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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 SEPTEMBER 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
Christian Fox	Trade Union Representative
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
Damon Turner	Trade Union Representative
Liam Williams	Executive Director of Quality & Nursing
Carl Window	Local Counter Fraud Manager

IN ATTENDANCE:

Peter Brown	Assistant Director of Operations, Operations Transformation
Jonathan Chippendale	Assistant Director of Clinical Development (<i>Item 11</i>)
Sarah Harland	Corporate Governance Officer
Estelle Hitchon	Interim Executive Director Planning & Performance/ Director of Partnerships and Engagement
Angie Lewis	Director of Culture Change (<i>Item 6.2.2</i>)
Amy Lord	Audit Wales
Elliot Miller	Operations Support Manager (<i>Item 6.2.1</i>)
Alex Payne	Corporate Governance Manager
Jessica Price	Deputy Head of Financial Accounting
Felicity Quance	Deputy Head of Internal Audit, NWSSP Internal Audit
Ed Roberts	Interim Assistant Director of Finance

APOLOGIES:

Judith Bryce	Assistant Director of Operations, National Operations & Support
Yvonne Thomas	Audit Wales
Chris Turley	Executive Director of Finance & Corporate Services

OBSERVING:

Dan King

Risk Manager

1. WELCOME, APOLOGIES AND QUORUM

1.1 The Chair welcomed members and apologies were noted.

1.2 It was confirmed the meeting met quorum.

The Committee RESOLVED to:

The apologies were noted, and the committee were assured the meeting was quorate.

2. DECLARATIONS OF INTEREST

2.1 No interests were declared.

3. MINUTES OF THE LAST MEETING 24 JUNE 2025

3.1 The Minutes from the meeting of the Audit Risk and Assurance Committee (ARAC) held on 24 June 2025 were agreed as a correct record with no amendments requested.

The Committee RESOLVED to:

The minutes of the open meeting held on 24 June 2025 were confirmed as a correct record.

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 24 June 2025 was noted.

The Committee RESOLVED to:

Consideration was given to the Action Log and the Highlight Report from the meeting held on 24 June 2025 was noted.

5. STANDING FINANCIAL INSTRUCTIONS CHANGES: SOCIAL PARTNERSHIP AND PUBLIC PROCUREMENT ACT (2023)

5.1 Chris Turley explained that recent updates in public sector procurement legislation (across England and Wales) have led to changes in the Standing Financial Instructions (SFIs), particularly affecting procurement processes. Chris assured the committee that these changes will not significantly affect costs or the types of providers the Trust works with, but the primary impact is on process documentation and transparency, especially for the procurement function managed by Shared Services.

- 5.2 Chris reported that, alongside legislative changes, Shared Services have taken the opportunity to review and enhance their processes, introducing some improvements not directly tied to the new legislation.
- 5.3 Both Chris Turley and Ed Roberts clarified that the differentiation between in-scope and out-of-scope health services is more relevant to health boards as commissioners, not the Trust, since the Trust rarely procures health services directly. Ed emphasised that the Trust relies on Shared Services for procurement guidance, and in nearly all cases, the standard Procurement Act route will apply.
- 5.4 The committee acknowledged challenges, such as balancing financial constraints with social value and the ability of small and medium-sized enterprises (SMEs) to meet new requirements, but agreed the changes provide more tools to support the Welsh economy where possible. The committee endorsed the changes to Chapter 11 of the SFIs, which will then go to the Board for formal approval.

The Committee RESOLVED to:

The Committee endorsed the amendments to Chapter 11 of the Standing Financial Instructions and recommended progression to the Trust Board for Trust Board.

6.1 INTERNAL AUDIT PROGRESS REPORT

- 6.1.1 Osian Lloyd provided a progress update on the current audit plan, reporting that two final reports have been issued, six reviews are in progress and three are at the planning stage (further details are available in the appendix).
- 6.1.2 Osian confirmed that there are no concerns regarding the delivery of the plan at this stage. Additionally, Osian clarified a change in the plan focus, specifically confirming the scope for the capital audit, and referenced a separate agenda item for further detail (*Item 6.3*).
- 6.1.3 Osian highlighted improved feedback return rates, which is due to the switch from word documents to electronic forms, and reported that all recent Key Performance Indicators are green, which indicates a good start to the year.
- 6.1.4 There was feedback that the graph in section 2 of the report was difficult to interpret, and it was suggested that it should be revisited to ensure it is easy to understand.
- 6.1.5 Finally, Osian invited the committee to note the progress and approve the confirmation of the scope for the Capital Provision audit. As stated in the report, this audit will focus on the Ambulance Replacement Programme, and it

will assess the Trust's arrangements for managing and controlling the refresh of the Trust fleet.

The Committee RESOLVED to:

The Committee noted the Report and approved the proposed changes at section 3 in relation to the scope of the Capital Provision audit within 2025/26.

6.2 INTERNAL AUDIT REPORTS

6.2.1 Manchester Arena Inquiry (MAI) – Substantial Assurance

6.2.1.1 Felicity Quance reported that the audit reviewed the Trust's progress in addressing recommendations, validating actions and governance arrangements. The review focused on 68 recommendations impacting the Trust, with a sample of 10 examined in detail. The audit found strong governance and proactive implementation, resulting in substantial assurance. One issue was noted regarding training compliance, though overall rates were acceptable for Emergency Medical Services (EMS) response. There were 18 recommendations outstanding due to required financial investment, which have been referred for further funding consideration and are reflected in the risk register.

6.2.1.2 Peter Brown acknowledged the positive audit outcome and credited the team, especially Elliot Miller, for their work on the Manchester Arena recommendations. Peter added that monitoring of training compliance through senior leadership and EMS management groups is ongoing and advised that there is also ongoing engagement with Joint Commissioning Committee (JCC) and health board colleagues regarding outstanding recommendations.

6.2.1.3 Elliot Miller reported on recent engagement sessions with the JCC to present findings, with further follow-up sessions planned. The JCC is expected to provide answers on outstanding recommendations later in the year, and Elliot confirmed that actions are already underway to address the audit's training compliance issue, with remedial plans being developed. Elliot shared that Judith Bryce expressed satisfaction with the audit outcome and believes it will strengthen submissions to commissioners.

6.2.1.4 Rhiannon Beaumont-Wood enquired about plans for refresher Mandatory In-Service Training (MIST). Peter advised that the new 10-second triage approach encourages more frequent use of these skills in everyday incidents, helping maintain competence. Elliot Miller explained that the submission to commissioners included a request for additional funding for specific training and exercising for resilience and major incident response, as current resources and priorities limit internal delivery. Elliot also advised that Welsh Government is setting up a national programme for joint testing and

exercising among the tri-services (police, fire and ambulance), which will help staff practice these skills more frequently, especially in large scale incidents.

6.2.2 Organisational Change Policy (OCP) – Reasonable Assurance

6.2.2.1 Felicity Quance reported that the audit reviewed the Trust's processes for managing organisational change, focusing on compliance with national policy and employment legislation. Felicity advised that the People and Culture Directorate is handling approximately 100 active Organisational Change Processes; including 9 in one area and emphasised the need for better resource capacity to support effective delivery. The audit found that processes are developing, but require clearer guidance, improved planning, consistent application and better monitoring; including an OCP tracker. Felicity highlighted the need for structured learning and lessons learned to support continuous improvement.

6.2.2.2 Carl Kneeshaw welcomed the audit as a valuable opportunity to improve processes and foster a culture of continuous improvement in change management and confirmed acceptance of the audit findings and reported that work is progressing; with deadlines considered realistic given current resources and associated due dates. Carl emphasised the importance of lessons learned and measuring return on investment through quarterly post OCP reviews to assess outcomes and identify improvements. Carl added that this approach supports the Trust's organisational strategy, and that additional assurance will be provided through regular reporting to the People and Culture Committee, including staff survey feedback and updates on change initiatives.

6.2.2.3 Angie Lewis thanked NWSSP for running the audit and acknowledged the challenge of expanding the audit's scope from OCP processes to broader organisational change management. Angie appreciated the recognition that the Trust is at an early stage of embedding effective people change management and valued the challenge to focus on lessons learned and benefits realisation. Angie highlighted that over 75 people are now trained in change management techniques and expressed hope that a future audit would reflect a more strategic approach to change management beyond the formal OCP process.

The Committee RESOLVED to:

Noted the Manchester Arena Inquiry (MAI) and Organisational Change Policy (OCP) Internal Audit Reports and the committee were assured by the reports presented.

6.3 Proposed Amendment to the 2025/26 Internal Audit Plan

6.3.1 Trish Mills reported that following a review of the internal audit programme for this year, it is proposed that Clinical Prioritisation and Assessment

Software (CPAS) is audited in place of the planned Remote Clinical Support review, due to the number of high-level changes currently flowing through CPAS. It is proposed to postpone the Remote Clinical Support internal audit to the Q1 in 2026/27 internal audit programme.

6.3.2 Trish advised that it will be recommended that the following are reviewed to ensure that this is a robust and fit for purpose process that underpins the Trust's clinical transformation:

- Dispatch Cross Reference (DCR) Table Change Management Policy
- Request for change process
- Record keeping of changes for enquiries (Inc. coronary inquest)
- CPAS governance structure

6.3.3 Ceri Jackson asked for more context on the risks and rationale, emphasising the audit's connection to supporting patients at home and the importance of the CPAS system in the transformation agenda. Trish clarified that the audit would focus on the governance and workflow of CPAS, which is central to the Clinical Model Transformation, and offered to seek further details from Andy Swinburn if required.

6.3.4 Liam Williams explained that CPAS is critical for prioritising and assuring clinical transformation work and deferring the Remote Clinical Support audit allows more time for systemic changes to be embedded, improving future audit assurance. Peter Brown added that, over the past 18 months, the number of clinical systems overseen by CPAS has doubled, increasing complexity and risk, especially with new tools and innovative practices. This substantial change in the CPAS landscape justifies the audit's prioritisation.

6.3.5 . Following this discussion, and receipt of the additional context regarding the proposed amendment, the committee agreed to proceed with the proposed amendment to the 2025-26 internal audit plan to include the CPAS internal audit as opposed to the Remote Clinical Support.

The Committee RESOLVED to:

- 1. Approved the change to the audit programme for 2025-2026 to cover CPAS instead of Remote Clinical Support.**
- 2. Approved the transfer of the Remote Clinical Support audit to next year's audit programme plan.**

7. AUDIT WALES UPDATE REPORT

7.1 Amy Lord confirmed that the main annual financial audit was completed and reported to the committee in June 2025, and that there are no significant new updates on the accounts at this meeting.

- 7.2 Fflur Jones reported that the performance audit programme is progressing as planned, with the Structured Assessment nearing completion, and it is expected to be presented at the December committee meeting. Ongoing work includes national unscheduled care, local digital transformation and upcoming reviews of estates and non-emergency patient transport. Fflur also highlighted recent publications and a current consultation on the fee scheme, inviting feedback via a link in the paper.

The Committee RESOLVED to:

The Committee were assured by the Audit Wales Update Report.

8. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

- 8.1 Julie Boalch introduced the Risk Management and Board Assurance Framework (BAF) report, outlining progress on the risk management programme, assurance on principal risk activity and an updated Risk Management Policy.
- 8.2 Dan King was also welcomed as the new Risk Manager and is already supporting work on evaluating an electronic risk management system for the next financial year.
- 8.3 Julie reported good progress on developing Risk Appetite Statements, which have been discussed at Strategic Transformation Board and Executive Leadership Team, and are scheduled for Trust Board approval following a development session.
- 8.4 Julie also provided an update that work is ongoing to differentiate between factors within and outside the Trust's control for key risks, specifically referencing risks 223 and 224. Julie explained that the template used for these risks is being applied to the decarbonisation risk, with collaboration with Joe Williams and Dan King. The next steps include exploring how to score internal and external factors separately, which will not affect the overall agreed risk score, but will provide more clarity on what is controllable. The output of this work is expected to be available in the next reporting cycle.
- 8.5 Julie reported no material changes to principal risks, and the current risk activity was recently reviewed by the Trust Board and ELT. Julie highlighted that new risks are forthcoming, and a reduction in the score for risk 160 (*High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) is anticipated. Trending data on risk scores was presented, with plans to develop a heat map for better visualisation. Julie clarified that risks dropping off the trending data are either mitigated/closed or transferred to directorate risk registers, and she will improve clarity around this in future reports.

- 8.6 Estelle Hitchon highlighted that the reputational risk (risk 201) has remained high and suggested disaggregating it into separate risks for patient harm and stakeholder/political issues, as their scores and mitigation may differ. Trish Mills and Rhiannon Beaumont-Wood emphasised that adopting risk appetite statements will help contextualise risk trends and improve interpretation of risk data.
- 8.7 Rhiannon also raised the importance of reviewing the likelihood assessment for risk 260 (*A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems*), given its prominence on global risk registers. Julie responded that there had been a robust conversation at ELT about testing the likelihood and impact if the cyber risk were to materialise. Julie gave assurance that actions are in place and potential additional measures were discussed, and while she could not comment on technical details, Julie confirmed that the ELT had thoroughly considered the risk. Julie added that the detailed risk information is included in the closed session, but a high-level update is provided in the open session.

The Committee RESOLVED to:

- 1. Received assurance on progress of the 2025/26 Risk Management work programme and timelines.**
- 2. Reviewed the six draft Risk Appetite Statements ahead of Board Development Day on 19 September 2025.**
- 3. Noted the continued work on repositioning of Risk 223 and 224.**
- 4. Received assurance on the review and attention to the principal risk, including their review at ADLT, ELT and at relevant Committees.**
- 5. Noted the rating and mitigating actions for each principal risk.**

8.1 RISK MANAGEMENT POLICY

- 8.1.1 Julie Boalch introduced the Risk Management Policy, explaining there were only minor changes around committee and job titles, with no content changes. The committee endorsed the Risk Management Policy for Trust Board approval.

The Committee RESOLVED to: Endorsed the Risk Management Policy for approval by Trust Board.

9. 2025/26 EFFECTIVENESS REVIEW, INCLUDING PROGRESS FROM PART II 24/25 REVIEW

- 9.1 Trish Mills presented the 2025/26 effectiveness review update, explaining that the process started early this year to streamline committee structures and better align them with strategic objectives and the Board Assurance Framework (BAF). The review builds on the comprehensive 2024/25 part II review, which was in-depth and mapped committees to strategic objectives.

- 9.2 Early assessment suggests no changes are needed for the Charity and Remuneration Committees, minimal changes for People & Culture and Quest, but more significant changes are likely for the Finance & Performance and Audit Risk and Assurance Committees, especially regarding research and innovation responsibilities if the Academic Partnership Committee is discontinued.
- 9.3 The review also includes updating the skills matrix to actively consider the composition of the committees and whether any changes are required. Any changes will not be implemented until April 2026. For this year, the effectiveness review will be more streamlined, focusing on two questions for each committee; what works well and what doesn't, in addition to views on terms of reference and membership.
- 9.4 The review will be renamed as a 'Quality and Governance Reviews' to reflect the requirement for the Trust to apply the Duty of Quality and our approach to continuous improvement. Trish will bring an update to the committee in December, before proposals are taken to the Trust Board for approval early in 2026.

The Committee RESOLVED to:

- 1. Noted the update and progress.**
- 2. Agreed that this current review of committee remits together with a simple questionnaire of all committees in Q3 constitutes the 2025/26 effectiveness review, now referred to as Quality and Governance Reviews.**

**10.1 INTEGRATED GOVERNANCE PROGRAMME
THE DYNAMIC INTEGRATED SYSTEM OF GOVERNANCE AND OVERSIGHT**

- 10.1 Trish Mills updated the committee on progress with the Integrated Governance Programme, highlighting completion of Q1 deliverables, including the rollout of new report templates and writing guidance. Trish highlighted that a mixed use of old and new templates will continue temporarily, but full adoption is planned from April 2026.
- 10.2 Work on Q2 deliverables is underway, and the main focus is now on developing the integrated governance handbook for Q3, which will clarify accountability arrangements and map governance and assurance frameworks. Trish invited committee feedback on the proposed structure and direction of the handbook, which will be further developed with member input and brought back in March 2026.
- 10.3 The Chair expressed strong support for the Integrated Governance Programme, commending the team's work and its potential value for the organisation.

- 10.4 Rhiannon Beaumont-Wood enquired about opportunities for Non-Executive Directors to use AI tools to support their roles, Trish confirmed that AI for governance is included in the programme, with a Board Development session planned later in the year.

The Committee RESOLVED to:

- 1. Received assurance on progress of the programme and the 2025/26 deliverables and noted the roll-out of the new report templates and writing guidance.**
- 2. Provided feedback on the direction of travel and outline of the IGP handbook.**

10.2 MID YEAR REVIEW OF CHANGES TO COMMITTEE OPERATING ARRANGEMENTS

- 10.2.1 Trish Mills provided an update on the mid-year review of changes to committee operating arrangements, which stem from the 2024-25 board and committee effectiveness reviews. The report confirms that progress is on track, with most planned changes being implemented as scheduled.
- 10.2.2 One exception to this is the paper on the 'Three Lines of Defence' in which had been planned for completion in October 2025; which will now be incorporated into the forthcoming integrated governance handbook to avoid duplication. The review highlights that all other committee changes are proceeding as planned, and the committee was asked to note and take assurance from this progress update.
- 10.2.3 Trish Mills queried with Chris Turley whether the new finance dashboard is being developed as a local initiative or as part of a sector-wide standardisation, and questioned its usefulness and the likelihood of a national solution versus developing their own. Chris Turley explained that it is a bit of both: there is ongoing work across Wales to refresh the financial system, but it's not mandated. The Trust has been working on its own dashboards for continuous improvement and value, aiming for more dashboard-based reporting at board and committee levels. Ed Roberts explained he has advocated for a standardised, "one version of the truth" dashboard across NHS Wales, with automatic monthly reporting, however, this has been delayed several times. If there is no national outcome soon (likely by Christmas), the Trust will develop its own internal dashboard, as many NHS Wales trusts currently use custom dashboards.

The Committee RESOLVED to: Reviewed and discussed the bi-annual update on agreed changes to operating arrangements for the board and committees for 2025/26 and were assured from the update provided on the progress against the actions.

11. AUDIT TRACKER 2025/26 QUARTER 1

11.1 Trish Mills updated the committee on the Audit Tracker Quarter 1 (Q1), which highlighted a reduction in closure rates for internal audit actions (23% in Q1 compared to 51% in Q4), but a significant improvement in closing actions on time (70% in Q1 versus 26% in Q4), reflecting more realistic implementation dates. The tracker anticipates a busy Q3 and Q4 due to actions scheduled for completion and new audits commencing.

11.2 Updates were provided on actions at their final revised date as follows:

11.2.1 Audit Action 635 111 (Commissioning Final Advisory Report)

The committee agreed that the current JCC structures and roles provide better clarity and assurance than the previous arrangement, and if all are satisfied, the action can be closed.

11.2.2 Audit Action 035-24/25 (Exposure to Fumes)

Liam Williams reported that the revised completion date for the diesel emissions action is set for December 2025 and expressed confidence in meeting this deadline. Liam explained that some outstanding actions are due to the need for board development days, and the creation of materials by the provider SOCOTEC UK, which has been secured. Additional work is required on the data build, with the team focused on Phase 1 Clinical Model Transformation implementation, and Liam plans to verify progress. Liam also shared positive news that the Trust is currently experiencing the lowest levels of handover delays in many years, which relates to the root cause of the diesel emissions issue.

11.2.3 Audit Action 701 (Clinical Audit)

Jonathan Chippendale explained that the action regarding the inclusion of clinical audit in communications is delayed due to the undecided publication platform for the clinical plan. However, all the required content for the clinical audit section is already written and available. Jonathan suggested that sharing this content now could satisfy the audit action, with formal publication to follow once the platform is finalised. The Chair asked for the timeline for publication, and Jonathan clarified that while the publication date is uncertain, the content is ready and can be shared immediately. The committee agreed that Jonathan Chippendale should share the written content for the clinical audit section as evidence to satisfy action 701, and that the action would be formally closed at the next (December) meeting once this evidence is reviewed.

11.2.4 Audit Actions 681/683/684/686/003-24/25 (Electronic Patient Care Records ePCR) Clinical Compliance

No update was provided on these outstanding actions, and it was asked that the Finance and Performance Committee consider the position at its upcoming meeting, instead.

- 11.3 Trish Mills explained that some audit actions, specifically those under paragraph 18, were incorrectly included in the tracker because they had already been closed. Trish clarified that the follow-up audit each year reviews closed actions to ensure they are appropriately closed, and there was a misalignment where these actions were mistakenly put back on the tracker. Trish apologised for the error and confirmed that these actions should not have been reopened
- 11.4 Progress on external audit actions was also noted, with 45% closure and revised dates for Welsh Risk Pool actions managed to avoid overloading teams.
- 11.5 Trish Mills asked committee members to review paragraph 32, which outlines the Power BI reporting being developed for the audit tracker, and to provide feedback on whether the proposed reporting is appropriate or if they would like more or less information included, as this is the stage when adjustments can be made before finalising the SharePoint list and Power BI dashboard. Trish emphasised that this feedback is important now, as the reporting structure is being built, but noted that it is not set in stone and can be adjusted if needed. Trish also clarified that the reporting will cover both internal and external audit actions. In response to Trish's question about Power BI reporting, it was suggested that the reporting should include both internal and external audit actions, this was noted as an observation to ensure comprehensive coverage in the dashboard. No other specific suggestions or requests for changes to the reporting were made by the committee at that time.

The Committee RESOLVED that:

- 1. Noted the significant progress made in closing audit actions by their first date during 2025/26 Q1.**
- 2. Noted and discussed the 12 internal audit actions for which final revised dates have been applied in quarter, and updates from the Directors responsible for these audits.**
- 3. Noted the first revised dates applied to 17 of the 32 external audit actions related to the Welsh Risk Pool (WRP) Concerns Assessment 2024.**
- 4. Received assurance that the management of actions for the audits within the purview of this Committee (at Annexes 2a- 2c in the reading room), and overall (at Annexes 1a-1d in the reading room, are**

being effectively and appropriately managed, closed off in quarter or clarity provided on dates which have moved and rationale.

12. POLICY REPORT (Bi-annual)

- 12.1 Trish Mills introduced the six-monthly update on the policy report and advised that the number of policies on the priority list decreased from 62 to 55 after Executive Leadership Team (ELT) review, with 7 deferred to next year. Trish acknowledged some slippage in the programme, particularly in the first two quarters, but stated that most delayed policies now have new dates set within governance processes. The expected completion rate is now around 85%, rather than the original 95%, due to workload shifting to later Quarters. Compliance within date policies has improved from 14% to 46% and is projected to reach 50% after upcoming committee approvals, with governance and escalation processes in place to monitor progress.
- 12.2 Rhiannon Beaumont-Wood sought clarification on the Quality Assurance Framework for the Clinical Desk policy, specifically regarding clinical risk exposure during its deferral. Peter Brown explained that the main reason for deferring the Quality Assurance Framework for the Clinical Desk policy is the ongoing replacement of Clinical Support Desk with the new Remote Integrated Care Service (RICS), which will be ready in quarter 4. Peter clarified that the current (extant) policy and arrangements will remain in effect until the new one is implemented, and the team's efforts are focused on ensuring that the new policy is ready for the future service.
- 12.3 The Chair accepted the revised target as reasonable and expressed confidence that remaining policies would be caught up next year, however an update on the policy programme was requested for the meeting on 02 December 2025, rather than waiting until the end of the financial year.

The Committee RESOLVED to:

- 1. Noted the adjustment to the 2025/26 Policy Work Programme and that the review dates of several high priority policies are being recalibrated.**
- 2. Received assurance on the progress to bring the Trust's Policies up to date and requested an update at the meeting on 2 December 2025.**
- 3. Noted the direction of travel of the Policy Transformation Programme and requested an update at the meeting on 2 December 2025.**

13. ASSURANCE TO ARAC ON SPEAKING UP SAFELY FRAMEWORK (FROM CHAIR OF PEOPLE AND CULTURE COMMITTEE)

- 13.1 As Chair of the People and Culture Committee, Ceri Jackson provided assurance to the committee on the delivery of the Speaking Up Safely framework, highlighting significant progress in embedding a culture where staff and volunteers can raise concerns confidentially. The Trust appointed a

full-time lead Speaking Up Safely Guardian, which has been pivotal in advancing the policy, and staff can now speak up through various channels.

- 13.2 Rhiannon enquired about the structure of the Speaking Up Safely guardians, specifically if there are local champions in addition to the dedicated lead guardian, and how these roles function within the organization. Carl Kneeshaw responded that currently there is a lead guardian, recruitment is underway for an additional guardian, and there is administrative support, aiming for a team of three guardians as considered best practice for ambulance services. Carl explained that while the plan is to eventually have local champions, the approach is to build incrementally, ensuring alignment with other staff networks and avoiding duplication or undermining of line managers.
13. Rhiannon also highlighted the importance of clear pathways and signposting for staff, and asked about the target number of formal guardian roles. Carl reiterated the evolving nature of the model, the importance of signposting, and the need to balance local champions with existing support structures.

The Committee RESOLVED that:

Received assurance on the arrangement for Speaking Up Safety at the Trust and noted that the People and Culture Committee will continue its oversight of this area, reporting annually to the ARAC.

14. ASSURANCE TO ARAC ON NEAR MISS AND LOW HARM INTELLIGENCE FRAMEWORK (FROM CHAIR OF QUEST COMMITTEE)

- 14.1 As Non-Executive Director Member of the QuEST Committee, Ceri Jackson provided assurance to the committee on the near miss and low harm intelligence framework, on behalf of the Chair, Bethan Evans.
- 14.2 Following discussion regarding concerns around the identified challenges, the committee were not assured of the position due to what was articulated in the paper. The resulting agreement was to feed back to Bethan and to bring a further update in March 2026.
- 14.3 The Chair insisted on a six-month update for ongoing oversight, therefore Trish Mills suggested that, instead of scheduling a fixed six-month report to ARAC, the committee should use the AAA (alert, advise, assure) process to formally request Quest to keep the Putting Things Right recovery plan and related near miss/low harm reporting under review, with an action for an update in six months. This would allow Quest to escalate any concerns or lack of progress to ARAC as needed, ensuring the issue remains visible and appropriately monitored.

The Committee RESOLVED that:

- 1. Members considered the current position, and the concerns arising from this regarding the Trust's current ability to adequately record and report near miss and low harm incidents.**
- 2. Members noted the Committee's receipt of the PTR Organisational Recovery Plan as part of its ongoing scrutiny of the issue, and it was agreed the committee will receive a six-month update for ongoing oversight at the meeting on 2 March 2026.**

15. LOSSES AND SPECIAL PAYMENTS

- 15.1 Chris Turley provided a summary of the losses and special payments report for the period from 1 April 2025 - 31 July 2025 and reported as being -£1.812 million. Chris explained that this relates to actual payments made, less the reimbursements received from the Welsh Risk Pool, and does not relate to any adjustments made to the provision. During the 4-month period to July 2025 the reimbursements received exceeded payment made by £1.812m.

The Committee RESOLVED to:

Noted the Losses and Special Payments Report.

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

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

The Committee RESOLVED to:

Noted the Cycle of Business Monitoring Report and Priorities Update.

17. ALL-WALES AUDIT COMMITTEE CHAIR'S REPORT 2024/25

The All-Wales Audit Committee Chair's (AWACC) report was received, which reflected on activity over the last year. Peter Curran, Chair of ARAC, has taken over the Chair of AWACC for 12 months and will consider a reset to the group's approach following a survey of members and their expectations for its remit.

The Committee RESOLVED to:

The All-Wales Audit Committee Chair's Report 2024/25 was received.

18. JOINT DIRECTORATE NOTICE (Ref: 006-25)

- 20.1 The Joint Directorate Notice was received for information. Chris Turley clarified that the notice was a recommendation from a previous internal audit advisory report, and that many recommendations had been addressed through this.

- 20.2 Rhiannon Beaumont-Wood enquired about monitoring the impact on individuals assigned as contract managers, expressing concern about whether the responsibility might disproportionately affect some people, and also asked about the total number of contracts involved.
- 20.3 Chris Turley advised that the focus is on areas of the business with fewer contracts, not those with established processes, estates or digital, and that the intent is to ensure coverage in areas where contract management is not a dedicated role but part of broader responsibilities. Rhiannon acknowledged the explanation and emphasised the importance of monitoring for unanticipated impacts.

The Committee RESOLVED to:

The Joint Directorate Notice (Ref:006-25) was received.

19. REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

- 19.1 The Chair reflected that the meeting was very open, with lively discussion, and acknowledged the continued maturity in risk management and integrated governance. The Chair also highlighted the value of the internal and external audit reports and was pleased to see progress, especially with many items in the "green."
- 19.2 Ceri Jackson praised the excellent and succinct reporting, which positively impacted the discussion, and highlighted significant progress and ambition in governance. Rhiannon Beaumont-Wood agreed it was an excellent meeting, emphasising the benefits of working in partnership with auditors to support continuous improvement and the value of using audit to its full potential.

20. ANY OTHER BUSINESS

- 20.1 None declared.

21. DATE OF THE NEXT MEETING

- 21.1 The next meeting is scheduled for the 2 December 2025.

The meeting closed at 12:45pm