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Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

## WELSH AMBULANCE SERVICES NHS TRUST

### UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 3 MARCH 2016 AT TRUST HEADQUARTERS, ST ASAPH WITH A VIDEO CONFERENCING LINK TO VANTAGE POINT HOUSE, CWMBRAN

#### PRESENT :

David Scott	Non Executive Director and Chair	DS
Emrys Davies	Non Executive Director (Via VC VPH)	ED
Martin Woodford	Non Executive Director (Via VC VPH)	MW

#### IN ATTENDANCE :

Mick Giannasi	Trust Chairman (Via VC VPH)	MG
Jillian Gill	Financial Accountant	JG
Dave Harries	Head of Internal Audit	DH
Andrew Jenkins	Deputy Director Medical and Clinical Services (Via VC VPH) (Part)	AJ
Ossama Lotfy	Principal Auditor	OL
Steve Owen	Corporate Governance Officer	SO
Jane Palin	Assistant Director (Interim) (Part)	JP
Paul Seppman	Staff Side Representative (Via VC VPH)	PS
Dave Thomas	Wales Audit Office (Via VC VPH)	DTh
Chris Turley	Deputy Director of Finance (Via VC VPH)	CT
Damon Turner	Staff Side Representative (Via VC VPH)	DTu
Anthony Veale	Wales Audit Office (Via VC VPH)	AV
Kevin Webb	Clinical Effectiveness Manager (Part) (Via VC)	KW

#### APOLOGIES:

Keith Cox	Board Secretary
Pam Hall	Non Executive Director
Patsy Roseblade	Director of Finance and ICT

#### 09/16 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 7  
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January 2016 were confirmed as a correct record subject to annotating Dave Thomas and Wendy Welsh as being in attendance at the closed session of the meeting.

### **Action Log**

Action Number 3. The Clinical Effectiveness Manager provided the Committee with an update on progress. He advised Members that there had been ongoing issues with data collection from the digital pen however the team had been working hard to ensure the issues were resolved in a timely manner. In terms of clinical indicators data, **KW** assured the Committee that compliance in this regard was satisfactory adding that further clinical indicators would be rolled out presently.

Following a further discussion it was agreed that quarterly progress reports on the clinical audit and effectiveness programme be presented to the Committee.

### **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 7 January 2016 be confirmed as a correct record subject to the minor amendment as described above;**
- (3) the actions contained within the Action Log were considered and actioned accordingly as shown above; and**
- (4) clinical audit and effectiveness programme quarterly progress reports be presented to the Committee.**

### **10/16 INTERNAL AUDIT PROGRESS REPORT**

The Head of Internal Audit **DH**, presented an overview of development in respect of the assurances, key issues and progress against the Internal Audit (IA) Plan for 2015/16 since the last reporting period. He commented that there had been a marked shift in compliance overall and having sample checked several areas it was noted that opinion had moved from limited to moderate.

In terms of the Staff Personal Appraisal Development Review (PADR), **DH** stated that whilst the compliance target of 85% would be challenging he added that it was a performance target as opposed to a qualitative one. **MW** assured Members the Finance and Resources Committee would continue, in terms of tracking and monitoring progress of PADR completion compliance, an active role in this regard until such time there was a robust process.

The following issue was raised by an attendee:

Concern was expressed with the length of time it took between the draft reports being issued and the actual sign off. **DH** provided further information in terms of sign off stating that for Limited and Unsatisfactory opinion the period was 15 working days and for substantial and moderate opinion it was 20 working days and assured the Committee that this issue would be escalated.

**RESOLVED: That the progress report be noted.**

## 11/16 LOSSES AND SPECIAL PAYMENTS UPDATE

The Financial Accountant **JG**, provided the Committee with an overview of the losses and special payments for the current financial year up to the end of January 2016.

Furthermore, following a request at the last meeting, the Committee were presented with details of a comparison of cumulative payments made in respect of cases closed during the period from 1 April 2012 to date.

In terms of the high value cases, Members were keen to understand what the Trust was learning from them and how they were closed off once the lessons had been identified and implemented. **JG** advised that whilst this did not fall under her specific expertise she commented that in these particular cases, the Welsh Risk Pool would when submitting their report initiate a clear set of recommendations particular to each high value case for the Trust to action. It was therefore agreed that a process be initiated whereby these particular reports be forwarded to the Clinical Audit Team for their consideration the results of which be transmitted to the Organisational Learning Group and following that a summary report be presented to the QuEst Committee in due course.

Following further discussions an issue had arisen in terms of capturing information which related to the change in payment of unsocial payments and whether there was a correlation between that and staff going sick and whether there had been an overall cost increase. **CT** agreed to consider this issue and report any findings through the Finance and Resources Committee.

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

## 12/16 CORPORATE RISK REGISTER AND RISK MANAGEMENT STRATEGY AND FRAMEWORK 2016/19

The Assistant Director (Interim) **JP**, presented the report advising the Committee of the timelines and route the Corporate Risk Register and Risk Management Strategy Framework 2016/19 would follow going forward ensuring its alignment to the Integrated Medium Term Plan (IMTP).

The following comments were made:

- 1) FRC should be added to the Consultation History on page two of the Risk Management Strategy and Framework
- 2) The appetite for risk was based on each individual risk and not the Trust as a whole

**RESOLVED: That**

- (1) the submission of the Risk Management Strategy & Framework 2016/19 to the Board for approval in March 2016 with an October 2016 review date be endorsed; and**
- (2) an update on the progress to date with the development of the new Corporate Risk Register be received and the approach and level of**

**assurance required in relation to the quarterly reporting to the Committee from April 2016 was discussed be noted.**

## **13/16 2016 AUDIT PLAN**

The Committee was presented with an overview of the objectives and statutory duties and obligations under the Code of Audit Practice by the Wales Audit Office team.

**DTh** provided further detail in terms of their areas of focus with regard to reviews going forward. He also informed the Committee in terms of how it was intended to scope the audit work programme

**RESOLVED: That the update 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](http://www.ambulance.wales.nhs.uk)**