

Welsh Ambulance Services

NHS Trust

Annual Governance Statement

2013/14

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Introduction

This is the third annual governance statement that I have produced as Accountable Officer and Chief Executive for the Welsh Ambulance Services NHS Trust.

Whilst the Trust continues to embed many of the systems and procedures reported in previous governance statements a revised integrated governance framework was introduced in January 2014 following a comprehensive corporate health assessment undertaken by the Trust Board in the summer of 2013. The new framework provides a strong platform for the Trust to move forward over the coming years and to meet the demands of the Welsh Government and the people of Wales for an ambulance service that provides a high quality, clinically safe and cost effective service.

This statement can be read as a standalone document but further information on the corporate health of the organisation can be found in the Trust's 2013/14 Annual Quality Statement (available September 2014). Information on the Trust's performance over the last twelve months is set out in our 2013/14 Annual Report and Accounts (which is currently being prepared and will be formally presented to our Annual meeting in September) whilst targets and ambitions for the next three years are explained in the Trust's Integrated Business Plan 2014/17. All of the above documents can be found on the Trust's website www.ambulance.wales.nhs.uk

Who we are and what we do

The Welsh Ambulance Service was established in 1998 with NHS Direct Wales becoming an integral part of the Trust from April 2007. We provide a service to a population of three million, spread over an area of almost eight thousand square miles. Along with all NHS providers in Wales, the Trust is expected to provide high quality safe services within a challenging financial backdrop and increasing demand partly as a result of a number of increasing health and social issues.

The Trust provides two types of service – unscheduled care and planned patient care services, in addition to providing telephone and web advice services through its NHS Wales Direct Service. Unscheduled care (emergency and urgent care) means that we provide support to patients with illnesses that are immediately life threatening through to minor injuries. Our planned patient care services help millions of patients each year to get to their hospital and medical appointments. Further information on the services we provide together with details of performance for the last twelve months can be found in the Trust's 2013/14 Annual Report.

Our vision, as set out in the strategic document "Working Together for Success" is to provide "an ambulance service for the people of Wales which delivers high quality care wherever and whenever it is needed". Our objectives are to:

- achieve all of the national quality standards and clinical requirements

- provide the right service with the right care, in the right place, at the right time with the right skills, and
- provide high quality planned patient care services which are valued by users.

Governance structure

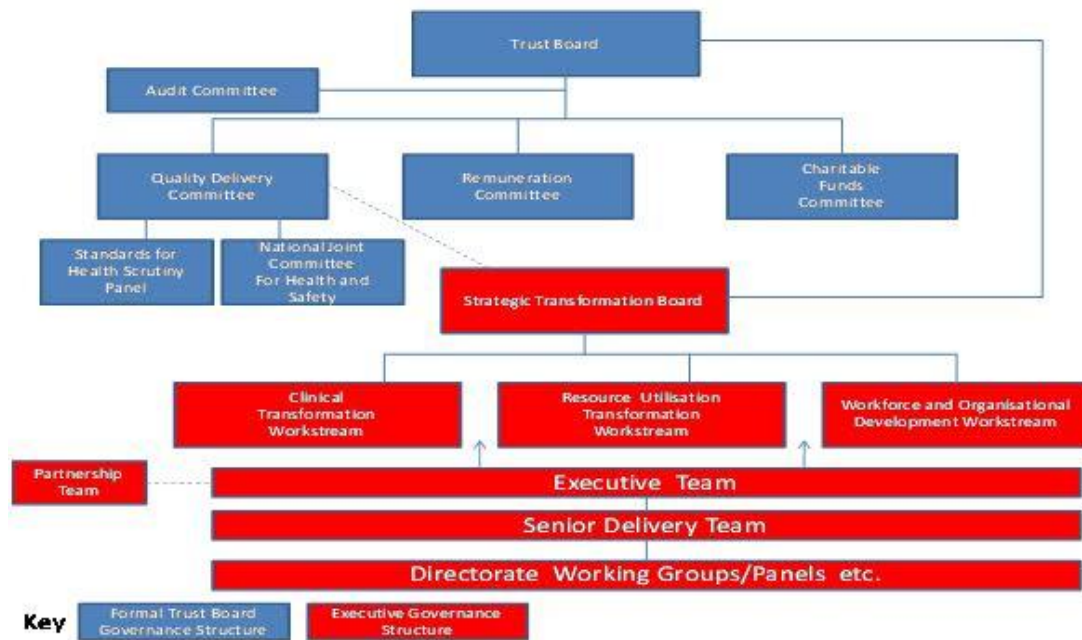
The Trust Board is accountable for governance and internal control in the organisation. As Accountable Officer and Chief Executive of the Trust, I have responsibility for maintaining appropriate governance structures and procedures. This includes ensuring that the Trust has a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst also safeguarding the public funds and this organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accounting Officer of NHS Wales.

The Board is the senior leadership team and has final oversight for the Trust's governance and assurance systems and sets strategic objectives, monitors progress, agrees actions to achieve these objectives and ensures that appropriate controls are in place and are working properly throughout the organisation. To do this the Board is supported by a number of committees that have been established in accordance with the Trust's Standing Orders and Standing Financial Instructions, and these comply with NHS (Wales) regulations.

The committee structure reported in last year's governance statement is repeated in **Appendix 1** to this document. This was operational until December 2013 when the Trust Board agreed a revised governance framework to enable the Board to respond dynamically to the rapidly changing environment in which it operates, whilst at the same time ensuring that quality and safety remain at the heart of its overall assurance framework. Table 1 overleaf sets out the revised arrangements.

The background to the development of the new structure together with a detailed explanation of the changes and revised roles and responsibilities can be found in the Trust's Integrated Business Plan 2014/17. (This was submitted to Welsh Government in March 2014 and set out the three year operational priorities for the Trust. On 10 May 2014 Welsh Government responded to the Trust's Integrated Business Plan and asked for a one year Annual Delivery Plan to explain in detail actions to be addressed by the Trust by April 2015 and for this to be returned by 31 May 2014.)

Table 1 – Trust Governance Structure (January 2014)



In summary, the roles of the Remuneration Committee and Charitable Funds Committee remain unchanged from 2012/13; the Quality Delivery Committee acts as the Trust’s service delivery and scrutiny arm, with the Audit Committee providing prescribed assurance function over all elements of the organisation’s structure, operations, compliance and risk management. A Strategic Transformation Board has been established to advise the Board on the delivery of the Trust’s Integrated Business Plan 2014/17 and the transformation agenda – I chair this executive Board.

The new Board and Committee operating principles and arrangements were agreed by the Trust Board on 12 December 2013 and are available for public viewing on the Trust’s website (www.ambulance.wales.nhs.uk). In addition to setting out the revised integrated governance framework, the December 2013 report also provides the full terms of reference for each of the Board Committees.

In support of the Board, the Trust has established the Welsh Ambulance Service Partnership Team (WASPT) as a forum where the Trust Executives, Trade Unions and Professional Organisations work together to improve the Trust’s services for the people of Wales. It is the principal partnership forum for the discussion of national priorities and strategies and where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

Trust Board

The Trust Board is programmed to meet six times per year in public and comprises individuals from a range of backgrounds, disciplines and areas of expertise. The

Board comprises of the Chair, Vice Chair and six other independent members (Non Executive Directors) and the Chief Executive and four Executive Directors. The full membership of the Board is set out in **Appendix 2** together with respective attendance for 2013/14 (NB **Appendix 2** also includes membership of Trust Board committees). The Board is supported by the Corporate Secretary, who acts as principal adviser on all aspects of corporate governance within the Trust.

All Trust Board meetings in 2013/14 were appropriately constituted and held in quorum. Agendas and Minutes of the meetings are available to the public. From March 2014 sound recordings of the Board and committee meetings commenced and from April 2014 these will be available via the Trust's website for members of the public to listen to discussions and to understand how decisions have been reached.

Key governance and control matters addressed by the Trust Board during 2013/14 were:

- 2012/13 annual report, accounts and financial and governance statements
- All Wales employment policies
- Concerns updates and clinical claims
- Finance and performance dashboard/scorecard
- Fleet strategy
- Flexible working policy
- Francis report/quality framework
- Issues arising from NHS reviews
- Mindful employer charter
- Minutes of Board Committees
- National contact point and establishment order
- Recruitment plans and progress updates
- South Wales Programme consultation
- Trust review
- WAS charity annual report and accounts 2012/13 and audit of financial statements.

As a means for improving its effectiveness, the Board for 2013/14 replaced the historical methodology of year end self-evaluation with a series of in-year Board Development sessions. Programmed to meet in months where no Trust Board meetings were held, the development sessions provided time to look at key emerging issues facing the Trust but also to reflect on the performance of the Board and to agree actions.

In October 2013, the Board looked at practical ways in which it could work more effectively as a team which resulted in a number of actions concerning relationships, behaviours, systems and structures and which culminated in the restructuring of the overall governance structure. **Appendix 3** sets out the key challenges faced by the Trust Board during the October 2013 discussions. In addition to the new structure

an integrated Personal and Development Review and accountability framework was designed and is being rolled out to ensure alignment between Director and Non Executive Director roles of the Board.

Audit Committee

The Audit Committee supports the Trust Board by critically reviewing governance and assurance processes. The Committee met five times during 2013/14 (details of members attendance is listed in Appendix 2).

Key governance and control matters considered by the Audit Committee during 2013/14 were:

- Annual Accounts (2012/13)
- Audit of Financial Statement Report by External Auditor
- Annual Governance Statement (2012/13)
- Clinical audit effectiveness programme and update
- Corporate Risk Register
- Counter fraud annual report and progress reports
- Datix risk management system
- Interim external audit 2013/14 arrangements
- Internal and External Audit Reports, opinion and operational plan
- Fleet organisation review
- Medical device management
- Unsociable hours payments to NHS staff on sickness and annual leave
- Revised Trust Governance arrangements
- Service Level Agreements
- Tender update and waiver reports
- Wales Audit Office review of Internal Audit

Further information on the work of the Audit Committee can be found in the Audit Committee agenda papers, including its Annual Reports, which are available on the Trust's website.

A self-assessment of the Audit Committee was completed in September 2013 to evaluate its effectiveness. This included a series of questions that set out what the Audit Committee must do, should do, or could do. For each question an answer of yes or no was made, supported by actions to be undertaken, if required. The 2013/14 self assessment concluded that all category 1 (must do) activities had been met and that this also applied for the vast majority of remainder questions.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. Systems for internal control have been in place for the year ended 31 March 2014 and up to the date of approval of the annual report and accounts but a review of these systems by the Trust Board in October 2013 concluded that these were not as resilient as the Trust would expect. In particular the Trust Board identified the need to address corporate governance issues with regards to the way in which the organisation uses its resources, including money people and assets, risk management, counter fraud, and health and safety. A key role of the Quality Delivery Committee for 2014/15 will be to oversee progress on governance and quality arrangements as the Trust moves forward plans to strengthen internal control systems.

Capacity to handle risk

The Trust has continued to develop and embed its approaches to risk management as set out in the 2012/13 annual governance statement. The Trust sees active and integrated risk management as key elements in the successful delivery of its business and we remain committed to ensuring staff throughout the organisation are trained and equipped to assess, manage, escalate and report risks.

The Trust has a Risk Management Policy and Strategy that describes the arrangements for the management of risks within the Trust and clarifies the roles of individuals and committees. (This will be refreshed during 2014 to take account of the revised governance structure.) The risk assessment and risk register procedure provides for the identification and assessment of all categories of risks including clinical, financial and corporate risks. Both Corporate and Directorate risk registers are available on the Trust's intranet site for staff, managers and Board members to question and review.

The risk profile of the Trust is subject to ongoing in-year revision but as at 31 March 2014 there were 13 risks on the Trust's Corporate Risk Register and of these all but three were classified as high risk.

Table 2 – Risk summary at 31 March 2014

Category of Risk	Number of Risks at March 2014
Strategic Transformation	1
Service Delivery	3
Finance and ICT	2
Workforce and Organisation Development	3
Quality and Nursing	4

Four of the 2013/14 corporate risks were categorised as being “almost certain” to occur with regards to likelihood and a “catastrophic” severity impact (as assessed using NHS Wales risk management principles). These being

- excessive turnaround times for ambulance crews conveying patients to hospital can result in delay in obtaining necessary definitive care for the patients involved and also the protracted unavailability of emergency crews to attend emergency calls in the community.
- potential inability to achieve 2013/14 financial balance (newly listed risk for 2013/14)
- implementation of a programme of transformational change will pose both strategic and operational risks with the potential to adversely affect the ongoing effectiveness of the Trust while the programme is being implemented.
- performance of non-emergency ambulance services may be compromised due to uncertainty of the long-term future of these functions (newly listed risk for 2013/14).

Appendix 4 sets out the Trust’s corporate risks, the active controls in place to reduce risk and the planned actions to mitigate potential impact on strategic objectives. In common with other NHS providers, the Trust is limited in the extent to which it is permitted to use public funds to reduce/eliminate risks. This remains a major influence in determining the risk appetite of the Trust.

During 2013/14 the Trust’s Management Team scheduled regular reviews of the Risk Register. Audit Committee considered and commented on the Risk Register in February 2014.

A key challenge for the Trust in 2014/15 is to realign the Corporate and Directorate risk registers with the risks emerging from the implementation of the Integrated Business Plan 2014-17. This identifies ten major risks associated with the delivery of this plan, the majority of which do not feature on the 2013/14 risk registers.

The control framework

The Trust uses the ‘Doing Well, Doing Better: Standards for Health Services in Wales’ as its framework for gaining assurance on its ability to fulfil its aims and objectives for the delivery of safe, high quality health services. This involves self assessment of performance against the standards across all activities and at all levels throughout the organisation.

As part of this process, the Board has completed the Governance and Accountability assessment module and has;

- openly assessed its performance using the maturity matrix
- noted no feedback from Healthcare Inspectorate Wales
- plans in place to achieve the improvement actions identified within clearly defined timescales proportionate to the risk.

On the scale of 1-5 where 1 equates to an organisation where, with regards to governance and accountability, it does not have a clear and agreed understanding of how it is doing or what is needed to improve, through to a score of 5, where the organisation demonstrates sustained good practice and innovation, the Trust scored 3. This is defined as being an organisation that is “developing plans and processes and can demonstrate progress with some of their key areas for improvement”.

Table 3 – Governance and accountability assessment

	Level 1 – no clear understanding of where we are and what is needed to improve	Level 2 – aware of improvements and have prioritised but unable to demonstrate action	Level 3 – developing plans and processes and can demonstrate some progress	Level 4 – developed plans with sustainable improvement throughout	Level 5 – sustained good practice and innovation
Setting the direction			✓		
Enabling delivery			✓		
Delivering results achieving excellence			✓		
OVERALL MATURITY			✓		

The overall governance and accountability maturity score is unchanged from last year but improvements have been made in a number of important areas, for example:

- a strengthening of the quality improvement agenda by changes in Executive portfolios and the creation of the new role of Director of Quality and Nursing;
- introduction of sound recording of Board and Committee meetings for greater transparency and openness with regards to decision making;
- introduction of an audit tracker tool for the Audit Committee to monitor progress with regard to internal and external audit recommendations. The

Trust recognises teething problems have occurred with the reporting of the tracker during 2013/14; and

- bi monthly Trust Board development sessions to look at emerging issues and to monitor effectiveness.

However there remain a number of actions to be completed (e.g. realignment of the Corporate and Directorate risk registers with the risks emerging from the implementation of the Integrated Business Plan) and these are being taken forward as part of the Trust's 2014/15 business planning process.

The Trust's 2013/14 Annual Quality Statement (available September 2014) sets out the clinical governance framework for the Trust and explains how the Trust is responding to the objectives in the "Delivering Safe Care, Compassionate Care" publication. Improvements implemented by the Trust with regards to clinical governance in 2013/14 include:

- improved the Trust's 'Quality Improvement and Assurance Framework'
- developed a 2014/15 Quality Delivery Plan to incorporate the views of staff and patients
- revised the clinical strategy/clinical leadership framework
- introduced an Organisation Learning Group
- established a Serious Clinical Incident Forum (SCIF)
- revised the list of clinical outcomes and performance indicators to improve quality of care.

Other control framework elements

I confirm that:

- control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with.
- as an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.
- the Trust has undertaken risk assessments and confirms that carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projections to ensure that the Trust's obligation under the Climate Change Act and the adaption reporting requirements are complied with

Data security

The Trust had no “serious untoward incidents” during 2013/14 (as defined by the International Financial Reporting Standards (IFRS) NHS Wales 2012/13 Manual for Accounts).

Ministerial Directions

During 2013/14, one Ministerial Direction was imposed on the Trust.

- National Health Service (Cross Border Healthcare) (Wales) Directions 2013 (2013 No. 26)

The Trust recognises that the following two Ministerial Directions have implications on the Trust but these are not imposed.

- Emergency Ambulance Services Committee (Wales) Directions 2014 (2014 No. 8)
- Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014 (2014 No.9)

Further information on the Ministerial Directions can be found at the following website; <http://wales.gov.uk/legislation/subordinate/nonsi/nhswales/2013/?lang=er>

No significant issues have arisen within the Trust in the implementation of the Ministerial Directions.

1000 Lives Plus Programme

The 1000 Lives Plus national five year programme to improve patient care and reduce avoidable harm across NHS Wales is well underway. The Trust is committed to progressing improvement work under the 1000 Lives Plus banner and in doing so aims to improve patient care via the sign up to six mini collaborative work areas. Details of the work areas and progress to date were reported to the Quality, Safety and Governance Committee in November 2013 and this paper can be accessed via the Trust’s website www.ambulance.wales.nhs.uk.

Review of effectiveness

As Accounting Officer for the Trust, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors (KPMG) in their audit letter and other reports.

Trust Board

As set out earlier in this report, the Board, functioning as a corporate decision body, regularly considered throughout 2013/14 assurance reports on the financial position of the Trust, performance updates, and details on concerns and claims.

Sections later in this report by internal and external audit comment on the quality of financial data used by the Board. With regards to performance data used by the Board, an internal audit report published in May 2013 on the Trust's Balanced Scorecard (reports key performance data) identified three weaknesses in the design of controls but concluded that the Trust "can take significant assurance that the arrangements upon which the organisation relies to manage risk, control and governance within those areas under review, and the operational compliance noted, are suitably designed and applied effectively".

Audit Committee

A key duty of the Audit Committee is to provide advice and assistance to the Board on the effectiveness of arrangements in place around strategic governance, assurance framework and processes for risk management and internal control. Details of the work of the Committee are set out earlier in this report and in the 2013/14 Audit Committee Annual Report.

Other Board Committees

The role of the remaining Board Committees in the system of internal control can be found in the 12 December 2013 Trust Board paper that explains operating principles and arrangements.

Internal Audit

Internal audit provide me as Accountable Officer and the Board through the Audit Committee with regular assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit has concluded:

"The Trust Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management

attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.”

During the financial year Audit Committee considered the following reports by Internal Audit with a conclusion of limited assurance, i.e. the Trust Board can take limited assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively:

- Health and Safety management: Identified issues concerning policy, organisation, planning, and performance management. 23 recommendations were made by Internal Audit for this review. Management action plans and implementation timetables were agreed by Audit Committee in September 2013.
- Periodic income and income generation: Identified issues concerning policy and financial planning. Two recommendations were made by Internal Audit for this review. Management action plans and implementation timetables were agreed by Audit Committee in September 2013.
- Establishment controls: Identified issues concerning Patient Care Services (PCS) rosters, overtime and enhancements, and meal break authorisations. Four recommendations were made by Internal Audit for this review. Management action plans and implementation timetables were agreed by Audit Committee in November 2013.
- Environmental sustainability: Identified a need for a whole system review to ensure the Trust complies with Welsh Government requirements. No recommendations were made by Internal Audit for this review due to the number of issues identified. Management action plans are in progress.
- Business continuity: Identified a range of issues including risk assessment, communication and training, Board involvement. Eight recommendations were made by Internal Audit for this review. Management action plans and implementation timetables were agreed by Audit Committee in February 2014.

During the financial year Audit Committee considered the following reports by Internal Audit with a conclusion of no assurance, i.e. the Trust Board can take no assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively:

- ‘Pool’ vehicles: Identified issues concerning policy and controls. Three recommendations were made by Internal Audit for this review. Management action plans and implementation timetables were agreed by Audit Committee in July 2013.
- Long term accommodation controls: Identified policy issues with four recommendations by Internal Audit. Management action plans and implementation timetables were agreed by Audit Committee in July 2013.

Auditor General for Wales Assessment

The Auditor General for Wales is responsible for scrutinising the Trust's financial systems and processes, performance management, key risk areas and the Internal Audit function, in order to fulfil his obligations under the Code of Audit Practice. KPMG is appointed on behalf of the Auditor General for Wales to undertake this within the Trust. They undertake financial and performance audit work specific to the Trust.

During 2013/14 the Auditor General for Wales issued the Trust with five financial audit reports and two performance and programme reports. With regards to financial audit work, the Auditor General issued an unqualified opinion on the 2012/13 financial statements (in doing so, some matters and observations were brought to the attention of officers and the Audit Committee) and highlighted the need for the Trust to address the significant challenge of breaking even whilst maintaining service delivery. With regards to governance arrangements the Auditor General has concluded:

“The Trust's governance arrangements are broadly sound and the Ambulance Service Reform Programme is expected to have a positive impact on the Trust's ability to achieve its strategic objectives and plans:

- Overall Board assurance and internal controls are robust and supported by scrutiny of the quality and safety of services. In light of the Ambulance Service Reform Programme the Trust has revisited its governance structure to ensure it is better placed to deliver change and ensure patient safety.
- Capacity constraints especially at executive level may impact on the Trust's ability to enact the significant change the reform programme requires, and work more effectively with partners, while improving performance and ensuring patient safety.
- The Trust has realised some benefits of the revised organisational structure, which more closely aligned heads of service with health board localities. However, the Trust and the Health Boards need to continue to work together to more effectively minimise delayed patient handovers at hospital emergency departments and provide good patient service.
- The Trust has arrangements to capture user concerns and identify emerging themes and has made progress in capturing user experience information to improve service quality. However there are opportunities to further develop how it uses and responds to the themes identified.
- The Trust has made progress in addressing recommendations from previous Structured Assessment audit work although some important actions remain outstanding in a few key areas.
- The Trust has made progress in finalising its core workforce-related strategies and establishing a number of working groups to develop and implement key

workforce plans. However there is significant challenge to effectively implement these plans and deliver the desired change.

- The Trust has made effective use of the National Fraud Initiative (NFI) to detect fraud.”

Overall Governance Issues

During 2013/14 the organisation faced a number of pressures in terms of overall governance surrounding patient safety and performance targets, balancing these against a challenging financial environment in the context of the statutory obligation/duties to balance in year and the requirements placed on the Trust by Welsh Government. Two other issues faced by the Trust that should be noted are:

- Following the Community Health Council’s (CHC) inspection of a number of ambulance stations, the Trust has carried out a number of actions to address the concerns raised about the cleanliness of stations. The way in which this matter has been managed demonstrates the effective working relationship that the Trust has with its key stakeholders such as the CHC. The action plan to address the issue raised demonstrates effective partnership working and formation of a joint way forward to tackle the concerns raised.
- There have been a number of high profile Coroners Inquests during the year, resulting in further Rule 43 notices impacting on both the Health Boards as well as this Trust, actions to address these being progressed as far as practicably possible in partnership with our Health Board colleagues particularly in terms of increasing handover delays. The Fredrick Pring Inquest in North Wales at the beginning of 2014 provided the catalyst for ‘striking the right balance’ between patient safety and welfare of staff. This, together with the advent of a new Board, has led to significant progress in progressing the necessary transformation required and adoption of new policies and working practices.

Other governance issues which have, in my view, presented concerns to the organisation over the past year are the lack of clarity about how the Emergency Ambulance Services Committee will work and the overall governance framework around this in addition to the emerging role of the Chief Ambulance Commissioner.

Looking forward to the new financial year the appointment of a new Non Executive arm of the Board with such a significant turnover brings with it a certain element of risk however I view this as an opportunity to establish new and improved assurance arrangements with effective scrutiny and challenge being placed into the system.

Conclusion

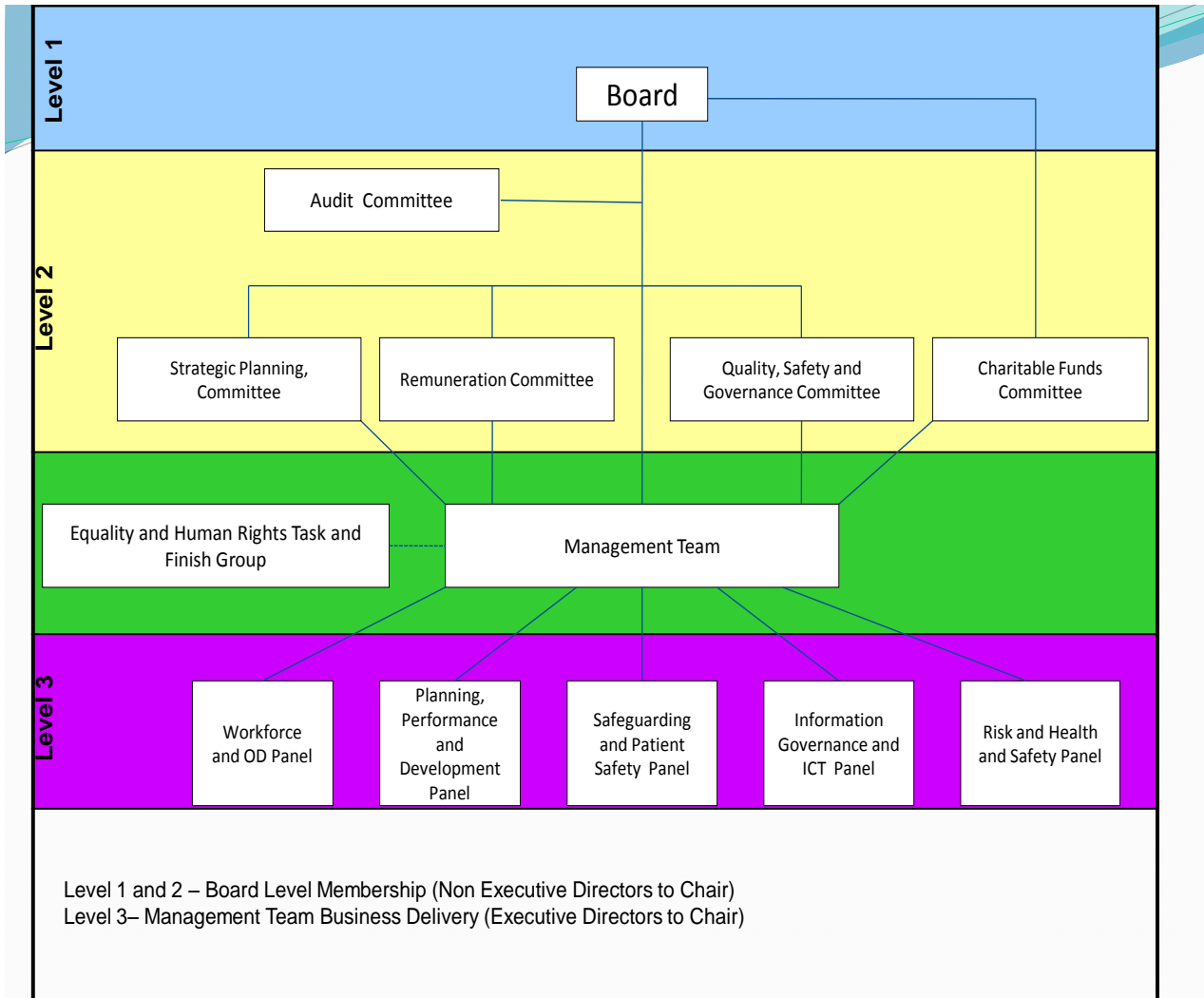
In light of the Wales Audit Office report as Accountable Officer and Chief Executive for the Welsh Ambulance Services NHS Trust, I confirm that the statements made in

this report are correct and that broadly no significant internal control or governance issues have been identified for the period 1 April 2013 through to 31 March 2014.

Signed by Chief Executive:

Date:

Trust Board Governance Structure April 2013 – December 2013



Board and Committee Membership and Attendance

Board and Committee Membership

The Board has been constituted to comply with the National Health Service (Wales) Act 2006 and the National Health Service Trusts (Membership and Procedure) Regulations 1990 (1990/2024). In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of Champion roles where they act as ambassadors for these matters.

Name	Position	Representation Role Area of Expertise	Board and Committee Attended (number of meetings attended)	Champion Roles
Stuart Fletcher (1/4/13 – 31/8/13)	Non Executive Director	Trust Board Chairman, Chair Remuneration Committee	Trust Board (2), Remuneration (2), Audit (1), QS&G (1), Strategic Planning (1)	Corporate Health Standards
Mick Giannasi (1/9/13 – 31/3/14)	Non Executive Director	Trust Board Chairman (interim 1/9/13 – 14/1/14), Chair Remuneration Committee	Trust Board (4), Remuneration (3), Audit (3), Quality Delivery (3), STB (1), Strategic Planning (2)	
Stuart Castledine	Non Executive Director	Chair Audit Committee, Finance	Trust Board (9), Audit (5), Strategic Planning (3), QS&G (1), Remuneration (3)	Community First Respondrs, Ambulance Trust Olympic Group, Military Veterans liaison
Philip James	Non Executive Director	Chair Strategic Planning Committee (1/4/13 – 21/12/13), Chair Quality Delivery Committee, Finance and Audit	Trust Board (9), Quality Delivery (3), QS&G (4), Strategic Planning (4), Remuneration (2)	Welsh language, Service Delivery
Dilwyn Evans	Non Executive Director	Trust Board Vice Chairman, Chair Charitable Funds Committee	Trust Board (7), Audit (4), STB (1), QS&G (1), Strategic Planning (3), Charitable Funds (2), Remuneration (4)	Development of “Healthy Sustainable Wales”
Kevin Fitzpatrick (1/4/13 – 24/2/14)	Non Executive Director	Chair Quality, Safety & Governance (1/4/13 – 21/12/13), Patient Outcomes & Engagement, Quality & Safety	Trust Board (5), Audit (4), STB (1), QS&G (4), Remuneration (2)	Equality & Diversity, Young Peoples Services, Health in Wales
John Morgan	Non Executive Director	Information/ICT	Trust Board (9), Audit (2) Quality Delivery (3), STB (1), QS&G (3), Strategic Planning (1), Charitable Funds (1), Remuneration (3)	Infection Management, Concerns, 1000 lives +
Peter Price (1/4/13 – 15/11/13)	Non Executive Director	Legal	Trust Board (4), Strategic Planning (2), Charitable Funds (1), Remuneration (1)	Design
Mary Powell (13/1/14 – 31/3/14)	Interim Non Executive Director	Equality and Diversity	Trust Board (3), Audit (1), Quality Delivery (3), Charitable Funds (1)	
David Scott (13/1/14 – 31/3/14)	Interim Non Executive Director	Health Service and Local Government	Trust Board (3), Audit (1), Remuneration (2)	
Elwyn Price-Morris	Chief Executive	Chair Strategic Transformation Board, Accountable Officer	Trust Board (9), Audit (1), STB (1), Strategic Planning (1), QD (2), Remuneration (5)	

Mike Collins (19/12/13 – 31/3/14)	Associate Director	Service Delivery	Trust Board (5), Quality Delivery (3), STB (1),	
Judith Hardisty	Executive Director	Workforce and Organisation Development	Trust Board (9), Audit (1) Quality Delivery (3), STB (1), QS&G (3), Strategic Planning (4), Remuneration (6)	
Paul Hughes (1/4/13 – 31/1/14)	Executive Director	Medical	Trust Board (4), Audit (2), STB (1), QS&G (3),	Caldicott Guardian
Sue Jenkins (1/4/13 – 13/9/13)	Associate Director	Service delivery	Trust Board (3), Audit (1), QS&G (2), Strategic Planning (2)	
Sara Jones	Executive Director (from 26/9/13) Associate Director (1/4/13 – 26/9/13)	Quality and Nursing Nursing	Trust Board (6), Quality Delivery (3), STB (1), QS&G (3)	
Patsy Roseblade	Executive Director	Finance and ICT	Trust Board (7), Audit (4) Quality Delivery (3), STB (1), Strategic Planning (4), Charitable Funds (2),	
Jonathan Whelan (3/2/14 – 31/3/14)	Interim Associate Director	Medical and Clinical	Trust Board (1), Audit (1) Quality Delivery (1)	
William Wilkins (10/4/13 – 9/1/14)	Interim Associate Director	Strategic Planning and Performance	Trust Board (5), QS&G (1), Strategic Planning (3)	

Notes:

QS&G = Quality, Safety and Governance Committee

STB = Strategic Transformation Board

Governance Framework

The Trust has agreed Standing Orders for the regulation of proceedings and business. These are designed to translate the statutory requirements set out in the NHS (Wales) Act 2006 and the National Health Service Trusts (Membership and Procedure) Regulations 1990 (1990/2024), into day to day operating practice and together with the adoption of a scheme of matters reserved to the Board; a scheme of delegations to officers and others; and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Trust and define its 'ways of working'. These documents together with the range of corporate policies set by the Board make up the Trust's Governance Framework.

The Trust's governance structure accords with the governance e-manual and the Welsh Government's citizen-centres governance principles and Standards for Health Services in Wales, together with its planning and performance management frameworks. These arrangements comply with the principles included in HM Treasury's "Corporate Governance in Central Government Departments: Code of Good Practice 2011".

Board and Committee Timetable 2013/14

The Board has a cycle of business that supports the Governance Framework. This cycle of business ensures appropriate sequencing of meetings to schedule business

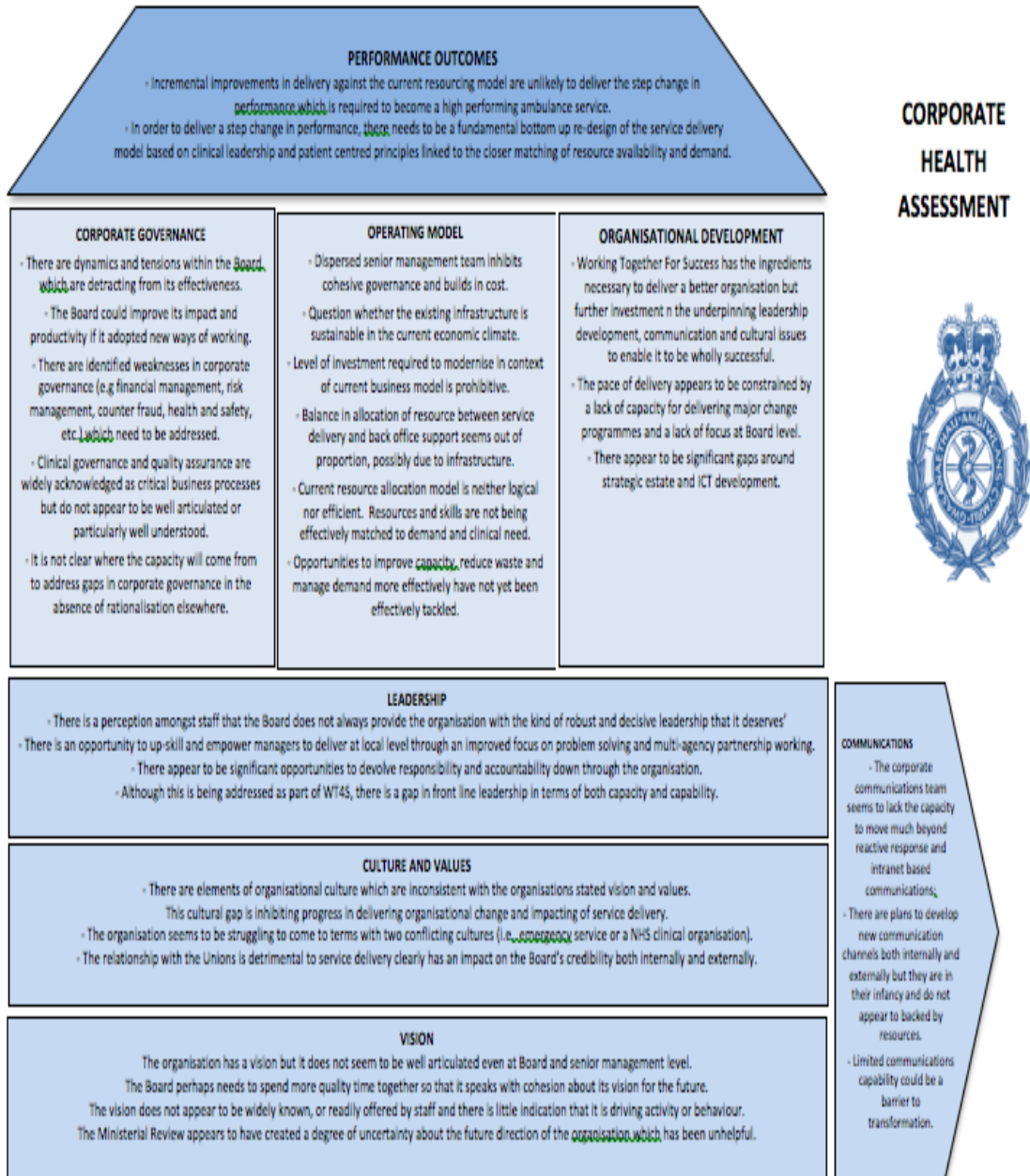
satisfactorily throughout the year. The calendar runs from April to March each year to link with the financial timetable. The Trust has an established forward plan of business which is reviewed by the Management Team and Board/Committee Chairs on a regular basis and at pre agenda meetings. In addition, annual plans of business are part of the standard agenda for review at Board/Committees.

The following table provides the dates of scheduled Board and Committee meetings for 2013/14. All meetings were quorate.

Three additional meetings of the Trust Board were held on 11 April 2013, 22 May 2013 and 27 February 2014 to discuss urgent business matters.

	2013-2014					
Trust Board	5 JUNE 2013	25 JULY 2013	26 SEPTEMBER 2013	12 DECEMBER 2013	23 JANUARY 2014	20 MARCH 2014
Audit	29 MAY 2013	3 JULY 2013	17 SEPTEMBER 2013	20 NOVEMBER 2013	27 FEBRUARY 2014	
Charitable Funds	2 MAY 2013 (Meeting cancelled)	27 SEPTEMBER 2013	13 MARCH 2014			
Quality, Safety and Governance	23 APRIL 2013	18 JUNE 2013	3 SEPTEMBER 2013	5 NOVEMBER 2013		
Quality Delivery	30 JANUARY 2014	27 FEBRUARY 2014	27 MARCH 2014			
Strategic Planning	2 MAY	27 JUNE	5 SEPT	14 NOVEMBER		
Remuneration	8 APRIL	24 MAY	25 SEPTEMBER	9 JANUARY 2014	23 JANUARY 2014	20 MARCH 2014

Trust Corporate Health Assessment – October 2013



Trust Corporate Risks March 2014

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For Appendix 4 see Excel spreadsheet.