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Welsh Ambulance Services
NHS Trust

WELSH AMBULANCE SERVICES NHS TRUST

MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 5 NOVEMBER 2015 AT TRUST HEADQUARTERS, ST ASAPH WITH A VIDEO CONFERENCING LINK TO CEFN COED, SWANSEA AND THE DIRECTOR OF FINANCE AND ICT OFFICE, VANTAGE POINT HOUSE, CWMBRAN

PRESENT :

David Scott	Non Executive Director and Chair	DS
Emrys Davies	Non Executive Director (Via VC VPH)	ED
Pam Hall	Non Executive Director	PH

IN ATTENDANCE :

Hugh Bennett	Head of Planning and Performance (Via VC VPH)	HB
Keith Cox	Corporate Secretary	KC
Jillian Gill	Financial Accountant	JG
Dave Harries	Head of Internal Audit	DH
Brendan Lloyd	Medical Director (Via VC, Minute 32/15 only)	BL
Ossama Lotfy	Principal Auditor	OL
Steve Owen	Corporate Governance Officer	SO
David Rees	Wales Audit Office	DR
Gordon Roberts	Interim Director of Operations (EMS)	GR
Patsy Roseblade	Director of Finance and ICT (Via VC VPH)	PR
Paul Seppman	Staff Side Representative (Via VC Cefn Coed)	PS
Virginia Stevens	KPMG	VS
David Thomas	Wales Audit Office	DTh
Damon Turner	Staff Side Representative (Via VC Cefn Coed)	DTu

APOLOGIES:

None Recorded

27/15 PROCEDURAL MATTERS

Declarations of Interest

The Committee noted the standing declaration of interest of Mr Emrys Davies being a retired Member of UNITE.

Minutes

The Minutes of the open and closed sessions of the Audit Committee meeting from

10 September 2015 were confirmed as a correct record.

Matters Arising

The Committee considered the actions listed in the Action log. The actions therein were amended to reflect the discussion on each item and the Action log was updated accordingly.

In terms of the Non Executive Director's (NED's) expenses it was decided that for next and future years, the NED's be presented with a more user friendly version of their expenses for agreement.

RESOLVED: That

- (1) the declaration of interest of Mr Emrys Davies being a retired member of UNITE made under the Code of Conduct be noted;**
- (2) the Minutes of the meeting of the open and closed sessions of the Committee held on 10 September 2015 be confirmed as a correct record;**
- (3) the actions contained within the Action Log were considered and actioned accordingly; and**
- (4) the Financial Accountant arrange for next and future years NED's expenses to be provided in a more user friendly version for their scrutiny.**

28/15 INTERNAL AUDIT PROGRESS REPORT – NOVEMBER 2015

DH, Head of Internal Audit advised the Committee of progress up to the end of November 2015. During this period one report had been finalised, Information Governance – Security of Patient Clinical Records (PCR's), which indicated a moderate level of assurance. The Committee were given an overview by **DH** on each of the summary of the findings from the review as shown below:

- Security
- Timely submission to Clinical Audit
- Historic PCR's
- Scanning Capacity

In terms of ongoing work, **DH** referred to the review on Accessible Healthcare and the fieldwork currently being conducted and advised that a brief had been initially agreed in principle with the Director of Quality and Nursing; however at this moment in time, clarity was awaited from whom this brief could be agreed going forward.

The Chairman welcomed comments from Members:

- The Director of Finance and ICT **PR**, commented on the issue of historical PCR's and the work being undertaken to address this in terms of the governance issues going forward.
- In terms of the sign off for the Accessible Healthcare review it was anticipated that the Medical Director would be the lead in this regard and this was to be confirmed by the Director of Finance and ICT in due course.

- Current PCR's - The Trust must still pay due diligence and attention to the remaining PCR's following the introduction of the digi pen in September 2015 which were in the process of reaching Swansea. There was concern that some of the historic PCR's appeared to be unprocessed. **GR** advised that PCR's would and were being correctly filtered into the system. In terms of the unprocessed historic PCR's **PR** commented that the issue had been acknowledged and was currently being addressed.
- It was suggested that the Trust consider the inherent risk of storing the PCR's securely, contrasted with the processing of them, and devise a development plan going forward taking into account all the problematic issues encountered in the past.

RESOLVED: That

- (1) **the assurance levels provided by the reviews that were finalised in the period and progress on other planned reviews be noted; and**
- (2) **a progress report be provided by the Director of Finance and ICT which would illustrate the ongoing issues in terms of historic PCR's.**

29/15 BUSINESS CONTINUITY UPDATE

The Head of Planning and Performance **HB**, updated the Committee in terms of the latest Business Continuity situation and advised that a less complex and effective action plan had been devised for the Heads of Operations to implement. There had been considerable progress made, nevertheless the forward impetus must continue and at the next meeting a formal paper would be provided.

The following comments were made by the Committee:

- In terms of the Audit Tracker and the progress shown, concern was expressed as it appeared that the approach was shown on a department by department basis it was felt there was a risk which would indicate an isolated approach. Of particular note it appeared that ICT had no plan which was very concerning. **HB** explained that this issue would be considered adding that it was important to illustrate progress across the board at a functional level. In terms of ICT **PR** advised that an ICT plan was in place, however it has not been tested in recent times. Members agreed after further discussion, that as the plans developed, the testing of them was crucial across all departments.

RESOLVED: That

- (1) **the update be noted;**
- (2) **a note of thanks be recorded to the Head of Planning and Performance and his team for the work undertaken in terms of Business Continuity; and**
- (3) **the Head of Planning and Performance present an SBAR at the next meeting to illustrate progress on Business Continuity which would incorporate a business impact assessment.**

The Director of Finance and ICT advised the Committee that a complete review of risk for the whole Trust was being undertaken by Jane Palin.

The Committee were presented with the Corporate risk register by **PR** who drew the following items for their attention:

- CR 7 – An initial review had been conducted with regards to FOI's with a further review being undertaken by the Corporate Secretary. The increase in FOI's could not be attributed to a particular reason and any learning from FOI's would be identified from ongoing review.
- CR 2 – Quality of Care, the issues raised in the description had now been superseded by the new clinical response model and it was felt by the Medical Director that this risk should now be removed. Members discussed the issue of removing this risk from the register in further detail and it was agreed it was too soon to remove it until such time the new clinical model had bedded in.

The following comments were made by the Committee:

- Emergency Response Times – Why has the inherent risk reduced and was it as a result of the clinical model implementation? **PR** commented that the severity of the risk was the risk whatever the likelihood of it happening was. It had previously been agreed that a rating of four more accurately reflected the risk.
- CR 6 - Sickness rates - Whilst it was appreciated that the reduction in sickness had contributed significantly to the savings plans, there had not been any change in terms of the actions that had been taken since the last update. However the likelihood of the risk occurring had actually reduced from three to two. Was this based on the trend that the sickness rates were now taking? **PR** advised that it was based on the trends the sickness rates were taking and confirmed that the register would be updated to reflect that.
- CR 9 - Safeguarding - There had been no further actions since the last update and there did not appear to be any movement going forward. **PR** commented that there had been some changes to the narrative and although further actions were being taken they did not yet constitute a reduction in the residual risk.
- CR 3 – Handover to A and E – was there any feedback on the handover protocol? **GR** advised that the handover procedures had been reviewed and would be reissued. He assured the Committee that a group within the Trust was in place to provide monitoring.

The Chairman asked the Committee to consider whether the register reflected all the risks affecting the Trust and it was agreed following further input from Members that it was still a work in progress. **PR** advised that a completely revamped risk register would be presented to the Committee by April 2016. **KC** added that the review of the register would reflect the Board Assurance Framework and strategic risks. **PR** confirmed that risk was now within the portfolio of the Quality Patient Experience and Safety Directorate.

RESOLVED: That

- (1) the Corporate Risk Register be received and noted;**
- (2) the description of the risk in CR2 be updated by the Director of Finance and ICT; and**
- (3) the updated Risk Radar be presented at the next meeting.**

31/15 LOSSES AND SPECIAL PAYMENTS - PAYMENTS FOR THE PERIOD FROM 1 APRIL 2015 TO 30 SEPTEMBER 2015

The Financial Accountant **JG** provided the Committee with an overview of the Losses and Special Payments transactions for the period 1 April – 30 September 2015. **JG** referred to the fluctuations of payments within the period and provided an explanation as to why they had occurred.

The Director of Finance and ICT gave a more detailed description in terms of losses and payments affecting Trust vehicles and assured the Committee that through the Organisational Learning Group, the issue was being monitored.

Furthermore it was confirmed by **JG** that the cost of repair to Trust vehicles, when the Trust was not a fault, was included within the overall claim.

In terms of the recent change to the unsocial hours agreement and with particular regard to any industrial injuries to staff and any associated claims they may have, was it possible to extrapolate that information and determine the impact on the Trust? **PR** confirmed that at this stage it was too early to make any assumptions, nonetheless it was felt there would be an impact.

RESOLVED: That the Losses and Special Payments Report for the first six months of 2015/16 be received.

32/15 CLINICAL AUDIT AND EFFECTIVENESS PROGRAMME

The Medical Director **BL**, presented the report which provided the Committee with an overview of ongoing progress and the challenges faced within the clinical audit and effectiveness programme.

In terms of the clinical audit with regards to Patient Clinical Record completion, **BL** advised that there would be incremental improvement following the implementation of the digi pen and there had already been significant progress.

The Medical Director acknowledged that audit completion dates on some of the topics had slipped and would address these promptly.

RESOLVED: That the Clinical Audit and Effectiveness programme (v2 2015/16) be noted.

RESOLUTION TO MEET IN CLOSED SESSION

Representatives of the press and other members of the public were excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted in accordance with the requirements of Section 1(2) of the Public

Bodies (Admissions to Meetings) Act 1960.

Reports relating to the items of business in these minutes can be found on the Trust's website, www.ambulance.wales.nhs.uk