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Welsh Ambulance Services  
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 TUESDAY 15 September 2022 VIA TEAMS**

#### **PRESENT :**

Martin Turner	Non Executive Director and Chair
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Joga Singh	Non Executive Director

#### **IN ATTENDANCE :**

Andrew Doughton	Audit Wales
Estelle Hitchon	Director of Partnerships and Engagement
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Angie Lewis	Executive Director of Workforce and OD
Osian Lloyd	Deputy Head of Internal Audit NWSSP
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Urvisha Perez	Audit Wales
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
Liam Williams	Executive Director of Quality and Nursing
Carl Window	Counter Fraud Manager

#### **APOLOGIES:**

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Leanne Smith	Executive Director of Digital Services
Damon Turner	Trade Union Partner

#### **37/22 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 7 June 2022 were confirmed as a correct record subject to amending the correct title of Estelle Hitchon to Director of Partnerships and Engagement. Apologies were recorded as

stated above. The action log was considered and the one action marked as closed.

**RESOLVED: That**

**(1) the Minutes of the meeting held on 7 June 2022 were confirmed as a correct record subject to the above.**

**(2) the action referred to in the action log was considered and actioned as necessary.**

**38/22 COMMITTEE CYCLE OF BUSINESS**

1. Trish Mills presented the report explaining that it provided the Committee with its draft cycle of business for the next year which will have several developments to it going forward. The cycle had been written to align the duties of the Committee as detailed in its terms of reference. This included an update on the policy report which was being developed for each Committee and would be reviewed annually by the Audit Committee who had overall oversight.
2. Members were informed that each Board Committee will be/have been presented (already approved at the People and Culture Committee) with their own cycle of business for review and approval.
3. The cycle of business had been agreed by Internal Audit and Audit Wales with one minor amendment to the update report for Audit Wales.

Comments:

The Chair asked whether a Value for Money (VFM) audit was scheduled through any Internal Audit planning. Chris Turley explained there was nothing specifically detailed as a VFM audit but this could be something to consider in the future. He added that the Trust carried out work on value based healthcare and financial sustainability which was monitored through the Finance and Performance Committee; this work could also be linked with any VFM audit.

**RESOLVED: The cycle of business was reviewed and approved as a first version.**

**39/22 INTERNAL AUDIT REPORTS**

1. Osian Lloyd presented the progress report advising that it highlighted progress of the Team's work on the 2022/23 Internal Audit plan. He made reference to a minor typographical error in the report at section three which referred to a deferral of the decarbonisation audit which should read was at the request of IA capital estates audit. Osian Lloyd agreed to rectify this and submit an updated report for ibabs. Furthermore he stated that in terms of the Key Performance Indicators described in section five, further work was required for this audit to be delivered. The sickness and EPCR audits should be ready for the next Committee meeting.
2. Osian Lloyd then provided an overview on the following IA reviews that had been carried out by his Team:

## **Fleet Maintenance Audit review. Reasonable Assurance**

The purpose of this review was to assess the application of the Fleet Management System and its impact on improving Fleet coordination, maintenance and cost control. It was noted that the Trust's vehicles were serviced more frequently than the manufacture's standard period which in itself was an impressive achievement. The review raised two high priority findings, three medium and one low. Details of these were contained within the review.

Comments:

1. Chris Turley commented that it had been a very comprehensive audit acknowledging that it covered much of the period of the pandemic whilst the Trust had continued under extreme pressure on its resources. Several of the recommendations had already been progressed and it was expected that the rest would be completed within the timelines as indicated in the report.
2. The Committee queried why a Fleet policy was not in place, albeit it was covered under the Fleet strategy. Osian Lloyd explained that the Standard Operating Procedures (SOP) in place and a user guide which outlined clear guidelines were sufficient. Chris Turley added that a policy probably would not add any value and that the SOP and user guides provided enough assurance. This had been supported by IA as part of the review.
3. An explanation was sought in terms of the signatory expenditure levels and whether one individual could authorise up to £200k. Chris Turley explained that only the CEO had a delegated authority limit of that amount under the Trust's SoD. He also added that the Trust had recently changed some of its delegated limits and this had been reflected on its Oracle system and a further check would be done now to ensure that the Fleet system remained consistent with this.
4. Was the Trust looking into providing its own in house vehicle servicing across Wales? Chris Turley advised that the Trust's ambition was to move away from a mixed economy approach and as far as possible, bring it all in house.

## **Major Incident review. Reasonable Assurance**

Osian Lloyd advised the Committee that the purpose of this review was to evaluate the Trust's approach to its readiness for major incidents, including counter terrorism incidents. The Trust's Emergency Preparedness Resilience and Response Team has developed its incidents response plan in line with guidance issued from the National Ambulance Resilience Unit. There was one high priority finding, three medium and one low. These were illustrated in more detail within the review.

**RESOLVED: That the updates were noted.**

## **40/22 AUDIT WALES REPORTS**

### **Audit Wales Update Report**

Fflur Jones, in providing an update report advised the Committee that the 2021/22 audit of the charitable funds financial statement was due to commence in November. She made reference to the performance audit work which was summarised in the report and that a

national report on quality governance was also being worked on. The Committee noted that the structured assessment work was almost complete for this year and it will be reported to the Committee in December.

### **Quality Governance Report**

1. Urvisha Perez explained that the report considered the Trust's governance arrangements that supported delivery of high quality safe and effective services; both from an operational and a corporate perspective. She drew the Committee's attention to the following key points from the report:
  - a. Delivery of the Trust's Quality Strategy had been hindered by pressures on resources caused by the pandemic and a lack of funding for senior quality leads.
  - b. The Trust's clinical audit required strengthening and there was a need to address the substantial backlog of mortality reviews.
  - c. The Trust has refreshed its organisational behaviours however there was scope for improvement especially with Board member walkabouts.
  - d. The Trust has a clear quality governance structure and has taken steps to improve the Quest Committee sub structures, the handling of serious adverse incidents with other joint bodies could be improved.
  - e. In terms of monitoring and reporting arrangements regarding data, this has improved however there were further opportunities for the Trust to develop a system to triangulate learning themes across its quality assurance reports.
2. Overall there were eight recommendations and reference was made to the Trust's management response within the report.

#### Comments:

1. The Committee welcomed the report and recognised the challenges in bringing together the work which was linked to patient outcomes. They also noted that the Quest Committee would be monitoring the issues raised, particularly around clinical audit.
2. In terms of the survey conducted which considered the Trust's support for colleagues who report near misses, the Committee expressed concern that the narrative suggested the Trust was not supportive and was not necessarily reflective of the comments made by staff. Urvisha Perez pointed out that the response to the survey was relatively low and of those 30 who responded some felt there was no action taken following the reporting of incidents.
3. It was brought to the Committee's attention by Liam Williams that the Medical Examiner has advised that several legislative changes would be emerging that the Trust would need to align to. In terms of the mortality reviews, he acknowledged the backlog and updated the Committee on the work to improve this situation. He added that the Trust's reporting process on near misses was more than adequate. Furthermore in terms of patient outcome measures the move to EPCR was essential and would be looking to hasten the work particularly around care bundles.
4. Estelle Hitchon commented that further work was still required in extrapolating the data and linking experience and qualitative information with measureable data.

5. Andrew Doughton updated Members on the new legislation that was diving quality engagement, especially in relation to duty of candour and duty of quality. He suggested that the Quest Committee was probably the most relevant Committee to receive and monitor any progress reports in relation to the recommendations.
6. The Chair gave a summary of the comments noting the importance of the report particularly from a clinical audit aspect and commended the report to the Quest Committee. Trish Mills added that the Audit Committee would be updated on progress via the audit tracker.

### **Unscheduled Care Project Brief**

1. Fflur Jones explained that the brief set out the scope for Audit Wales' work on the review which would be undertaken within the next few months. The review has been split into three separate elements; flow out of hospital, access to unscheduled care services and national leadership structures. She added that regional partnership boards would be liaised with as part of the flow out of hospital element.
2. The first element, flow out of hospital, has commenced and will look at health board processes to enable timely discharges and the social care aspect. The review will also consider how unscheduled care was managed and will look at the arrangements in place within communities to prevent admission to hospital. In terms of the national arrangements and leadership structures this work will look at how these structures were supporting improvements in the unscheduled care system at a national level.

### **Comments:**

1. Liam Williams asked that the report took into account those patients who have not been able to access primary healthcare and have since deteriorated. He also asked that the report consider patient outcome measurement in terms of any individuals whose condition had deteriorated due to delays. Fflur Jones assured the Committee that these issues were part of the scope of the report.
2. Will the preventative aspect of social care feature in the report? Fflur Jones advised that social care would appear prominently in the hospital flow work and with the scheduled meetings with social services work colleagues. Primary care was also a key focus of the report; Andrew Doughton added that it would be a follow up of the previous primary care review.
3. The Committee also asked that interim updates on progress be provided at each Audit Committee meeting going forward which should include feedback from staff. Fflur advised this would be part of the routine update to the Committee.

### **RESOLVED: That**

- (1) the Committee noted the updates; and**
- (2) it was agreed that Quest would monitor progress on the recommendations within the quality governance report and that the Audit Committee would be updated through the audit tracker.**

#### **41/22 UPDATE ON WASTE MANAGEMENT ACTIONS FOLLOWING LIMITED REVIEW**

Chris Turley gave a verbal update advising the Committee that updates on the eight key recommendations were contained in the audit tracker. Two of the recommendations have been closed and the others were on track bar one. The recommendation which was slightly off track required further work and this was being addressed. However an amended approach to managing the risk of this one may need to be agreed with IA.

**RESOLVED: That the update was noted.**

#### **42/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

1. Trish Mills gave an outline of the report and drew the Committee's attention to risks that had been added, increased/decreased in score and risks that had been closed. These were contained in more detail within the report and further described in the resolutions below.
2. She added that all Board committees, Executive Management Team (EMT) and the Assistant Directors Leadership Team (ADLT) have reviewed the risks assigned to them and continue to monitor them going forward.
3. Members were reminded that the Board would receive a bespoke front page report highlighting the top rated risks.

Comments:

The Committee discussed in detail ownership of the higher rated risks acknowledging that EMT and ADLT were fully aware of the risks scoring 20 and above. Trish Mills assured the Committee that engagement with Executive Leads on their specific risks was excellent.

**RESOLVED: That the Committee:**

- (1) **Noted that the actions outlined in the avoidable harm paper presented to Trust Board in July 2022 were described as further mitigations against Risks 223 and 224;**
- (2) **Noted the closure of Risk 303 from the Corporate Risk Register;**
- (3) **Noted the decrease in score of Risk 199 from 20 to 15;**
- (4) **Noted the decrease in score of Risk 311 from 16 to 12;**
- (5) **Noted the inclusion of the new Risk 543 on the Corporate Risk Register at a score of 15; and**
- (6) **Noted the inclusion of the new Risk 558 on the Corporate Risk Register at a score of 15;**

#### **43/22 LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD 1 APRIL 2022 – 31 AUGUST 2022**

1. The Committee were informed by Chris Turley that the total net losses and special payments made during this period actually amounted to a small recovery of £0.009m, after reimbursements from the WRP were factored in.
2. Chris Turley drew the Committee's attention to the Welsh Risk Pool reimbursements which amounted to £0.26m, the majority of which related to two medical negligence

claims.

3. Members' attention was also brought to annex 1 of the report which provided a summary description of individual payments.
4. Chris Turley assured the Committee that all the payments had been made within the financial delegated limits as prescribed in the Trust's Standing Financial Instructions (SFI). He further mentioned that work was ongoing to consider whether the Committee should be required to retrospectively approve these payments going forward; and how this would be expressed within SFI's, with the expectation being that these will continue to be approved in line with delegated limits within the SoD.

**RESOLVED: That the losses and special payments for the period 1 April 2022 – 31 August 2022 were received and noted.**

#### **44/22 AUDIT TRACKER**

1. Trish Mills explained that the report provided an update in respect of audit recommendations resulting from Internal Audit and external reviews.
2. There were 35 Internal Audit recommendations that were overdue; five were of a high priority, specifics of those and all other overdue recommendations were detailed in the report.
3. It was noted there were three recommendations overdue from the 2019/20 year; two were expected to be closed at the end of September 2022 with the remaining one due completion around June 2023.
4. The Committee were advised that two recommendations were proposed to be closed, ID 379 and 380.
5. In terms of the 12 External Audit reviews three were overdue, two were not due and seven had been completed.

Comments:

Members acknowledged the progress and looked forward to seeing the older recommendations being completed in due course.

**RESOLVED: That the Committee;**

- (1) Noted the audit activity since the last Audit Committee in June 2022; and**
- (2) Considered the proposals to address each recommendation particularly those that have been further extended beyond agreed deadlines.**

#### **45/22 COVID-19 PUBLIC INQUIRY UPDATE**

1. The Committee were advised that the public inquiry had commenced in December 2021 with its terms of reference being finalised on 25 June 2022
2. Trish Mills set out further details of the information contained in the terms of reference

noting there was now specific mention to advice given as part of the 111 and 999 services.

3. The inquiry has been grouped into modules with teams based across the UK to investigate each one.
4. A Pandemic Governance Group has been established which will navigate the Trust through the public inquiry preparations.
5. In terms of timelines, it was expected that the public hearings for module one would be in spring 2023; module two public hearings in summer 2023; however no date has been set for module three. Details of what each module examined as part of the inquiry was illustrated in the report.

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

**46/22 REPORT FROM QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE (Quest)  
RE CLINICAL AUDIT**

1. The report, which focused on the approval of the clinical audit and outcome review plan was presented for noting.
2. Furthermore, the Quest Committee had also held a discussion of the challenges in developing the quality strategy.

**47/22 COMMITTEE PRIORITIES Q2**

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

**Date of Next Meeting: 1 December 2022**