contents of the report and considered and approved:

- (1) The request to pause reporting of the Board Assurance Framework for 3 months.**
- (2) The change in title of Risk 139.**
- (3) The closure of Risk 109 from the Corporate Register.**
- (4) The escalation of Risk 163 to the Corporate Register.**
- (5) The inclusion of Risk 458 on the Corporate Register**

23/22 LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD 1 April 2021 – 31 January 2022

Chris Turley gave an overview of the report explaining that future reports be developed to contain further narrative of any themes and trends resulting from losses and payments.

RESOLVED: That the Losses and Special Payments report for the period was received.

24/22 LOSSES AND SPECIAL PAYMENTS DEEP DIVE INTO PERSONAL INJURY CLAIMS

1. Wendy Herbert reminded the Committee this was the last of the four deep dives that had been undertaken provide details of losses and special payments relating to personal injury claims.
2. The report illustrated details of all personal injury claims (38) registered during the calendar years of 2020 and 2021. The number of cases received during 2020 totalled 23 and in 2021 the figure was 15, a marked reduction.
3. In respect of the 3 claims received by patients in 2021 these related to the Non emergency Patient Transport Service.
4. Of the 21 Claims received by staff in 2020, the majority were from Emergency Medical Service (EMS) staff and in 2021 of the 12 claims received, again the majority were from EMS staff.
5. The deep dive has identified that there has been some evidence of prior learning and improvement. This was borne out by the fact that claims from previous years involving staff tripping over cables had dramatically reduced.
6. In terms of themes from this deep dive it was noted that these included needle stick issues and claims relating to Covid, stress and assault.

7. As a resulting of these claims the Trust has gained significant learning; which have included; use of equipment including PPE, introduction of quarterly station inspections, introduction of Trauma Risk Management and 24 hour access to occupational assistance.
8. There have been several high cost claims which have exceeded £100k and these included work related stress and falling from a vehicle.
9. In some cases where it has been possible to avoid solicitor costs and rely on the Trust's small claims team to manage claims, the Trust has saved in the region of £300k - £360k.

Comments:

1. Following a question in terms of Welsh Risk Pool (WRP) legal assistance, Wendy Herbert explained there was a cost to the Trust which varied for each case; in particular the high cost claims, WRP used private solicitors for support.
2. In terms of patient Non Emergency Transport Services, was it possible to distinct if the claims related to the Trust's internal service or external providers. Wendy explained this was possible and advised that for the 3 claims relating to patient transport, 2 were in house and 1 involved a St John provider.

RESOLVED: That the Committee considered the report.

25/22 KEY MESSAGES FOR BOARD

Trish Mills would draft this report for the Chair's consideration.

RESOLVED: That Trish Mills would provide this update for the Board.

26/22 ANY OTHER BUSINESS

This was the last Audit Committee meeting that Emrys Davies would be attending and the Chair thanked him for his contribution to the Committee. The thanks were reciprocated by Emrys.

Date of Next Meeting: 7 June 2022