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

**CONFIRMED MINUTES OF THE AUDIT, RISK AND ASSURANCE COMMITTEE
OPEN MEETING HELD AT CARDIFF MRD AND REMOTELY
VIA MICROSOFT TEAMS ON 2 DECEMBER 2025**

MEMBERS PRESENT:

Peter Curran	Non-Executive Director and Committee Chair
Rhiannon-Beaumont-Wood	Non-Executive Director
Ceri Jackson	Non-Executive Director

PRESCRIBED ATTENDEES

Julie Boalch	Assistant Director of Corporate Governance & Risk
Wendy Herbert	Deputy Director of Putting Things Right <i>(Deputising for Liam Williams)</i>
Fflur Jones	Audit Wales
Carl Kneeshaw	Director of People
Trish Mills	Director of Corporate Governance/Board Secretary
Osian Lloyd	Head of Internal Audit, NWSSP Internal Audit
Hugh Parry	Trade Union Representative <i>(Deputising for Christian Fox)</i>
Ed Roberts	Acting Executive Director of Finance & Resources <i>(Deputising for Chris Turley)</i>
Damon Turner	Trade Union Representative
Carl Window	Local Counter Fraud Manager
Emma Wood	Chief Executive

IN ATTENDANCE:

Sarah Harland	Corporate Governance Officer
James Houston	Assistant Director of Planning & Transformation <i>(Item 5.2.3)</i>
Jonny Sammut	Director of Digital
Andy Swinburn	Director of Paramedicine <i>(Item 05.2.2)</i>

APOLOGIES:

Judith Bryce	Assistant Director of Operations, National Operations & Support
Christian Fox	Trade Union Representative
Chris Turley	Executive Director of Finance & Corporate Services
Liam Williams	Executive Director of Quality & Nursing

1. WELCOME, APOLOGIES AND QUORUM

1.1 The Chair welcomed members and apologies were noted. It was confirmed the meeting met quorum.

2. DECLARATIONS OF INTEREST

2.1 No interests were declared.

3. MINUTES OF THE LAST MEETING 2 SEPTEMBER 2025

3.1 The minutes from the open meeting of the Audit Risk and Assurance Committee (ARAC) held on 2 September 2025 were considered. Ed Roberts asked that apologies from Chris Turley be added. Subject to this addition, the minutes were approved.

4. ACTION LOG AND AAA HIGHLIGHT REPORT

4.1 The Action Log was considered.

4.2 The Committee AAA Highlight Report from the meeting held on 2 September 2025 was noted.

5. INTERNAL AUDIT

5.1 INTERNAL AUDIT PROGRESS REPORT

5.1.1 Osian Lloyd reported that delivery of the 2025/26 Internal Audit Plan is on track, with five final reports issued, eight in progress, two at planning stage and five scheduled for Q4. A change in the plan replaced the remote support audit with clinical prioritisation and assessment software group audits, with further discussions planned for next year. A new follow-up approach now reviews at least 50% of high-priority and 10% of medium-priority recommendations. Of 38 expected closures, 26 were confirmed closed, and 5 of 6 sampled closures verified, with 1 reopened but now believed closed. KPIs remain largely green, with 1 amber, and overall progress is positive.

5.1.2 The Chair sought assurance of completion by June, which Osian confirmed, and requested clarification on the reopened item. Trish Mills explained it was reopened due to insufficient evidence but is now believed closed and will be revisited at the next meeting. Trish also supported the new ongoing follow-up approach, noting it strengthens assurance and aligns with structured assessment practices.

The Committee took assurance from the Internal Audit Progress Report.

5.2 INTERNAL AUDIT REPORTS

5.2.1 Mandatory In-Service Training (MIST) Q2 – Reasonable Assurance

5.2.1.1 The Mandatory In-Service Training (MIST) audit was reviewed, showing reasonable assurance with four medium priority findings. The audit focused on operational, patient facing roles and highlighted strong compliance rates exceeding Welsh Government targets, but persistent non-compliance in some areas and gaps in role profile alignment and guidance dissemination.

5.2.1.2 Carl Kneeshaw welcomed the audit, confirmed actions are underway, and explained that resource constraints and training cycles justify longer implementation timelines, though statutory obligations are met. Jonny Sammut noted digital resource challenges but outlined ongoing recruitment and automation efforts. Committee members emphasised the importance of nuanced training needs analysis, effective guidance communication beyond Siren, quality assurance of on-the-job learning and proportionality in audit actions.

5.2.2 Clinical Equipment (Q2) - Reasonable Assurance

5.2.2.1 Osian Lloyd reported that the Clinical Equipment Internal Audit found significant improvement since the 2019 review, awarding reasonable assurance, but identifying one high and three medium priority findings, mainly around policy clarity, inventory management and maintenance records. The lack of a centralised inventory and inconsistent maintenance documentation, especially for defibrillators, were highlighted as ongoing issues.

5.2.1.2 Andy Swinburn acknowledged progress and immediate action on defibrillator tracking, while Jonny Sammut described a pilot for Radio Frequency Identification (RFID) tagging to address inventory gaps, noting feasibility and cost considerations.

5.2.2.3 Committee members welcomed improvements and supported the audit's direction, stressing the importance of robust equipment tracking to reduce theft and ensure patient safety.

5.2.3 Integrated Medium-Term Plan (IMPT) Development Process - Substantial Assurance

5.2.3.1 Osian Lloyd presented the Internal Audit of the Integrated Medium-Term Plan (IMTP), reporting substantial assurance and highlighting a structured, well-documented approach to IMTP development, strong stakeholder engagement and alignment with national priorities. The audit identified only minor areas for process refinement, resource prioritisation and governance, with all actions scheduled for completion before the next planning cycle.

5.2.3.2 James Houston welcomed the positive findings, noting that the audit recommendations aligned with the team's own internal review and actions were already being implemented to strengthen the planning process for the upcoming year.

5.2.3.3 Committee members expressed concern about the lack of a formal forum for joint strategic planning with health boards following the end of the Integrated Commissioning Action Plan (ICAP), emphasising the need for more collaborative and forward looking engagement. While efforts are being made to gain early insight into health board plans and participate in national programs, a comprehensive solution for joint planning is not expected in the next financial year, Emma Wood voiced her disappointment at the absence of formal opportunities for strategic engagement at present.

The Committee took assurance from the Internal Audit Reports:

- 1. Mandatory In-Service Training (MIST);**
- 2. Clinical Equipment; and**
- 3. Integrated Medium Term Plan (IMPT) Development Process.**

6. AUDIT WALES

6.1 AUDIT WALES UPDATE REPORT

6.1.1 Fflur Jones presented the Audit Wales Update Report, noting that financial audit activity was quiet, with ongoing planning for the Charity Review and some delays in performance audit work, specifically the national Urgent and Emergency Care Report and the Digital Review, both now expected for the March committee. Fflur confirmed that the Estates Review will begin in the new year and the Non-Emergency Patient Transport Service (NEPTS) review is progressing well.

6.1.2 Committee members sought assurance on the completion dates for delayed reports, which Fflur provided, and discussed the upcoming independent examination of the Charity accounts, with Ed Roberts confirming preparations are on track. Rhiannon Beaumont Wood highlighted the importance of the Estates Review covering sustainability and workforce access, which Fflur confirmed, and Emma Wood raised the need to include utilisation, also acknowledged by Fflur. Jonny Sammut flagged governance gaps and risks in national Digital Programme delivery, suggesting actions for stakeholder engagement and clarity on the new Chief Digital Officer (CDO) role.

6.2 STRUCTURED ASSESSMENT 2025 AND RESPONSE FORM

6.2.1 Fflur presented the Structured Assessment, highlighting the Trust's strong governance, effective meetings and commitment to improvement. Meetings focus on key risks but reporting late papers as breaches would strengthen arrangements. The Trust's Board Assurance Framework (BAF) is improving with

a dedicated Risk Manager in place, though visibility of risk score changes need enhancement. Strategic planning and financial management are robust, with IMTP and wellbeing objectives in place, and a long-term strategy refresh is planned. The Trust met its financial duties, reduced reliance on non-recurrent savings, and improved reporting, but plans must remain realistic given wider financial pressures. All previous recommendations, as well as those relating to the 2024 cost savings review have been completed, which is uncommon across health bodies, and shows strong commitment to improvement. Four new recommendations have been made, with clear and realistic responses provided in the Appendix.

- 6.2.2 The committee responded positively to the 2025 Structured Assessment. The Chair praised Trish and the team for their commitment to improvement and strong delivery of recommendations. Trish highlighted the multidisciplinary effort, outlined actions for the four new recommendations, and stressed improving BAF effectiveness and reporting on slippage.
- 6.2.3 Wendy Herbert confirmed progress on the Quality Strategy Plan, monitored through QuEST, using existing skills and resources. Ceri Jackson welcomed the assurance but noted the challenge of balancing efficiency and effectiveness in BAF processes and the need for adequate resources. Julie Boalch reported efforts to digitise the BAF to reduce manual effort and strengthen assurance. Rhiannon Beaumont-Wood echoed positive feedback, recognised governance progress, but raised concerns about resourcing for the Quality Plan while supporting embedding Risk Appetite Statements.

6.3 **NATIONAL FRAUD INITIATIVE 2024/25: UPDATE FOR WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST**

- 6.3.1 Fflur Jones introduced the National Fraud Initiative (NFI) update, explaining it is a UK-wide Counter Fraud exercise conducted every two years to help prevent and detect fraud by matching data across public sector organisations. Fflur noted the 2024/25 NFI exercise is underway, summarised the briefing note's coverage of national and local data for the Trust, and advised that Audit Wales will soon assess NFI governance and follow-up arrangements in collaboration with Carl Window, with insights contributing to the next national report scheduled for autumn 2026.
- 6.3.2 The Chair stressed the importance of fraud awareness, especially around creditors, and vigilance against cyber and financial crime. Carl Window assured the committee that while resources for NFI match reviews are limited, engagement continues, matches are risk prioritised, and most issues are errors or duplications handled by finance teams. Carl noted ongoing discussions with Audit Wales to improve NFI efficiency. Ed Roberts confirmed strong controls within NWSSP-managed finance systems, including strict procedures

for bank detail changes and multiple checks to prevent fraud. Both Carl and Ed emphasised that fraud risk is minimal due to these measures.

The Committee took assurance from the Audit Wales Reports, as listed:

- 1. Audit Wales Update Report;**
- 2. Structured Assessment 2025 (and Response Form), noting these will be presented to the Trust Board in January; and**
- 3. National Fraud Initiative 2024/25: Update for Welsh Ambulance Services University NHS Trust.**

7. BOARD AND COMMITTEE QUALITY & GOVERNANCE REVIEWS 2025/26

7.1 Trish Mills outlined proposed changes to streamline the committee structure, including reducing board committees from seven to six, disbanding the Academic Partnership Committee (APC) and redistributing its responsibilities. Trish emphasised aligning committee work with strategic objectives and noted that the Good Governance Institute (GGI) will conduct an external review of board effectiveness, which will encompass the spread of committees.

7.2 Committee members supported the pragmatic approach, highlighting the need to balance effective scrutiny with Non-Executive Directors' (NEDs) time commitments, and agreed on four NEDs per main committee with a quorum of three. It was recommended that the GGI review meeting efficiency and discussed combining Board Development activities. The committee agreed to recommend these changes to the Trust Board, with implementation subject to further modelling of NED commitments and the GGI review and noted that changes could be made mid-year if appropriate.

The Committee:

- 1. Noted the issues considered with respect to the wider board committee framework changes and endorsed option 1, to be deferred until the outcomes of the externally facilitated board effectiveness review are received and considered (noting this may be mid-year in 2026/27).**
- 2. Endorsed the changes to the terms of reference of the Quality, Patient Experience and Safety Committee, People and Culture Committee, and the Finance and Performance Committee, and recommend their approval by the Trust Board in January 2026.**
- 3. Approved the approach to the quality and effectiveness review for ARAC, being that the ARAC sub-group will review the NAO effectiveness toolkit and provide this and any key issues to the March 2026 meeting, alongside responses to a short qualitative survey of members.**
- 4. Recommend to the board that their quality and governance review includes a repeat of the survey conducted in 2024/25.**

8. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

- 8.1 Julie Boalch reported that seven new Risk Appetite Statements were approved, reflecting the Trust's greater openness to risk and innovation, with next steps focused on embedding these statements, aligning them with strategic objectives and digitising risk management.
- 8.2 Committee members praised the progress, highlighted the value of clear risk appetite, and supported ongoing efforts to improve digital solutions and system-wide collaboration.

The Committee:

- 1. Considered the suite of seven Risk Appetite Statements and the next steps for implementation and monitoring of these, as part of the 2026/27 work programme;**
- 2. Took assurance from the 2025/26 programme of work;**
- 3. Took assurance on the review and attention to the principal risks and their review at the Executive Leadership Team and at relevant Committees;**
- 4. Noted that the reframed Reputational Risks 201a and 201b are overseen by the Board rather than the People & Culture Committee in future; and**
- 5. Noted the ratings, mitigating actions and scoring trends for each principal risk.**

9. AUDIT TRACKER 2025/26 Q2 REPORTING (JULY- SEPTEMBER 2025)

- 9.1 Trish Mills reported a strong 71% closure rate for internal audit recommendations in Q2, with only 5.5% open or overdue, outperforming health board averages and reflecting realistic planning, though many actions are due in upcoming quarters.
- 9.2 Jonny Sammut reported on digital initiatives, noting progress in records management (with digitisation plans pending funding), clinician-level access for Electronic Patient Care Records (on track for April), and contract management improvements despite resource constraints. Wendy Herbert highlighted legal limits on expanding patient surveys, good uptake in ambulance care, and ongoing team capacity challenges, with the March 2026 target for survey expansion uncertain due to delays with the Information Commissioner. Carl Kneeshaw reported that the new NHS Wales Occupational Health System lacks full KPI data, with a supplier fix expected in six months and September next year as the revised target. Procurement alternatives are limited due to the All-Wales contract.

- 9.3 Committee members were satisfied with closure rates and transparency but emphasised the need to monitor upcoming deadlines, resource constraints, and external dependencies such as the Information Commissioner and system suppliers

The Committee:

- 1. Took assurance from the progress made in closing audit actions during 2025/26 Quarter 2;**
- 2. Noted the audit actions for which final revised dates have been applied in quarter and the updates provided from the Directors responsible for these audits;**
- 3. Took assurance that the management actions for the audits within the purview of this Committee are being effectively and appropriately managed; and**

10. POLICY REPORT – PROGRESS AGAINST 2025/26 POLICY WORK PROGRAMME

- 10.1 Trish Mills reported that, of the 62 policies in the 2025/26 programme, 47 remain with 29 still outstanding, just under 60%. Many policies were front-loaded to the first half of the year but have slipped due to operational pressures, capacity challenges, and recruitment gaps, making it unlikely all will be completed this year. Escalation to the Executive Leadership Team and monthly monitoring are in place, with a process review planned for Q4 to help streamline and prioritise future the end to end policy process.
- 10.2 Committee members recognised the challenges in completing all policies and stressed prioritising those with significant impact over minor updates. Ceri Jackson and Emma Wood supported a pragmatic approach, suggesting that less critical policies could be extended while focusing on those with significant implications. Damon Turner noted most updates are minor, such as job title changes, and that policy quality has improved.

The Committee:

- 1. Took assurance on the governance and process surrounding the current policy programme; and**
- 2. Noted the remaining 2025/26 Policy Work Programme and trajectories.**

11. LOSSES AND SPECIAL PAYMENTS

(Payments for the period 1 April – 31 October 2025)

- 11.1 Ed Roberts reported a £1.9 million refund during the period, mainly from £2.8 million in Welsh Risk Pool claims, with a £19,000 refund for vehicle damage miscoding. Committee members noted the unpredictability of these payments and discussed Audit Wales's suggestion for trend analysis. Ed explained that WAST's losses are more random than health boards', but he and Wendy Herbert agreed to explore adding more context and learning to future reports, such as deep dives into key themes and sharing lessons from successful claims.

The Committee noted the Losses and Special Payments Report.

12. CYCLE OF BUSINESS MONITORING REPORT AND PRIORITIES UPDATE 2025/26

- 12.1 The Committee's Cycle of Business Monitoring Report and Priorities update were noted.

The Committee noted the Cycle of Business Monitoring Report and Priorities Update.

13. REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

- 13.1 Trish Mills noted challenges with hybrid meetings, especially technical issues and chairing remotely, and suggested improvements. Ceri Jackson and Rhiannon Beaumont-Wood felt the format worked well, with good scrutiny and balanced discussion. The Chair expressed his preference to in-person meetings but found the hybrid approach effective, highlighting strong contributions.

14. ANY OTHER BUSINESS

- 14.1 None declared.

15. DATE OF THE NEXT MEETING

- 15.1 The next meeting is scheduled for the 2 March 2026.

The meeting closed at 12:50