

## **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 14 SEPTEMBER 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
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
Osian Lloyd	Head of Internal Audit (left during Item 44/23)
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Toni-Marie Norman	Deputy Business Manager, Operations Directorate
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Duncan Robertson	Assistant Director for Clinical Development
Paul Seppman	Trade Union Partner
Lisa Trounce	Business Manager, Corporate Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing
Carl Window	Counter Fraud Manager

#### **APOLOGIES:**

Lee Brooks	Executive Director of Operations
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Joga Singh  
Damon Turner

Non-Executive Director  
Trade Union Partner

## **40/23 PROCEDURAL MATTERS**

The meeting was initially chaired by Paul Hollard who welcomed all to the meeting and advised that it was being audio recorded.

There were no further declarations of Interest, other than those listed in the Declarations of Interest register.

*Martin Turner (Chair of the Audit Committee) joins meeting.*

### **Minutes:**

The Minutes of the Audit Committee meeting held on 25 July 2023 were approved.

### **Action Log**

Number 35/23: To provide further clarity on recommendation (b) (Approve the approach to the whistleblowing and near misses elements of the terms of reference such that the whistleblowing process and arrangements for special investigations will come to Audit Committee with regular verbal updates from the Chair of the People and Culture Committee on progress in the interim, and that QUEST will monitor near miss reporting), specifically to indicate the reporting process involved for each Committee and that the mechanism by which near misses – with respect to the criteria for escalation to Audit Committee where there are concerns regarding governance, internal controls, and management of risk - will be further considered and brought back to the Committee for endorsement. Trish Mills advised that the Chairs of the Committees who received any reports of near misses would report this to the Audit Committee. The action was accepted and agreed to close.

### **RESOLVED: The Committee**

**(1) Noted the apologies from Lee Brooks, Joga Singh, and Damon Turner;**

**(2) The Minutes of 25 July 2023 were approved; and**

**(3) The Action log was considered and the one action, reference number 35/23, was closed.**

## 41/23 INTERNAL AUDIT ITEMS

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

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

The following Internal Audit reports were received:

1. Health and Safety: – The Internal Audit (IA) opinion was reasonable; this was based on one high and four medium priority findings. The purpose of the audit was to review the Trust's structures and arrangements for complying with Health and Safety legislation. Several measures have been implemented to ensure compliance one of which was to review and update the Trust's Health and Safety policy. The management team have accepted the findings and IA were satisfied with the responses.

Liam Williams welcomed the useful and interesting Audit, noting it was important to understand the processes and how they were being implemented. There was good engagement over the management responses, and it had been an excellent Learning experience for the Team.

Clarity was sought on the timeline for the Health and Safety policy approval date. Liam Williams advised it was at its final stages and was currently out for consultation.

Following a query in terms of the future of regional health and safety from a TU perspective and whether it should be incorporated as part of local partnership forums, Liam Williams agreed to follow up on this and provide clarity whether a Regional Health Safety Committee should be set up going forward. Judith Bryce updated the Committee on discussions at the recent Senior Leadership Team meeting whereby it was agreed that the local partnership forum would invite the health and safety representative.

2. Follow up Review Audit: – The Internal Audit opinion was reasonable. The follow up review was undertaken on two limited assurance reports (Waste Management and NEPTS Transfer of Operations Benefits Realisation) to assess whether the Trust had implemented the related internal audit recommendations. Furthermore, a review of the Trust's system in place (Audit Tracker) to monitor progress on the implementation of actions was undertaken. It was recognised that the Trust was in the process of improving its tracker and seeking ways to improve efficiency through automation.

Chris Turley provided the Committee with additional assurance in respect of the outstanding actions from the Waste Management review. Considerable progress has been made; noting that a detailed update will be provided to the Finance and Performance Committee on 18 September. Of the four actions remaining open a plan was in place to complete these by January 2024, adding that the Waste Management policy was due for approval by then.

Trish Mills advised that once the tracker was more manageable and more automated process actions would be completed more effectively and efficiently.

Clarity was sought on recommendation four which related to training which stated that responsibility for this action was to transfer to Director of People and Culture. Trish Mills advised it was unlikely to transfer to the Director of People and Culture, the action was on the training analysis which will be updated on the tracker.

**RESOLVED: The Internal Audit reports and progress report and Internal Audit Plan as presented were received.**

## **42/23     AUDIT WALES REPORTS**

The Committee received the Audit Wales update report from Fflur Jones who presented it as read and highlighted the following for the Committee's attention:

1. Financial Audit – Audit of Accounts has been completed and work on the Charity fund was commencing soon
2. Fieldwork completed for the workforce planning review; noting this was anticipated to be reported at the next meeting.
3. The Structured Assessment core element fieldwork has recently been completed and should be presented at the next meeting.
4. An outline of the planned work was given.
5. Members were directed to other areas in the update which included details of events from the good practice team and NHS related national studies.

Comments:

Chris Turley added that the Charity Committee would receive an update on the Charity audit plan at their meeting on the 9 October 2023. He assured the Committee that the filing of the charity accounts was due to be completed on time.

In terms of the current potential £800m overspend in NHS Wales, the consequences and potential impact on WAST was discussed by Members. Chris Turley provided an overview in terms of impacts and consequences and reminded members that the Trust had submitted several proposals, suggestions and options to WG, at their request, in terms of potential further reductions in spend in year and was still awaiting feedback. He added that the Finance and Performance Committee would consider the impact in more depth at its next meeting. He summarised that the Trust, whilst having a balanced financial plan and delivering against it as an organisation, was part of the wider system in this significant financial position and may be asked to make further savings going forward.

Fflur Jones added that as part of the Structured Assessment, Audit Wales would look at the arrangements in place to meet the savings in the plan.

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

#### **43/23      AMENDMENTS TO THE STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS – WELSH GOVERNMENT REVIEW**

Trish Mills presented the report outlining the amendments following Welsh Government's annual review of the model Standing Orders (SO), Scheme of Reservation and Delegation of Powers, and Standing Financial Instructions in July 2023 which resulted in some amendments being required to the documents.

These related primarily to the introduction of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 including the introduction of the duty of quality and duty of candour, and the change from the Community Health Councils to the Citizens Voice Body (Llais). Of note the changes are listed below:

1.        The Model SO have incorporated the change from Community Health Councils to the Citizen Voice Body (Llais) and reflected the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
2.        The requirement for the Trust to publish Board papers has been changed from ten to seven days.
3.        The SO now include the role of the Vice Chair and the additional voting Director introduced in 2022.

Trish Mills added that the changes were to be recommended to the Trust Board for their approval and would be a substantive item on the Trust Board agenda.

Comments:

A point of clarity was raised in respect of the requirement to publish Trust Board papers from ten to seven days. Trish Mills confirmed this was the publication on the Trust's Board

and Committee board pack software ibabs and the Trust's website within seven days of the meeting.

**RESOLVED: The Committee endorsed the amendments to the Standing Orders, Scheme of Reservation and Delegation of Powers and Standing Financial Instructions and recommended their approval to the Trust Board.**

#### **44/23 REVISED AUDIT PROCESS**

The Audit Process and Reporting Handbook report was presented to the Committee by Trish Mills. The handbook had been written to provide context around the internal and external audit work at the Trust and outlined the stages of fieldwork for those that were the subject of an audit.

The Trust was working with Digital Health and Care Wales (DHCW) to transform the audit tracker process to a SharePoint solution with automated processes (Tracker 3.0). In the meantime, the current version of the tracker has recently been streamlined to improve the labour intensified process.

Board Committees will continue to receive the tracker; however, the Audit Committee and the Executive Leadership Team will receive updates focused more on the framework and those audits with higher recommendations or limited audits. This revised approach to reporting will position this Committee to focus on the overall framework and escalations where audit management actions were not met in reasonable timescales.

Comments:

Members recognised the significant amount of work undertaken to improve the overall audit tracker process and recorded a note of thanks for Trish Mills.

The Committee queried if the handbook would be linked into the induction programme for new Board/Committee Members. Trish Mills advised it was.

Following a discussion regarding the handbook it was agreed it would be shared as a best practice product at the appropriate forums going forward. Fflur Jones added that her comments on the handbook would be submitted to Trish Mills after the meeting.

#### ***Osian Lloyd leaves meeting at 10:25***

The Committee questioned what the correct level of management was to agree the closure of actions. Trish Mills explained that the majority of closures would be evident, and the Assistant Director Leadership Team (ADLT) would challenge these closures through liaison with the Board Secretary. ADLT would escalate if appropriate any actions where there has been no movement to the ELT for their consideration. It was agreed this approach would be reviewed after 12 months.

**RESOLVED: The Committee:**

- (1) Provided feedback on the draft Audit Process and Reporting Handbook; and**
- (2) Approved the ELT and Audit Committee reporting to inform development of Tracker 3.0.**

**45/23 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch presented the report advising that the Committee was responsible for the review of the risk management framework and was not assigned individual risks for oversight.

The principal risks were presented to the Trust Board on 27 July 2023 and were updated as of 01 September 2023. Each risk has been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3. 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.

The Trust's highest rated Risks 223 (The Trust's inability to reach patients in the community causing patient harm and death) and 224 (Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service), scoring 25, remain unchanged despite a series of mitigating actions being in place. These risks continue to be closely monitored by management, Board Committees, and the Trust Board. The Committee were advised that in relation to risk 223, work was being undertaken by the Operations Senior Leadership Team to look at regional modelling.

The Committee were also updated on the Risk Management Transformation Programme and Julie Boalch gave an outline on progress.

**Comments:**

The Committee noted that risk 160 related to sickness absence has maintained a score of 20 and given the fragility of this area and sickness absence trends, both the People and Culture Committee (PCC) and Executive Leadership Team will continue their close monitoring of this risk. PH assured the Committee it was monitored at every PCC meeting, noting the current trajectory was downward but wanted to keep the score high as sickness may worsen. Angela Lewis reassured the Committee as well as PCC this issue was reviewed through all the relevant governance processes internally.

The Committee discussed the volunteer fundraising risk and how this should be separate from the risks to the charity. Trish Mills explained there was a risk register in the Charity Committee and any developing risks will be separated out, noting this was still maturing.

**RESOLVED: The Committee:**

- (1) Noted the review of each high rated principal risk including ratings and mitigating actions;**
- (2) Noted that there have been no material changes to the risks or scores during this period. And**
- (3) Noted the update on the Risk Management Transformation Programme.**

**46/23 LOSSES AND SPECIAL PAYMENTS**

Chris Turley presented the report for the Committee advising that the total net losses and special payments for the period 1 April 2023 to 31 August 2023 were net payments of £65.5k.

**RESOLVED: The Losses and Special Payments Report for this period were received and noted.**

**47/23 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. Of note during those discussions the Committee had reflected on the recent BBC Wales on sexual safety and sexism at work, and the work undertaken by the Trust in this area.

Feedback from this had been positive with an increase of staff coming forward. He added that the Trust had the solid basis for staff to speak up safely. Angela Lewis advised the Committee that request for additional information and assurance in light of events at the Countess of Chester Hospital and had received related correspondence from Judith Paget, the Director General for Health and Social Services/Chief Executive for NHS Wales. Angela Lewis assured the Committee she would be responding formally to Judith Paget following her request; noting the Board would be kept updated.

Liam Williams outlined the process involved in terms of the information flow between speaking up safely guardians and staff; ensuring this information was triangulated appropriately with other areas in the Trust that were managing concerns.

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



## **48/23 BOARD/COMMITTEE INDUCTION PROGRAMME**

Trish Mills gave an outline of the report which set out details that an induction programme was in place for new Board members which described the roles and responsibilities of all those who were members of or attended the Board. The Committee noted it would be updated periodically and included a range of essential reading for the new member and a programme of introductory meetings on a three-month timescale.

The Committee were informed that the programme was supplemented with a process for Non-Executive Directors (NEDs) to obtain their IT, email, expenses and ESR access, and badging to allow for an easy transition. The next iteration of this would be a Committee specific induction document which was currently in development.

Comments:

The Committee welcomed the induction programme, particularly for NEDs who were new to the NHS system and also newly appointed Executive Directors.

It was agreed following discussion that a retrospective induction, particularly for TU colleagues be carried out, that Trish Mills would liaise with Paul Seppman to take this forward.

**RESOLVED: The Committee received assurance that the Trust has in place an induction programme for new Board members and noted that the next steps were to develop a Committee induction programme for new members and attendees.**

## **49/23 COMMITTEE CYCLE OF BUSINESS MONITORING REPORT, PRIORITIES REPORT AND MEMBERSHIP UPDATE**

Trish Mills presented the report which set out progress against the priorities the Committee had set for 2023/24 and progress against the agreed cycles of business.

The Committee noted that one priority had been set at the beginning of the year which was to develop the induction programme for new Board Members; this will now be expanded to be Committee specif.

Members were asked to note that the oversight of the development and effectiveness of the Quality and Performance Management Framework (QPMF) has moved from the QuEST to the Audit Committee. The reporting for this business was also under development.

With respect to the Committee membership and prescribed attendance; it has been agreed with the Executive Director of Operations that his deputy - Judith Bryce (Assistant Director of Operations, National Operations & Support) - would attend the Committee as a prescribed attendee, in his place on a permanent basis. The Committee were content to support this new arrangement.

**RESOLVED: The Committee Noted the update, and reviewed and endorsed the change to the prescribed attendance for the Committee to enable an alternative representative of the Operations Directorate to attend in place of the Executive Director of Operations.**

## **50/23 TRUST POLICY REPORT**

Julie Boalch provided an update to the Committee on the status of the Trust's Policies and gave assurance that a prioritisation programme had been agreed based on risk assessments for each policy and noted the list of policies due to be revised in 2023/24 and 2024/25.

In terms of headline figures from the report:

1. There were currently 96 Trust policies with 15 of them within their review date.
2. In terms of 22 All Wales policies, four were within their review date.
3. There were 11 Policies which had been identified as new policies for development.
4. It was expected that 27% of policies will be within their review date by March 2024.
5. For non-critical policies a criteria for extension of policies was agreed. A piece of work was underway to implement this.
6. There were a number of policies that could be considered as Standard Operating Procedures, with work also taking place to determine the definitions and the process followed.
7. Regular monitoring updates will be provided to the Executive Leadership Team (ELT) through the Committee's AAA reports with a quarterly report to the Committee.

Comments:

The Committee welcomed the clarity contained within the report recognising there was further work to be completed and were assured that the prioritisation of policies had been conducted effectively.

It was queried, in terms of the policy review extension criteria, if there were other risks that could be captured within the six criteria points. Julie Boalch agreed to include this in the criteria list.

In terms of the NHS Wales wide policies, concern was raised that the NHS Wales Equality Impact Assessment (EIA) guidelines policy was last issued in 2013. Julie Boalch explained the all Wales policy was the framework for undertaking the EIA; advising that the Trust was developing its own policy and the EQIA procedure.

**RESOLVED: The Committee;**

- (1) Considered the contents of the report and 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;**
- (3) Approved the criteria to extend the review date on appropriate, non-critical policies following professional review;**
- (4) Noted the policies that have been identified for professional review as potential Standing Operating Procedures; and**
- (5) Noted the next steps.**

**51/23 REFLECTIONS & SUMMARY OF DECISIONS AND ACTIONS**

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

The Chair thanked the authors for the succinct and easy to read papers presented at the meeting today.

**RESOLVED: The above was noted.**

**Meeting concluded at: 11:08**

**Date of Next Meeting: 30 November 2023**

