

## 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 NOVEMBER 2023 VIA TEAMS**

**Meeting Commenced at 09:30**

#### **PRESENT:**

Martin Turner	Non-Executive Director and Committee Chair
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director

#### **IN ATTENDANCE:**

Julie Boalch	Head of Risk/Deputy Board Secretary
Judith Bryce	Assistant Director of Operations
David Butler	Internal Audit, NWSSP (left after Item 55/23)
Colin Dennis	Chair of the Trust Board
Eifion Jones	Internal Audit, NWSSP (left after Item 55/23)
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Olaide Kazeem	Project Accountant Financial Services
Angela Lewis	Director of People and Culture
Martyn Lewis	Internal Audit, NWSSP
Greg Lloyd	Assistant Director of Clinical Delivery Operations (Item 55/23 only)
Osian Lloyd	Head of Internal Audit, NWSSP
Rachel Marsh	Executive Director of Strategy, Planning and Performance (Item 53/23 only)
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Felicity Quance	Deputy Head of Internal Audit, NWSSP
Duncan Robertson	Assistant Director for Clinical Development
Jonny Sammut	Director of Digital Services
Paul Seppman	Trade Union Partner

Chris Turley  
Damon Turner  
Carl Window

Executive Director of Finance and Corporate Resources  
Trade Union Partner  
Counter Fraud Manager

**APOLOGIES:**

Joga Singh  
Liam Williams

Non-Executive Director  
Executive Director of Quality and Nursing

**52/23 PROCEDURAL MATTERS**

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

Members noted that any declarations of interest were contained within the Trust's Register of Interests.

**Minutes:**

The Minutes of the Audit Committee meeting held on 14 September 2023 were approved.

**Action Log**

Action Number 48/23: Board/Committee Induction programme. To liaise with Paul Seppman to consider retrospective induction particularly for TU partners who are members of the Board and its sub-Committees. Trish Mills proposed this action was extended to the 1 March 2024 meeting for update. Agreed.

Action Number 50/23: Policy report. Policy review extension criteria. Was there any other risk that could be captured within the 6 criteria points, i.e., whether a policy review should be delayed. Action complete and details have been included in the criteria list. Action Closed.

**Audit Committee AAA report dated 14 September 2023**

The Committee AAA report dated 14 September was presented for information noting the two alerts: Amendments to the Trust's Standing Orders and a change of prescribed Committee attendees.

**RESOLVED: The Committee;**

**(1) Noted the apologies from Joga Singh and Liam Williams;**

**(2) Approved the Minutes of 14 September 2023;**

**(3) Considered the action log noting that reference number 50/23 was closed. The other action, number 48/23 was agreed to be deferred to the March meeting; and**

**(4) Received the AAA report.**

**53/23**

## **QUALITY AND PERFORMANCE MANAGEMENT FRAMEWORK UPDATE**

A verbal update was provided by Rachel Marsh in which the Committee were reminded that the framework consisted of five building blocks which set out the requirements to deliver quality and performance improvements. The building blocks contained aspirational and ambitious objectives for the Trust.

A steering group to oversee implementation of the framework has been established, which, particularly in relation to the Health and Social Care Act, has reviewed and amended the framework slightly. Further work to clarify how this Act aligns with the framework was underway, part of which was to revise and update the terms of reference for the steering group. A self-assessment has been completed at an organisational level against the requirements with a work plan going forward agreed.

The Committee recognised there was still further work to be carried out and it was anticipated with some additional capacity that the framework would be progressed with alacrity.

Comments:

Members acknowledged the substantial progress in refining the terms of reference and the work plan. The close monitoring of the implementation was crucial to ensuring a smooth flow with the organisation; recognising the framework will be reviewed at other Board Committees going forward as part of its implementation and development. Paul Hollard emphasised the importance of other Board Committees receiving assurance about the oversight of the Duty of Quality.

**RESOLVED: The update was noted.**

**54/23**

## **POLICY REPORT**

Julie Boalch explained that the purpose of the report was to provide the Committee with an update on the status of the Trust's Policies as outlined on the work plan for the next two years. A priority programme of work was being established to bring the organisation's key policies up to date during 2023/24 with a further work plan agreed for 2024/25.

The work plan for 2023/24 which identified those policies for review was on schedule, with policies being reviewed at monthly policy group meetings. The Committee should note the

proactive approach being taken to consider any potential challenges such as winter pressures which may impede on the plan.

The Trust is in the process of undertaking a light touch review of the 'Policy on Policies'. Early next year this process will be strengthened further. Members also noted that the Trust was considering an electronic solution to support improvements going forward.

Comments:

Clarity was sought on some of the review dates in the workplan for 2024/2025, for example occupational health showed a review date of 2014. Julie Boalch explained this was a not an error but that the Occupational Health Policy had been issued in 2013 and had been due for review since January 2014.

It was noted that 14 policies had been identified as Standard Operating Procedures (SOP). An explanation on the rationale of when a policy becomes an SOP was sought. Julie Boalch explained there was a set of criteria that differentiated between SOPs and policies. Each document was assessed individually to consider whether it aligned with the criteria after which an approach was agreed.

Following discussion it was agreed that - given policies were reviewed regularly by the Policy Group and the Executive Leadership Team (ELT) - it was agreed that a concise report focussing on policy status without the need for detailed information could be prepared for future Committee meetings.

Paul Seppman commented that from a Trade Union perspective he was assured that the Policy Group had effectively streamlined the process, eliminating unnecessary high-level discussions. The current approach ensure that policies undergo the correct and efficient channels for approval.

**RESOLVED: The Committee:**

- (1) Noted the updates to the policy work plans established to mitigate risk and review policies in line with appropriate review dates.**
- (2) Received assurance on the prioritisation and progress being made to review Policies; and**
- (3) Noted the next steps as outlined in the update and that future reports contain less detailed information.**

## 55/23 INTERNAL AUDIT ITEMS

The Head of Internal Audit (HoIA), Osian Lloyd presented the reports which consisted of his update and three Internal Audit (IA) Reports.

Good progress was being made against the 2023/24 Internal Audit Plan; of the 20 reviews, four had been finalised, two were in draft, seven were in progress and seven had not been started. The Committee noted there were no changes being proposed to the plan, and the most recent submission of the KPIs were noted.

The following Internal Audit reports were received:

**Senior Paramedic Role** – The Internal Audit (IA) opinion was reasonable.

Felicity Quance explained that the purpose of the report was to assess the extent that Senior Paramedics (SP) were achieving their key role objectives.

The review found that while roles and responsibilities were generally clear, there were inconsistencies in how shifts were being tracked. There were also some challenges impacting on the SP's ability to provide sufficient supervision to Paramedics and Emergency Medical Technicians within their teams. It was noted that whilst the contribution to patient care was thorough, there was a need for consistent observation during ride-outs.

Further work was required to ensure that the feedback received from SPs was reviewed and reported accordingly. Appropriate training was available to SPs to enable them to undertake their role and appropriate support and supervision was being provided to them by management. Additional work was required to ensure that the required skill enhancements were provided in order for their expectations to be met. Furthermore, management has accepted the recommendations, and the Audit Team thanked all those involved with producing this report.

The Committee noted there was an inconsistency between the limited assurance on governance arrangements and the management recommendations and sought clarification on that point. Felicity Quance explained it was limited due to the limited reporting being undertaken on the effectiveness and efficiency of the SP role. Overall, due to the many positive aspects in the broader areas of the report and the good elements being undertaken within the wider localities, it was not considered appropriate to downgrade the report from a reasonable opinion. Greg Lloyd added that the Trust was committed to evaluating the evolution of the role and learning lessons from the audit process. From a governance perspective, the Committee recognised that the audit recommendations would be monitored through the People and Culture Committee (PCC) via the Audit Tracker.

**Records Management** – The IA opinion was reasonable.

Martyn Lewis advised the Committee that the Trust can take reasonable assurance with its records management. The aim of the audit was to evaluate the arrangements and processes in place for records management within the Trust.

The key objectives with the review were to review the guidance in place, review the capacity of the records management team, and to look at processes to ensure the availability of records. The review also considered the storage of records and ensuring an appropriate disposal of archiving records along with the transition to enabling a digital service. Records were currently being held in a storage facility leased from Denbighshire County Council.

However, there were some challenges to overcome which included outdated policies, a small and compliance focused team which lacked resilience, and there was no comprehensive improvement plan. There were legal implications in that the NHS records being stored did not have a structured digital record deletion process which could pose a GDPR breach risk. The management were conscious that addressing these issues was crucial for future effectiveness.

Jonny Sammut, Director of Digital Services, explained that some of the resourcing issues had been historic as it was an exceedingly small team that looked after the records. Part of the management action plan was to bolster that with temporary resources from January 2024, to review the storage of records.

The Committee were surprised to see the report was given a reasonable assurance opinion when the review had assessed three limited objectives, and there were also some legal issues relating to records management. Martyn Lewis explained that the audit team were confident, following discussions with staff responsible for holding the records, that they were following the correct procedures and guidance. The current storage facility although lacking a formal legal basis, was deemed secure and that the NHS records were kept separate from Council records. The assurance lay within the balance of these factors tipping the scale towards a reasonable assurance opinion. Another important factor to understand was the significant move with digitisation of records.

Osian Lloyd added that another important factor considered was the significant move with digitisation of records. The majority of records in use at the Trust, particularly patient records, are in digital form, and most issues raised within the report related to the physical records.

**Estates Condition** – The Internal Audit opinion was Limited Assurance.

Eifion Jones explained that a review on the estate of all Health Boards and Trusts had been conducted across Wales. The aim was to assess the specific challenges faced by NHS Wales in relation to the estates. The review found there were several themes including risk

management, data quality, accuracy of survey information and the challenges with funding for any work required. The goal of the review was to raise the profile of estates issues. Recent discussions with Welsh Government have indicated there should be a common approach in resolving the estates issues. Currently, all the reports across the Health Boards and Trusts were of a limited assurance. Going forward, an All-Wales summary report will be produced and shared with UHBs/Trusts, WG and NWSSP:SES on common themes, best practice and future actions. We understand that NWSSP:SES have already started looking at one common theme i.e. how the data collected could be more accurate and consistent.

David Butler emphasised that the key driver within the report was the scale of the backlog across Wales. It was estimated this was in the order of three times the amount of capital funding and this had clearly posed significant risks to addressing the estates condition. The Trust had aimed to eliminate the backlog over a 10-year period. While the backlog has reduced in recent years, the Trust faced challenges disposing of sites due to stalled capital programs and a lack of recent investment. As a result, higher risk backlog was increasing, and the outlook was for further increase as the estate aged. The review highlighted there were also data quality issues and inconsistent assessments. While many areas were positively assessed, the absence of a funded strategy has led to an overall limited assurance in addressing the estate's condition. Particularly recognising that the associated risk does ultimately rest with the Trust.

Chris Turley assured the Committee that a number of discussions had been held with IA over the report and the resulting overall assurance rating when compared with much of the rest of the NHS in Wales. In this he had questioned the consistency of the rating and the methodology of the audit and suggested that the report was more of an all-Wales report rather than a Trust specific one; expressing disappointment it had been identified as a limited assurance for the Trust. There were several factors beyond the Trust's control, which included funding and the consistency of reporting. He added that the backlog maintenance has significantly reduced over the last few years compared to the rest of Wales. In terms of the management recommendations contained within the report he underlined that the Trust could only action those which were within its control. He added that traditionally, a limited assurance would need to be followed up quickly, and this would need consideration going forward.

Eifion Jones explained the rationale for the rating and the shared challenges faced by all Health Boards and Trusts in Wales and acknowledged the positive aspects of the Trust's management approach and governance arrangements. He advised that in conducting the review, organisations were benchmarked when determining the overall opinion for each audit. Whilst some other organisations across Wales were much further limited, it was felt limited was a fair assessment of the Trust. It was acknowledged that some of the recommendations were jointly owned with for example Welsh Government (WG) and Specialist Estates Services (SES), but the review has tailored those recommendations to make them implementable.

David Butler stated that across Wales there was a lack of funded strategy to eliminate the backlog adding there was a huge disparity between Health Boards in terms of what funds they had available and their backlog figures. Furthermore, whilst the Trust does have a backlog the historical context and positive aspects were acknowledged within the report.

The Committee expressed their concern that this audit had resulted in being limited, especially considering the constraints upon the Trust. It was felt that the report should have been identified as reasonable, as the review illustrated several positive aspects and recognising that a lot of the constraints were at WG and SES level.

**RESOLVED: The Committee received the following reports: IA Reports: Senior Paramedic role, Records Management and Estates condition; and the IA progress report.**

## **56/23     AUDIT WALES REPORTS**

The Committee received an update report from Fflur Jones who advised that Audit Wales was actively engaged in various initiatives, including the independent examination of the Charity annual report and accounts for 2022-23, and the ongoing work on unscheduled care audit and the annual Structured Assessment. A follow up review will also be undertaken on the quality governance work that was conducted in 2022.

The Good Practice Exchange Team's recent activities were highlighted in the report, which included the NHS Wales workforce data briefing and a report on approaches to achieving net zero carbon.

The Committee queried whether, in relation to the workforce planning report, that mental health and well-being were considered when conducting the audit, especially in relation to strategic planning and workforce management. Fflur Jones commented that this topic was not extensively explored and recognising the importance, agreed to provide further information on the extent to which this was considered.

### **National Workforce Report and Workforce Data Briefing**

Fflur Jones gave an overview on the key points from the National Workforce Report on NHS Wales. The report has identified that NHS Wales was facing significant challenges regarding vacant positions.

Despite an increase in the workforce of 27% since 2012 and with some areas increasing more than in others, this has led to vacancies with a reliance on agency staff being required to fill these gaps. There has also been an increase in NHS Wales workforce costs of 66% since 2017. Although the increase in staff generally aligns with the national referral demand with certain specialities, as an example, issues with Ophthalmology has increased by 56% since 2012, with the medical workforce in that area having decreased by 2%.



Moreover, staff turnover at a national level has increased in recent years, especially with certain staff groups such as nursing and midwifery. According to data, there were 6,800 vacant positions in NHS Wales as of March 2022. Other factors affecting the workforce include absenteeism due to sickness, with records indicating that for the year 2022/23, 1.4 million working days were lost.

### **Review of Workforce Planning Arrangements - WAST**

Fflur Jones explained that the fieldwork for this report was undertaken between June and August 2023. It comprised of data analysis, interview and observations of meetings including this Committee.

It was concluded that the Trust has taken effective steps to mitigate the current workforce challenges and clarify its long-term strategic vision. Generally, the Trust, for those issues within its control, had plans to address the issues particularly in relation to the more immediate operational challenges. The strengths in staff engagement, robust oversight arrangements at Committee and Board level, and innovative solutions like homeworking for nurses were particularly noteworthy. There were six recommendations within the report for which there are management responses.

Angela Lewis welcomed the report and found it very useful that it was in the context of the wider NHS challenges. She gained reassurance from it that the Trust was on the right trajectory and acknowledged there were still areas that required addressing.

The Committee noted that the report had been discussed at the last People and Culture Committee (PCC) meeting and that it had received positive feedback. The main concern highlighted at the PCC meeting was the issue around clarification of agency spend, which had now been addressed and the report updated accordingly with a footnote to give context to the spend.

**RESOLVED: The Committee received the Audit Wales update report, the workforce report and the workforce data briefing.**

**57/23**

### **RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch explained that the purpose of the report was to provide the Committee with updates and details of the activity in relation to the Trust's principal risks. The principal risks were updated as of 15 November 2023 and each of the risks have been reviewed during this reporting period in line with the agreed schedule. Focus has been given to the risk ratings, controls, assurances, gaps and the mitigating actions identified and taken to ensure

risks achieve their target score.

There had been one material change made during this period, and this was in relation to the risk rating of Risk 199 (Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation) which has achieved its target risk score of 10 (2x5). This was due to the demonstrable work that has been undertaken across the Trust in relation to the Working Safely Programme and Health & Safety. This risk will be de-escalated to the Directorate Register and monitored by the Executive Director and Directorate on a quarterly basis.

Future reviews anticipate a reduction in score of risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation) but an increase in risk 594 (The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death).

The Committee noted that the Risk Management Policy was currently undergoing a governance review and was due to be presented to the Committee in March 2024.

Trish Mills reminded the Committee that all the risks have been reviewed by their respective Committees with the more top-rated ones, by the Board along with the avoidable harm report. A focus going forward was the development of the Board assurance Framework and aligning the risks to the strategic objectives. Further, the Trust will continue to progress and develop the risk improvement programme.

**RESOLVED: The Committee:**

- (1) Noted the review of each principal risk including ratings and mitigating actions;**
- (2) Noted the de-escalation of Risk 199 from the Corporate Risk Register to the Directorate Risk Register as this has reached its target score of 10 (2x5);**
- (3) Noted the update on the Risk Management Policy; and**
- (4) Noted the update on the Risk Management Transformation Programme.**

**58/23 QUARTER 2 TRACKER UPDATE**

Trish Mills advised that the update provided the Committee with the current position with respect to management actions for overall and within the purview of the Committee. Since the last meeting, significant progress had been made in managing the Tracker. Discussions with Internal Audit colleagues have led to the closure of around 30% of all audit recommendations in Quarter two.

Discussions have also taken place with Internal Audit and audit owners on historical actions, and those where management actions may need to be amended in view of the current

operating context. There has been some traction with these, and discussions will continue into Quarter three with a view to closing or revising as many as possible.

The current version of the Tracker was now open for Directorate review for actions due in October, November, and December, and will be reported in the January and February Committee cycles. Members also noted that plans were underway for a richer reporting system using a new digital software system.

In September 2023 the Audit Committee approved the Audit Process and Reporting Handbook ('Handbook'). The Handbook has been further revised to include Audit Wales content and version 2.0 was included in the update for approval by the Committee. To support agility as the revised audit process embeds, the Committee was asked to confirm it was comfortable for non-material changes to be approved by the Executive Leadership Team (ELT).

**RESOLVED: The Committee:**

- (1) Approved the changes to the Audit Process and Reporting Handbook v2.0 (at Annex 1) and agreed that non-material changes will be approved by the Executive Leadership Team; and**
- (2) Received assurance that the management actions for the audits within the purview of this Committee (at Annex 2), and overall (at Annex 3), were being effectively and appropriately managed and closed off in quarter; and**
- (3) Noted the proposal for closer scrutiny of the impact of actions in response to audit recommendations.**

**59/23 LOSSES AND SPECIAL PAYMENTS**

Chris Turley presented the report to the Committee which received no additional commentary.

**RESOLVED: The Losses and Special Payments Report for the period 1 April 2023 to 31 October 2023 were received and noted.**

**60/23 SPEAKING UP SAFELY UPDATE (WHISTLEBLOWERS)**

Paul Hollard, Chair of the People and Culture Committee (PCC), updated Members of discussions held at the last PCC meeting concerning the Speaking Up Safely programme. The All-Wales Speaking Up Safely Framework was adopted by PCC and ratified by the Trust Board at its meeting last week. A self-assessment as requested by Welsh Government has been completed. The Committee also noted that several guardians have been appointed for confidential reporting.

Angela Lewis emphasised the importance of encouraging colleagues to use formal channels, adding that the collaboration in this area with TU colleagues has proved invaluable. The appointment of Paul Hollard as the NED champion for Speaking Up Safely has added significant support to this initiative.

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

**61/23 COMMITTEE CYCLE OF BUSINESS MONITORING REPORT AND PRIORITIES REPORT**

The report was presented for information.

**RESOLVED: The Committee Cycle of Business Monitoring Report and Priorities Report was noted.**

**62/23 REFLECTIONS & SUMMARY OF DECISIONS AND ACTIONS**

Key messages for the Board would be captured in the AAA report.

**RESOLVED: The above was noted.**

**63/23 AOB**

Acknowledging this was Martin Turner's last meeting as the Chair of the Audit Committee, Chris Turley expressed his gratitude over the years and the significant contribution he has made to the Trust and the NHS. He will leave a lasting impact on the organisation and colleagues alike and was thanked for his valuable support and leadership. These sentiments were echoed by Paul Hollard, who expressed his thanks on behalf of all the Non-Executive Directors and wished him well for any future endeavours.

**Meeting concluded at: 11:00**

**Date of Next Meeting: 5 March 2024**