

Structured Assessment 2024 – Welsh Ambulance Services University NHS Trust

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2024 structured assessment work at the Welsh Ambulance Services University NHS Trust (the Trust). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.
- 2 Our 2024 structured assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on:
 - corporate approach to planning;
 - corporate systems of assurance;
 - board transparency, cohesion, and effectiveness; and
 - corporate approach to financial management.We have not reviewed the Trust's operational arrangements as part of this work.
- 4 Our work has been informed by our previous structured assessment work, which has been developed and refined over a number of years. It has also been informed by:
 - model Standing Orders, Reservation and Delegation of Powers;
 - model Standing Financial Instructions;
 - relevant Welsh Government health circulars and guidance;
 - the Good Governance Guide for NHS Wales Boards (Second Edition); and
 - other relevant good practice guides.We undertook our work between August and September 2024. The methods we used to deliver our work are summarised in **Appendix 1**. Our work was conducted in accordance with the auditing standards set by the International Organisation of Supreme Audit Institutions.
- 5 We also provide an update in this report on the Trust's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

Key findings

- 6 Overall, we found that **the Trust's corporate arrangements generally support good governance and the efficient, effective, and economical use of resources. Positively, the Trust is transforming its clinical services to better manage operational pressures and demand and is making good progress in enhancing key systems of assurance to strengthen Board focus on strategic risks. Whilst its financial performance is good, the Trust needs to move away from its reliance on non-recurrent savings to maintain organisational resilience.**
- We considered whether the Trust has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery. **We found that the Trust continues to have a generally sound approach to producing strategies and corporate plans, including the development of an ambitious Clinical Model Transformation Programme. However, opportunities remain to strengthen Board oversight of the development and delivery of the Trust's Integrated Medium-Term Plan.**
 - We considered whether the Trust has a sound corporate approach to managing risks, performance, and the quality and safety of services. **We found that the Trust continues to strengthen its corporate systems of assurance and is taking positive steps to enhance its Board Assurance Framework. However, opportunities remain to strengthen the Trust's framework for managing organisational performance and overseeing the quality and safety of services.**
 - We considered whether the Trust's Board conducts its business appropriately, effectively, and transparently. **We found that recent changes to Board membership have been managed well and the Board has continued to conduct its business effectively. The Trust continues to demonstrate a strong commitment to public transparency and continuous improvement. The Trust remains committed to hearing from patients, staff, and other stakeholders; however, opportunities remain to enhance these arrangements further.**
 - We considered whether the Trust has a sound corporate approach to managing its financial resources. **We found that the Trust continues to have strong financial performance supported by effective financial planning. However, the Trust needs to improve its arrangements for identifying and reporting recurrent saving schemes.**

Recommendations

7 **Exhibit 1** details the recommendations arising from our work. The Trust's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: 2024 recommendations

Recommendations

- R1 The Trust should ensure that Board members are given the opportunity, either within a formal meeting or through circulation outside of meetings, to discuss and scrutinise a draft version of the Integrated Medium-Term Plan ahead of its submission for formal ratification and approval. **(Paragraph 14)**
- R2 The Trust should update its Quality and Performance Management Framework to reflect recent changes in key internal roles. **(Paragraph 35)**
- R3 The Trust should apply to staff stories the process it has in place for patient stories to provide clarity on how the Trust has recorded the story, how the story has been used for assurance or improvement purposes, and how the Trust has responded to the individual who shared their experience. **(Paragraph 71)**

Detailed report

Corporate approach to planning

- 8 We considered whether the Trust has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.
- 9 We found that **the Trust continues to have a generally sound approach to producing strategies and corporate plans, including the development of an ambitious Clinical Model Transformation Programme. However, opportunities remain to strengthen Board oversight of the development and delivery of the Trust's Integrated Medium-Term Plan.**

Corporate approach to producing strategies and plans

- 10 We considered whether the Trust has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:
 - a clear Board approved vision, appropriate objectives and a long-term strategy in place which are future-focused, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
 - the long-term strategy underpinned by an appropriate Board approved long-term clinical strategy;
 - appropriate and effective corporate arrangements in place for developing and producing the Integrated Medium-Term Plan (IMTP), and other corporate plans; and
 - the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.
- 11 We found that **the Trust has generally good arrangements for producing strategies and corporate plans and is making good progress in developing a new Clinical Model Transformation Programme to transform service delivery. Whilst the Trust was able to produce an approvable Integrated Medium-Term Plan for 2024-27, the Board should have been more involved in scrutinising the draft version prior to approving the final plan.**
- 12 The Trust continues to pursue the vision and objectives of its long-term strategic framework (the Framework) - 'Delivering Excellence, Our Vision for 2030'. The organisational strategy outlines the Trust's vision on altering the Trust's traditional service model to manage demand differently. This includes increasing the provision of remote advice and treatment as well as access to pathways that enable patients to stay in their communities rather than be conveyed to hospital. The Framework also sets out the Trust's ambitions for its staff and how it will pursue innovation, value and quality.
- 13 In 2023, the Trust undertook a high-level assessment of progress to-date against the Framework. Building on this, during May and June 2024, the Trust held

workshops to explore how it could accelerate plans to achieve its vision through changes to the organisation's clinical model. As a result, rather than the current operational structures of three separate service provisions¹, the Trust is proposing to move to a single fully integrated model of care² with the aim of reducing waits and cases of avoidable harm. The Board has been kept informed of the development of this work through Board Development Days. This activity has been termed the Trust's Clinical Model Transformation Programme, which will be supported by annual delivery plans.

- 14 The Trust's Integrated Medium-Term Plan for 2024-27 (IMTP 2024-27) was approved by the Board on 25 March 2024 and submitted to Welsh Government within the required timeframe. Welsh Government has approved the IMTP 2024-27. The Trust demonstrated a strong commitment to internal and external engagement to support the development of its IMTP 2024-27. This included considering patient stories, conducting staff surveys, and engaging with the new Joint Commissioning Committee which replaced the Emergency Ambulance Services Committee in 2024. The Finance and Performance Committee and the Board were kept up to date on the process for developing the IMTP, as well as receiving aspects of the IMTP through board development days. However, despite a paper stating the Finance and Performance Committee and Board would formally receive draft copies of the IMTP in January 2024, neither were given an opportunity to review a full version of the IMTP until March 2024 when it was formally approved for submission to Welsh Government. Sharing a draft version, either in a formal meeting setting or by circulating it to members with sufficient time ahead of the submission deadline would provide the board with greater opportunities to discuss and comment on the plan (**Recommendation 1**).
- 15 On 30 June 2024, the Trust became a listed organisation under the Well-being of Future Generations (Wales) Act 2015. In line with the Act, the Trust will be required to set well-being objectives in accordance with the sustainable development principle, with its first set of objectives due by April 2025. At the time of writing this report, the Trust was establishing an organisational-wide task and finish group to plan and oversee the development of the well-being objectives and associated work under the new requirements.
- 16 The Board has also approved a Strategic Equality Plan 2024-28 (as required under The Equality Act 2010) and a Digital Plan 2024-29 in March 2024 and July 2024 respectively. Our 2022 structured assessment report commented on the lack of clarity around how the previous Digital Strategy was to be funded as it did not contain clear costing information. We also commented that it was difficult for Board members to clearly monitor delivery of the strategy. It is positive to note that the

¹ Emergency Medical Services, National 111 Service, Ambulance Care Service.

² Patients with an emergency, urgent or routine health need will be able to access services via different methods, be assessed, including (as necessary) via rapid clinical screening and receive the right response and outcome for their specific need.

new Digital Plan is much clearer on resource requirements and the risks of failure to invest, including an impact on cybersecurity vulnerabilities and operational inefficiencies. The Trust has also identified new key performance indicators to enable robust monitoring of plan delivery.

- 17 The IMTP 2024-27, Strategic Equality Plan and Digital Plan are publicly available on the Trust website (see **Appendix 2, 2023 Recommendation 2**).

Corporate approach to overseeing the delivery of strategies and plans

- 18 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:
- corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART³ milestones, targets, and outcomes that aid monitoring and reporting; and
 - the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.
- 19 We found that **the Trust's IMTP 2024-27 contains clear objectives and outcome-based milestones and there is greater focus on the impact of plan delivery in progress reports. However, the Trust will need to clearly communicate any changes to the delivery of its IMTP 2024-27 as a result of the Clinical Model Transformation Programme.**
- 20 The IMTP 2024-27, which is appropriately aligned to the Trust's long-term strategy and strategic priorities, has a strong focus on delivery, with each section setting out clear objectives and a description of what good will look like in 2027. Each objective lists the outcome-based milestones the Trust aims to achieve in each of the three years of the plan (see **Appendix 2, 2023 Recommendation 3**).
- 21 Overall delivery of the IMTP 2024-27 continues to be overseen by the Strategic Transformation Board. However, the supporting delivery structures have been refreshed since the approval of the IMTP 2024-27 to incorporate the Clinical Model Transformation Programme. Actions under the Clinical Model Transformation Programme (which are not reflected in the IMTP 2024-27 as the programme was developed after the IMTP) are monitored by the Clinical Model Transformation Board, whereas actions within the IMTP 2024-27 that are not aligned to the Clinical Model Transformation Programme are overseen by the Integrated Strategic Planning and Development Group.
- 22 The Finance and Performance Committee and Board continue to receive quarterly IMTP 2024-27 progress updates. At the time of writing, the Trust were reporting that the introduction of the Clinical Model Transformation Programme had not yet

³ Specific, measurable, achievable, relevant, and time-bound

resulted in the need to pause or delay any of its IMTP 2024-27 commitments to release capacity. Any potential changes will be reported to the Finance and Performance Committee during the year.

- 23 Our 2023 structured assessment report suggested that the Strategic Transformation Board should also consider performance information to better understand the impact of IMTP actions. The IMTP 2024-27 progress report to the Finance and Performance Committee in September 2024 included a section on outcomes for some workstreams, which provided information against metrics and the 'what good will look like in 2027' information contained in the plan. Some metrics were still in development as of September 2024. Where metrics have been developed, the progress report included a RAG (Red, Amber, Green) rating to indicate whether performance was in line with expectations (see **Appendix 2, 2023 Recommendation 4**). Whilst this change provides Board members with a valuable insight into the impact of delivering IMTP 2024-27 actions, these reports could be strengthened further by, for example, providing a summary or dashboard to enable members to quantify overall progress against all actions. Furthermore, whilst the IMTP 2024-27 contains milestones and target dates, these are not included within the progress reports.

Corporate systems of assurance

- 24 We considered whether the Trust has a sound corporate approach to managing risks, performance, and the quality and safety of services.
- 25 We found that **the Trust continues to strengthen its corporate systems of assurance and is taking positive steps to enhance its Board Assurance Framework. However, opportunities remain to strengthen the Trust's framework for managing organisational performance and overseeing the quality and safety of services.**

Corporate approach to overseeing strategic risks

- 26 We considered whether the Trust has a sound corporate approach to identifying, overseeing, and scrutinising strategic risks to the delivery of strategic priorities / objectives as well as corporate risks. We were specifically looking for evidence of:
- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all of the relevant information on the risks to achieving the organisation's strategic priorities / objectives;
 - the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks;
 - an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities;
- and

- the Board providing effective oversight and scrutiny of the effectiveness of the risk management system and corporate risks.

- 27 We found that **the Trust is undertaking a significant programme of work to strengthen its risk management arrangements, including enhancing the Board Assurance Framework to ensure it focuses more on risks to achieving strategic objectives.**
- 28 The Risk Management Transformation Programme⁴, which we have discussed in previous structured assessment reports, has entered its third and final year and continues to be overseen and monitored by the Audit, Risk, and Assurance Committee (ARAC). As part of the programme, the Trust's Risk Management Policy, which replaces the Risk Strategy, was approved by the ARAC and endorsed by the Board in March 2024.
- 29 Our 2023 structured assessment report commented on how the Trust's Board Assurance Framework (BAF) focuses on corporate risks, rather than strategic risks to the achievement of the Trust's strategic objectives. In August 2024, Internal Audit issued a reasonable assurance rating report on the Trust's risk management arrangements. The report notes that whilst recording, monitoring, and reporting of risk is done well, a clear audit trail for the management of local and directorate risks is not always available or held centrally. The report also acknowledged that there are challenges with the fact the BAF is currently manually updated and the limitations the format has in enabling effective and consistent risk management. Internal Audit made six medium priority recommendations, including ensuring risk assessment forms are consistently completed for each risk.
- 30 In early 2024, the Trust commissioned external consultants, BDO Ltd, to provide good practice guidance on three elements of its risk management framework - building a strategic BAF, developing risk appetite statements, and repositioning the Trust's long-standing highest-ranked risks. BDO Ltd's key findings, guidance, and recommendations were presented at the September 2024 ARAC meeting. It recommended aligning the BAF with the Trust's strategic objectives, revising principal risks to differentiate between risks that are within and outside of the Trust's control, and reviewing the effectiveness of internal controls. The Trust was in the process of developing a plan to implement the recommendations at the time of our review. The Trust was also recruiting to a new Risk Manager post to support it to make effective and timely progress, but it recognises that these wider changes will also require support and engagement across the organisation to become effectively embedded.
- 31 The ARAC receives a Corporate Risk Register (CRR) summary and the BAF at each meeting. Furthermore, other committees continue to review, scrutinise, and

⁴ The Trust's Risk Transformation Programme was introduced in 2022-23 and is a three-year plan to improve risk management by re-articulating principal risks, developing risk management policies and procedures, and progressing a strategic Board Assurance Framework.

challenge the risks relevant to their remit at each of their respective meetings. The Trust's Assistant Director Leadership Team and Executive Leadership Team continue to oversee and manage risks at an operational level. Our observations of Board and committee meetings found evidence of agendas and discussions appropriately focussing on the Trust's significant operational risks. Again for 2024, these risks include the timeliness of operational 999 response, quality of care and outcomes, and providing a civil contingency response in the event of a major incident.

- 32 However, the Trust's two highest rated risks remain at the highest score of 25, despite the Trust completing most of the actions within its control to mitigate these risks. At the time of our fieldwork (and in line with the work undertaken by BDO Ltd) the Trust was holding discussions to consider a different approach to managing and monitoring those areas that are within the Trust's control and those that are not.

Corporate approach to overseeing organisational performance

- 33 We considered whether the Trust has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:

- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
- the Board and committees providing effective oversight and scrutiny of organisational performance.

- 34 We found that **the Trust continues to have reasonable performance management arrangements in place, with appropriate action taken to address areas of underperformance. However, the framework for managing Trust performance requires some updating.**

- 35 The Trust continues to manage performance in line with its Quality and Performance Management Framework 2022-25 (the QPMF), which was approved in March 2022. The QPMF has been updated to reflect the new Duties of Candour and Quality and it references the Well-being of Future Generations (2015) Act. Whilst the QPMF includes clear roles and responsibilities, there is a need to update some of the job titles listed (**Recommendation 2**). The QPMF will also need to be aligned to the Trust's revised risk management arrangements in due course.

- 36 The Executive Team reviews the metrics within the Monthly Integrated Quality and Performance Reports (MIQPR) on an annual basis to ensure they continue to represent the best way of tracking progress against the Trust's plans. The Finance and Performance Committee considered and approved the small amendments made as part of the updated metrics for 2024-25 in July 2024. The Trust continues to report its performance against the approved metrics via the MIQPR, which is presented at each Board and committee meeting. Committees also receive specific

reports which provide a focus on metrics within their remit. Despite consistent performance issues, the Board continues to provide appropriate challenge and scrutiny that seeks to encourage improvement.

- 37 Recent performance reports show that the Trust has seen a significant increase in calls categorised as red (serious and immediately life-threatening) in 2024 compared to 2023. However, the Trust has broadly maintained the level of performance in reaching red calls within eight minutes and the median time for responding to amber calls. The Trust has also seen an increase in hours lost due to delays in handing patients over to hospitals across 2024 compared to 2023. Whilst performance continues to be challenging, the Trust has been able to mitigate this to an extent through its focus on decreasing levels of sickness absence and maintaining ambulance production levels. The Trust also continues to hold discussions with health boards to drive improvements to handover delays, including by gaining direct access to alternative pathways to Accident and Emergency Departments. The new clinical model, once in place, should also enable the Trust to address some of its performance challenges by streamlining and improving access to healthcare advice provided by the Trust to keep patients at home where appropriate.

Corporate approach to overseeing the quality and safety of services

- 38 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising the quality and safety of services. We were specifically looking for evidence of:
- the Board providing effective oversight and scrutiny of the effectiveness of the quality governance framework;
 - clear organisational structures and lines of accountability in place for clinical/quality governance; and
 - the Board and relevant committee providing effective oversight and scrutiny of the quality and safety of services.
- 39 We found that **the Trust continues to have a reasonably sound corporate approach to overseeing and scrutinising the quality and safety of services, but opportunities remain to strengthen these arrangements further.**
- 40 The Trust is currently developing a Quality Plan to replace its previous Quality Strategy 2021-24. The Quality, Patient Experience, and Safety Committee (QuEST) has been kept up to date on the development of the new plan.
- 41 We recently undertook a follow-up review of the recommendations we made in our 2022 Review of Quality Governance Arrangements, which also incorporated a review of the steps being taken by the Trust to implement the new Duty of Quality and Duty of Candour under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. We found that the Trust needs to take steps to ensure that the ambitions of its new Quality Plan are achievable and resourced, given that the

implementation of the previous Quality Strategy was slower than intended due to resource and capacity constraints. We also made new recommendations relating to strengthening reporting of progress in relation to its quality ambitions, enhancing clinical audit progress updates, increasing uptake rates for Duty of Quality training, and ensuring review of policies include a quality lens.

- 42 The Trust has strengthened its organisational structures and lines of accountability for clinical / quality governance over the past two years. This includes a Senior Quality Team, consisting of heads of service and business partners, which oversees delivery of the Quality Strategy, a Quality Management Group which supports the Trust's quality management system, as well as a Clinical Quality Governance Group which escalates issues relating to quality governance to the QuEST for assurance and oversight. Work is continuing to ensure each of the groups have agreed Terms of Reference and clear documentation. We found strong views among those we spoke to that the new governance framework is having a positive impact. However, the Trust recognises there are ongoing areas of improvement, relating to attendance at Quality Management Group meetings as well as the quality of information presented to those meetings. The Trust is taking steps to manage these challenges.
- 43 QuEST continues to appropriately review key quality information, focusing on the high level of risk of patient harm. During 2023-24, the Trust has seen a sustained increase in the number of concerns received and serious incidents shared with health board colleagues to investigate under the Joint Investigation Framework, as well as an increase in requests for information from Coroners.
- 44 In addition to increasing numbers across quality performance metrics such as complaints and concerns and poor response times, the Trust was seeing increased pressure on its capacity caused by requirements under the Duties of Quality and Candour. In response, the Trust undertook an organisational change process and secured investment in additional resources, including a new Head of Putting Things Right. In May 2024, QuEST received a Putting Things Right Recovery Plan, with all actions set to be complete by April 2025. At the August 2024 meeting of QuEST the Trust stated briefly that the recovery plan delivery was on track.

Corporate approach to tracking recommendations

- 45 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations and findings. We were specifically looking for evidence of:
- appropriate and effective systems in place for tracking responses to audit and other review recommendations and findings in a timely manner.
- 46 We found that **the Trust continues to strengthen its corporate approach to tracking progress to address audit and review recommendations.**
- 47 The Trust continues to strengthen its systems for tracking and actioning audit recommendations and findings. The Trust has worked with Digital Health and Care

Wales (DHCW) on an automated tracking system, which should be in place for April 2025. In the meantime, the Trust's Corporate Governance Team has continued to review all outstanding recommendations with management with regular reporting to the ARAC. The Trust also continues to refer relevant extracts of the audit tracker to each committee to support oversight and scrutiny of recommendations relating to their remit. The tracker has been further developed to include reasons why actions to recommendations are overdue, whether progress has been achieved, and if there is a new proposed completion date. The Corporate Governance Team has provided assurance to the ARAC that it applies strong challenge to requests to delay the completion of management actions, and that dates can be moved a maximum of three times.

- 48 However, it is concerning that our 2024 Follow-up Review of Quality Governance Arrangements identified that several actions had been closed on the tracker which we considered to be ongoing. This included providing consistent information on mortality review activity and reporting the outcomes of clinical audit. The Trust has responded to this and is considering ways to encourage clearer commitments to actions within management responses to recommendations.

Board transparency, effectiveness, and cohesion

- 49 We considered whether the Trust's Board conducts its business appropriately, effectively, and transparently.
- 50 We found that **recent changes to Board membership have been managed well and the Board has continued to conduct its business effectively. The Trust continues to demonstrate a strong commitment to public transparency and continuous improvement. The Trust remains committed to hearing from patients, staff, and other stakeholders; however, opportunities remain to enhance these arrangements further.**

Public transparency of Board business

- 51 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of Board and committee:
- meetings that are accessible to the public;
 - papers being made publicly available in advance of meetings; and
 - business and decision-making being conducted transparently.
- 52 We found that **the Trust continues to demonstrate a strong commitment to public transparency of Board and committee business.**
- 53 The Trust continues to hold in-person public Board meetings which are broadcast live on Facebook, with recordings made available on YouTube shortly afterwards. While the Trust held each of its 2023 public Board meetings in Cardiff, it is in discussion about resuming its previous practice of rotating meetings around Wales

to provide further opportunities for Board members to meet with staff from different areas.

- 54 The Trust continues to provide opportunities for members of the public to submit questions ahead of public Board meetings. Whilst our review of papers found low numbers of questions submitted for recent meetings, minutes clearly evidence the Board's commitment to providing comprehensive and appropriate responses, including use of the action log to track responses provided outside of the meeting.
- 55 Committee Chairs determine whether meetings are held virtually only or using a hybrid approach, where members can join either in-person or online. The majority of the Trust's committees meet virtually, which is decided during agenda setting meetings. Information is available on the Trust website on how members of the public can submit requests to observe committee meetings which are not broadcast live.
- 56 Papers for Board and committee meetings are almost always made available on the Trust website in advance in accordance with Standing Orders. There are very few exceptions where some papers are not published seven days in advance, which includes financial presentations to the Finance and Performance Committee due to the proximity of meetings to the submission of information to Welsh Government. The Trust continues to minimise the use of private (or closed) sessions of Board and committee meetings, with appropriate issues reserved for sensitive and confidential reasons.
- 57 Following our 2023 structured assessment, the Trust now provides a written Chair's Report for each public Board meeting to further support transparency (see **Appendix 2, 2023 Recommendation 1a**). The Trust also agreed to provide a timely record of committee meetings by publishing its Alert, Assure, and Advise Highlight Reports within 14 days of meetings. This has broadly been completed during the year. However, our review of papers found that no reports were available for two meetings due to the timing of the subsequent Board meeting, where the Highlight Reports were delivered verbally instead. The Trust has stated that it will provide further clarity on the website to ensure the public understand how to access a timely record of key decisions and discussions taken during committee meetings (see **Appendix 2, 2023 Recommendation 1b**).

Arrangements to support the conduct of Board business

- 58 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of formal, up-to-date, and publicly available:
- Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
 - Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and

- policies and procedures in place to promote and ensure probity and propriety.

59 We found that **the Trust continues to have proper and transparent arrangements in place to support the effective conduct of Board and committee business, with significant progress achieved to bring policies up to date.**

60 The ARAC and Board continue to regularly review the Trust's Standing Orders, including the Standing Financial Instructions and Scheme of Reservation and Delegation (SoRD). The Trust amended its Standing Orders four times⁵ since our 2023 structured assessment to:

- reflect the Model Standing Orders issued by Welsh Government;
- alter the delegations between Executive Team members;
- recognise the new Joint Commissioning Committee; and
- update the Trust's name following the achievement of University Trust status.

In March 2024, Internal Audit issued a reasonable assurance rating on the Trust's Vehicle Replacement Programme that highlighted non-compliance with approval of contracts by the Board. This prompted the Trust to undertake a broader examination of the SoRD, culminating in amendments to clarify established practices and the development of a Governance Practice Note. Each change was discussed by the ARAC and approved by the Board. The formal, up-to-date Standing Orders are publicly available on the Trust website.

61 In 2023, the Trust reported that only 14% of its policies were within their expected review date. In September 2024, the ARAC received assurance on the significant progress made to address this, with 45% of Trust policies that were identified as a priority having been reviewed. It is expected that 52% of all Trust Policies will be within their review date by December 2024.

62 The Trust continues to publish declarations of interests and the Register of Gifts and Hospitality on its website. However, we note that the number of submissions of gifts and hospitality remain very low for an organisation of the Trust's size. The Trust continues to encourage higher compliance through communications activity, including posters to raise awareness amongst staff of the need to declare gifts. The Trust has undertaken significant work during 2024 to broaden its process for recording declarations of interest which now includes over 250 decision makers. Beyond the registers, the Trust informs us that there is a more transparent culture around declarations of interest with staff proactively seeking support and guidance from the Corporate Governance Team.

⁵ September 2023, November 2023, April 2024, and July 2024

Effectiveness of Board and committee meetings

- 63 We considered whether Board and committee meetings are conducted appropriately and effectively, supported by timely and high-quality information. We were specifically looking for evidence of:
- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
 - clear and timely Board and committee papers that contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance;
 - Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;
 - well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge; and
 - committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board.
- 64 We found that **Board and committee meetings continue to be conducted appropriately and effectively with good coverage of key issues and risks.**
- 65 The Trust continues to have an integrated and well-functioning committee structure. Board and committee meetings in 2023-24 were all quorate. The Trust has updated the terms of reference for each committee during 2023-24, which were approved by the Board in May 2024. Each committee has an Executive Director and / or Director lead who work closely with the Chair and Director of Corporate Governance to set the agenda for meetings and plan the committee's cycle of business. In due course, the Trust will need to consider how best to reflect and embed the requirements of the Wellbeing of Future Generations (Wales) Act 2015 into routine Board and committee business and decision making. We are aware that Non-Executive Directors did not meet regularly as a group in the first half of 2024, but positively, we note that these have recently resumed.
- 66 The Board and its committees continue to receive generally good quality information to support effective scrutiny, support, and challenge. Papers are available in advance of meetings, and their quality continues to be generally high. However, the Trust recognises the ongoing need to ensure reports present analysis, rather than simply data, to provide members with stronger assurance. Our 2024 Follow-up Review of Quality Governance Arrangements also stated the need to consistently present trend information to support members' understanding. The Trust is currently exploring options, such as training and digital solutions, to strengthen Board and committee reports and presentations to ensure they are informative and succinct.

- 67 Our observations of Board and committees found that meetings run well. The Board and committees follow agreed processes, including ensuring declarations of interest are made and the register is kept up to date. The Trust is also planning to develop meeting etiquette guidance to further support committee Chairs. Meetings are well-chaired and there is good discussion with an appropriate level of challenge around operational risks and issues. Committees continue to escalate issues to the Board via the Alert, Assure, and Advise Highlight Reports. During the past year, issues which have been escalated include the high levels of handover delays and the effect of the backlog and volume of concerns on the Putting Things Right and operational quality teams.
- 68 The Board places an increasing reliance on the assurances provided by the committees, which has led to shorter public Board meetings. The Trust recognises it must remain mindful of clearly demonstrating to the public that sufficient scrutiny has taken place during committee meetings. As work on its Board Assurance Framework and risk appetite progresses (see **paragraph 31**), the shorter public Board meetings should provide an opportunity for the Board to spend more time focussing on its strategic priorities and risks.

Board commitment to hearing from patients/service users and staff

- 69 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of:
- the Board using a range of suitable approaches to hear from a diversity of patients/service users, the public and staff.
- 70 We found that **the Board and its committees continue to make good use of patient and staff stories; however, opportunities remain to use other approaches to hear from patients and staff.**
- 71 The Trust continues to make good use of patient and staff stories to assist Board members to understand the experiences of service users and staff. Our observations found that Board and committee members highly value these stories as they prompt further discussion and usefully set the tone for meetings. The Trust tracks each patient story and reports back to the QuEST on the actions, progress, and outcomes following the receipt of the story at the subsequent meeting. From September 2024, Llais⁶ will also be attending public Board meetings which will provide further opportunities to hear patient perspectives. However, staff stories do not currently follow the same process for patient stories, and it is not always clear

⁶ From 1 April 2023 Llais replaced the work of Wales' seven Community Health Councils. It is an independent body which aims to gather and share experiences of citizens in Wales with health and social care services and provide support for those making complaints.

how the Trust is using this intelligence to provide assurance or promote improvement (**Recommendation 3**).

- 72 In our 2023 structured assessment report, we noted that work was ongoing to resolve our 2022 recommendation to identify actions to address issues identified in patient experience reports. Our recent review of the patient experience report shows that it continues to highlight themes of negative feedback but without reference to actions the Trust is taking in response (see **Appendix 2, 2022 Recommendation 2**).
- 73 Our 2024 Follow-up Review of Quality Governance Arrangements found that the Trust has developed a Standard Operating Procedure for Board visits. Whilst there have been challenges in securing consistent geographical and service coverage, we are aware there has been an increase in the number of visits and geographical coverage since April 2024 compared to 2023-24. We also found that there is scope to strengthen the process for feeding back the intelligence from visits. As previously stated, the Trust is considering resuming the geographical rotation of public Board meetings, as well as using Non-Executive Director meetings as mechanisms for sharing intelligence which would provide greater opportunities for members to triangulate the information they formally receive in Board and committee meetings.

Board cohesiveness and commitment to continuous improvement

- 74 We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:
- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
 - the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
 - a relevant programme of Board development, support, and training in place.
- 75 We found that **the Board continues to demonstrate a commitment to continuous improvement, and the Trust has managed several recent changes to Board membership well.**
- 76 The Trust has seen several changes to Board membership in recent months. Following the retirement of the Medical Director in late 2023, the Director of Paramedicine was made an Executive Director with voting rights. The Interim Vice-Chair secured the role on a substantive basis in July 2024 and there are three new Non-Executive Directors, including the Chair of ARAC, Chair of the Finance and Performance Committee, and a University Member of the Board. The Trust has one further Non-Executive Director vacancy and was receiving applications at the time of writing this report. Changes have been managed well, ensuring meetings are quorate and new members had access to a supportive induction process. The

Trust's process for filling Board member vacancies continues to be informed by an analysis of Board member skill-mix which helps it to identify where it may need to secure additional specific experience. It also has a comprehensive Board member induction programme which incorporates learning from the experiences of the most recent Board appointments.

- 77 The Board Development Programme continued in 2023-24. The Trust has stated that the seven scheduled sessions were well attended. Sessions focussed on a variety of topics, including the organisational strategy and review of MIQPR metrics, team building activities informed by Insights Discovery⁷ sessions, and the development of the IMTP 2024-27. Progress with developing an externally facilitated medium-term Board Development Programme has been paused due to the vacancies at Board level and the changes that are likely to occur following development of the BAF and the introduction of the Clinical Model Transformation Programme. Despite this, those we spoke to were highly complementary about the value of current Board Development Sessions, citing they provide a useful space for honest discussion as well as opportunities for learning.
- 78 In early 2024, the Board and committees completed effectiveness reviews. However, Board members expressed concern at the low response rates for some committees, particularly the ARAC (29%) and People and Culture Committee (30%). The ARAC is working to improve rates by completing its effectiveness review in stages throughout the year rather than as an annual exercise. Findings from the effectiveness reviews were reported to the Board in May 2024. Feedback included views that committees are transparent and focus on key risks, but other comments relayed an eagerness to have a committee induction programme. We understand the Trust is intending to provide committee induction programmes, but they are delayed due to capacity issues within the Corporate Governance Team.

Corporate approach to managing financial resources

- 79 We considered whether the Trust has a sound corporate approach to managing its financial resources.
- 80 We found that **the Trust continues to have strong financial performance supported by effective financial planning. However, the Trust needs to improve its arrangements for identifying and reporting recurrent saving schemes.**

⁷ Insight Discovery is a framework to understand and adapt various communication styles based on four dominant personality areas.

Financial objectives

- 81 We considered whether the Trust has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of the organisation:
- meeting its financial objectives and duties for 2023-24, and the rolling three-year period of 2021-22 to 2023-24; and
 - being on course to meet its objectives and duties in 2024-25.
- 82 We found that **the Trust continued its strong performance of meeting key financial objectives and is on course to meet them again in 2024-25.**
- 83 The Trust continued its good record of meeting its financial duties in 2023-24, recording a small surplus of £85,000, and achieving breakeven over the rolling three-year period 2021-24. The Trust spent its capital expenditure in line with the plans, and compliance with the public sector payment policy was on track, with 96.4% of non-NHS invoices paid within 30 days of receipt against the 95% target.
- 84 As of Month 5 2024-25, the Trust was reporting a small underspend of £31,000 against budget and forecasting a year-end breakeven position. Capital expenditure is forecast to be fully spent by the end of the year and the public sector payment policy is on track.

Corporate approach to financial planning

- 85 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:
- clear and robust corporate financial planning arrangements in place;
 - the Board appropriately scrutinising financial plans prior to their approval;
 - sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
 - the Board appropriately scrutinising savings and cost improvement plans prior to their approval.
- 86 We found that **whilst the Trust has a clear approach to financial planning, its ongoing reliance on non-recurrent savings creates a risk to organisational resilience and financial sustainability.**
- 87 The Board and Finance and Performance Committee scrutinised the Trust's Financial Plan as part of the IMTP 2024-27 ahead of its formal submission to Welsh Government in March 2024. The Financial Plan appropriately identifies the current financial challenges and risks facing the Trust. However, the financial risks articulated within the Financial Plan show there is very little contingency for unforeseen cost pressures or savings under-delivery. Some cost pressures identified within the Financial Plan have materialised during the year, including that relating to the re-banding of a cohort of Emergency Medical Technicians. The Trust

has plans to manage these costs, including seeking additional funding and managing vacancies.

- 88 Our 2024 Review of Cost Savings Arrangements found that the Trust appropriately uses data from a wide range of sources to inform its approach to identifying cost improvement opportunities. We also found that whilst the Trust has a good track record of achieving its overall savings target, it has done this largely through delivering non-recurrent savings. In 2023-24, the Trust exceeded its £6 million savings target by £0.5 million. However, over 55% of the savings delivered by the Trust in 2023-24 were non-recurrent, with a significant proportion (39%) of these being vacancy management savings.
- 89 The Trust's savings target for 2024-25 is £6.4 million, which equates to around 2.2% of the organisation's baseline budget. £3.6 million (57%) of this savings target is recurrent and the remaining £2.8 million (43%) is non-recurrent. However, some of the schemes have been categorised as recurrent savings where they relate to non-recurrent measures or efficiencies, for example, accident repair, balance sheet flexibility and operational pay cost management. Once again, the Trust is relying on a significant proportion of its savings (35%) to come from corporate pay vacancy management. This is a risk for the Trust due to the strain on capacity caused by holding vacancies. We raised this risk within our 2024 Review of Cost Savings Arrangements and recommended the Trust strengthen its approach to identifying and delivering recurrent savings. The Trust has responded that it will assess the findings of its services review to implement further recurrent savings, where possible.
- 90 As of Month 5 2024-25, the Trust had achieved £3.3 million of savings against a year-to-date target of £2.8 million, with recurrent schemes slightly over-performing and non-recurrent schemes slightly under-performing.

Corporate approach to financial management

- 91 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:
- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
 - the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
 - effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
 - the organisation's financial statements for 2023-24 were submitted on time, contained no material misstatements, and received a clean audit opinion.

- 92 We found that **the Trust continues to have a sound corporate approach to overseeing and scrutinising financial management.**
- 93 There have been no changes to the Trust's financial systems and controls since 2023. The ARAC continues to oversee and scrutinise information on losses and special payments in its public session, and counter-fraud activity, procurement controls and single tender actions in the private session of each meeting. There have been no material changes in the volume or nature of single tender awards and waivers or counter fraud investigations this year. The programme of Internal Audit work during the previous year did not identify any significant concerns relating to financial or budgetary control and no significant financial control issues were reported to the ARAC.
- 94 The Trust submitted draft financial statements for 2023-24 for audit within the required Welsh Government timeframe. Our audit identified a number of misstatements, both corrected and uncorrected, though the misstatements were not material and had no impact (individually or in aggregate) on the Trust's retained surplus position. Following Board approval of the accounts, we issued an unqualified audit opinion on 12 July 2024.

Board oversight of financial performance

- 95 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of the Board:
- receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
 - appropriately scrutinising the ongoing assessments of the organisation's financial position.
- 96 We found that **while the Board appropriately oversees and scrutinises financial performance, opportunities remain to strengthen the content and presentation of finance reports.**
- 97 As reported in our 2024 Review of Cost Savings Arrangements, we found that there is regular oversight of financial spending and savings performance at both Executive and Board level. As reported in our 2023 structured assessment report, the proximity of Finance and Performance Committee meetings to the submission of financial reports to Welsh Government means that members do not receive the presentation in advance of meetings. This is done to avoid the committee being presented with financial information which is over a month out-of-date. Instead, a presentation is given on the day of the meeting. Despite this, Board members demonstrate a clear grasp of the current financial situation and provide an appropriate level of scrutiny and challenge to support improvement during committee meetings.
- 98 Following our 2023 structured assessment, the Trust's 2024-25 Financial Plan provides a table which clearly shows which schemes are recurrent and non-recurrent. The finance report to the Finance and Performance Committee also

provides a table on the latest performance of recurrent and non-recurrent schemes (see **Appendix 2, 2023 Recommendation 5**). However, our Review of Cost Savings Arrangements recommended clearer reporting of savings performance within reports to the Finance and Performance Committee and the Board. This was due to the potential for confusion between savings figures quoted within reports, which was caused by some containing income generation money. The Trust is responding to this recommendation with a more detailed breakdown of performance within reports. In addition, we noted that the narrative description of a small number of savings schemes within the Month 5 finance report varied from the description within the original Financial Plan. These reflect some consolidation for the purposes of monthly and in-year reporting. Where this occurs it would be helpful for the Trust to briefly highlight it within its reports to support clarity and to enable committees to more easily reconcile in-year reporting with the Financial Plan.

Appendix 1

Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Observations	<p>We observed Board meetings as well as meetings of the following committees:</p> <ul style="list-style-type: none">• Audit, Risk, and Assurance Committee;• People and Culture Committee;• Finance and Performance Committee; and• Quality, Safety, and Patient Experience Committee.
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;• key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality;• key organisational strategies and plans, including the IMTP;• key risk management documents, including the Board Assurance Framework and Corporate Risk Register;• key reports relating to organisational performance and finances;• Annual Report, including the Annual Governance Statement;• relevant policies and procedures; and• reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.

Element of audit approach	Description
Interviews	<p>We interviewed the following Senior Officers and Independent Members:</p> <ul style="list-style-type: none">• Chair of Board;• Chair of Audit Committee;• Chief Executive Officer;• Executive Director of Strategic Planning and Performance;• Executive Director of Finance; and• Director of Corporate Governance / Board Secretary.

Appendix 2

Progress made on previous-year recommendations

Exhibit 3 below sets out the progress made by the Trust in implementing recommendations from previous structure assessment reports.

Recommendation	Description of progress
<p>Patient experience reporting (2022) R2 Improve quarterly patient experience reporting to QuEST by ensuring a balance of both positive and negative feedback and providing information on what is being done to address the negative themes arising in the report</p>	<p>In progress. See paragraph 72</p>
<p>Transparency of Board and committee business (2023) R1 Opportunities exist to further enhance the transparency of Board and Committee business. The Trust should: a) provide a written Chair’s Report to each Board meeting; and b) review and publish unconfirmed minutes of committee and Board meetings within 14 days of the meeting.</p>	<p>Complete. See paragraph 57</p>
<p>Public access to key strategies and plans (2023) R2 The Trust should publish key plans on the Trust’s website, including the most recent IMTP and the People and Culture Plan.</p>	<p>Complete. See paragraph 17</p>

Recommendation	Description of progress
<p>Clarity of IMTP objectives/actions (2023)</p> <p>R3 We found that the Trust's IMTP does not include SMART actions, many do not include a specific measurable outcome, and it is also unclear in the IMTP which year each action is due for delivery. However, delivery milestones are set out elsewhere. The Trust should ensure all actions set out in future IMTPs are SMART by specifying measurable outcomes and delivery milestones.</p>	<p>Complete. See paragraph 20</p>
<p>Oversight of IMTP delivery (2023)</p> <p>R4 Whilst there have been recent improvements to the reporting of IMTP progress to Committee and Board, there is scope to provide better clarity on whether the actions delivered have achieved the intended impact. The Trust should ensure all plan delivery progress reports include information about the impact achieved.</p>	<p>Complete. See paragraph 23</p>
<p>Oversight of savings plans (2023)</p> <p>R5 The Trust does not clearly specify in its finance plans and reports whether savings schemes are recurrent or non-recurrent. To strengthen oversight of savings, the Trust needs to specify whether schemes are recurrent or non-recurrent in its financial plans and reports.</p>	<p>Complete. See paragraph 98</p>

Appendix 4

Management response to audit recommendations

Exhibit 4: Welsh Ambulance Services University NHS Trust response to our audit recommendations

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	The Trust should ensure that Board members are given the opportunity, either within a formal meeting or through circulation outside of meetings, to discuss and scrutinise a draft version of the Integrated Medium-Term Plan ahead of its submission for formal ratification and approval. (Paragraph 14)	Accepted. Given the timing of board and committee meetings, this will be done by way of email circulation.	March 2025	Rachel Marsh

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R2	The Trust should update its Quality and Performance Management Framework to reflect recent changes in key internal roles (Paragraph 35)	Accepted. A review of the framework will take place in Q4.	May 2025	Rachel Marsh
R3	The Trust should apply to staff stories the process it has in place for patient stories to provide clarity on how the Trust has recorded the story, how the story has been used for assurance or improvement purposes, and how the Trust has responded to the individual who shared their experience. (Paragraph 71)	Accepted. This has already commenced. Suggest this remains open for a period of two cycles of People and Culture Committee and the Board to see the pattern.	May 2025	Trish Mills

Appendix 4

Status update on key learning from 2023-24

Welsh Ambulance Services NHS Trust – Gateway Review of Financial Sustainability Programme – as at 30 August 2024

<i>Lesson Number</i>	<i>Area</i>	<i>Summary of Experience</i>	<i>Lesson Learned</i>	<i>Update 30 August 2024</i>
1	<i>Scheme Submission</i>	<i>During 2023/24, schemes were typically submitted verbally, by email, or during group forums, and often consisted of an idea or suggestion only. This method of submission became time consuming to extrapolate the detail and assess the idea.</i>	<i>In light of this, a scheme proposal document was later drafted with a focus on the benefits (financial/quality) and risks. This scheme proposal document can be accessed within the FSP Delivery Framework.</i> <i>There will also be a portal on Siren to support accurate recording and audit of submissions</i>	<i>Scheme Proposal document developed and converted into online submission portal on FSP Page on Siren.</i>

<i>Lesson Number</i>	<i>Area</i>	<i>Summary of Experience</i>	<i>Lesson Learned</i>	<i>Update 30 August 2024</i>
2	<i>Communication & Engagement</i>	<i>Communication and awareness of the FSP was primarily via word of mouth, outside of typical assurance hierarchies.</i>	<i>In light of, this, regular communication and enhanced engagement throughout 2024/25 will be supported by an increased presence on Siren and a staged approach to communications.</i>	<i>As above, Siren Page developed and live, portal for scheme submission operational, and managed in conjunction with Service Review submissions and WiiN submissions</i>
3	<i>Financial Sustainability/Income Generation</i>	<i>Organisational Maturity</i>	<i>Investing in continuous organisational development and knowledge transfer to ensure WAST remains agile and adaptable to challenges.</i>	<i>Investment in Head of Commercial post alongside Commercial structure to enhance specialist knowledge. Project and recruitment underway.</i> <i>Administrative & Corporate Services Review has also highlighted need for additional training and investment in colleagues, which is currently being actioned via ADLT-owned Action Plan, and Service Review will also highlight areas</i>

<i>Lesson Number</i>	<i>Area</i>	<i>Summary of Experience</i>	<i>Lesson Learned</i>	<i>Update 30 August 2024</i>
				<i>of under or over resourced service ensuring most appropriate investment of resource in the right areas</i>
<i>4</i>	<i>Financial Sustainability/Income Generation</i>	<i>Risk Appetite variation across WAST</i>	<i>Implementing mechanisms for transparent communication and collaboration to align risk management strategies with the needs and priorities of different services within WAST.</i>	<i>Transparent communication is delivered via several mediums including (but not limited to) CEO Roadshows, engagement with Trade Union Partners and WAST Live.</i>
<i>5</i>	<i>Financial Sustainability/Income Generation</i>	<i>Risk Reputational Damage</i>	<i>Prioritising transparency, accountability, and ethical conduct in financial decision-making processes to safeguard WAST's reputation and maintain public trust.</i>	<i>In addition to the communication channels listed above, as a public body WAST ensures full transparency across all financial decision making both internally and externally. For example, Trust- wide stakeholders are involved in Transformation-based financial decision making.</i>

<i>Lesson Number</i>	<i>Area</i>	<i>Summary of Experience</i>	<i>Lesson Learned</i>	<i>Update 30 August 2024</i>
6	<i>Financial Sustainability/Income Generation</i>	<i>Risk appetite vs Risk capacity</i>	<i>Conducting regular assessments of risk exposure and resource capabilities to ensure strategies are realistically aligned to reduce and mitigate risk.</i>	<i>The Trust regularly conducts rigorous assessments of risk exposure against resource capabilities. In addition to this, recent commissioned reports have outlined key areas that require additional resource to mitigate risk of delivery. With regards to income generation, the incoming Head of Commercial will be responsible for undertaking and managing robust risk assessments at individual scheme level.</i>
7	<i>Financial Sustainability/Income Generation</i>	<i>Lack of capacity and headspace to pursue</i>	<i>Streamlining processes, delegating responsibilities, and providing adequate support to alleviate work pressures and create space for planning and implementing.</i>	<i>Streamlining processes being taken forward via ADLT-led Action Plan, however establishment of Commercial Structure should allow dedicated specialists to focus on taking forward the Trust's commercial interests.</i>

<i>Lesson Number</i>	<i>Area</i>	<i>Summary of Experience</i>	<i>Lesson Learned</i>	<i>Update 30 August 2024</i>
8	<i>Financial Sustainability/Income Generation</i>	<i>Disconnect (ELT sometimes unaware of schemes discussed at directorate level)</i>	<i>Enhancing communication channels for information sharing platforms, ensuring that relevant stakeholders are kept informed and engaged in discussions.</i>	<i>As noted above, greater alignment with existing structures such as WiiN.</i>
9	<i>Financial Sustainability/Income Generation</i>	<i>Lack of financial acumen</i>	<i>Investing in targeted training and development to build literacy and competency skills among staff at all levels, empowering them to make informed decisions and contribute effectively to financial sustainability.</i>	<i>As noted in Lesson 3</i>
10	<i>Financial Sustainability/Income Generation</i>	<i>Lack of commercial expertise</i>	<i>Recruiting or developing talent with specialised expertise and leveraging external partnerships to access additional support to optimise revenue and cost management strategies.</i>	<i>As noted in Lesson 3</i>
11	<i>Financial Sustainability/Income Generation</i>	<i>Lack of structures to deliver real income generation</i>	<i>Identify opportunities beyond traditional funding sources, recognise and address gaps and limitations in the existing business</i>	<i>As noted in Lesson 3</i>

<i>Lesson Number</i>	<i>Area</i>	<i>Summary of Experience</i>	<i>Lesson Learned</i>	<i>Update 30 August 2024</i>
			<i>model, invest in developing structures and processes to support income generation initiatives. Ensure alignment with WAST mission, values and strategic objectives. Develop robust frameworks.</i>	

Source: Welsh Ambulance Services NHS Trust



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.