

Structured Assessment 2022 – Welsh Ambulance Services NHS Trust

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Summary report

About this report

- 1 This report sets out the findings from the Auditor General's 2022 structured assessment work at the Welsh Ambulance Services NHS Trust (the Trust). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004.
- 2 Our 2022 Structured Assessment work took place at a time when NHS bodies continued to respond to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Health bodies were not only tackling the immediate challenges presented by the public health emergency but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health. NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to 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 the organisation's governance arrangements; strategic planning arrangements; financial management arrangements; and arrangements for managing the workforce, digital assets, the estate, and other physical assets. The approach we adopted to deliver our work is detailed in summarised in **Appendix 1**.

Key messages

- 4 Overall, we found that **the Trust has taken positive steps to improve aspects of its corporate governance arrangements, but further work is needed to provide the strong internal challenge and continued external influence required to overcome some of the unprecedented operational challenges it currently faces.**
- 5 The Board is committed to public transparency, self-reflection, and hearing directly from patients and staff. The Trust has effectively filled key board-level posts in the past year, including a new Chair and the process for recruiting a new vice-Chair is underway. Meetings of the Board and committees are conducted appropriately and are supported by clear Schemes of Delegation. The Trust is continuing to refine its governance arrangements, such as developing cycles of business. However, there is scope to strengthen these arrangements further, particularly around improving the timeliness of publishing Board and committee papers and increasing the public transparency of decisions made in private sessions of the Board.

- 6 The Trust is strengthening its risk framework. While the Trust regularly reviews its corporate risks, the scores for several significant risks have remained unchanged despite mitigating actions in recent months. This suggests that mitigating action to reduce the risk is not always having the desired effect. The Board receives regular information about the impact of wider system failings on its own performance and related quality concerns for patients. Recognising that many factors are beyond the Trust's direct control, the Trust must continue to seek opportunities to influence its partners to secure improvement as well as focussing on the impact of actions taken locally to address these issues. There is also a need to better respond to concerns and poor experiences captured within the patient experience report.
- 7 The Trust has a Board-approved long-term vision and clinical strategy, which are rooted in population health and aligned to key national strategies. The Trust recognises that delivery of its longer-term aspirations will depend on the buy-in of partners, therefore external engagement must remain a priority. The Trust has a balanced and approved Integrated Medium-Term Plan for 2022-25, which has clear milestones and good alignment with key plans. The planning approach creates a line-of-sight for the Trust's combined strategic frameworks to be monitored at a high-level quarterly via the Finance and Performance Committee and Board, supplemented by detailed monitoring for key programmes. However, there is a need to improve staff involvement in the planning process.
- 8 The Trust achieved its financial duty for 2021-22 and has a clear financial plan for 2022-25. While this year's savings plan has an increasing focus on transformational savings, opportunities remain to reduce reliance on vacancy control as a means of achieving short-term non-recurring cost reduction. The well documented whole system issues which are contributing to significant emergency ambulance handover delays also result in significant financial inefficiencies for the Trust. The Trust continues to have good systems of financial control and is taking steps to reduce the number of single tender waivers used. The organisation's financial reports are clear and regularly received by the Finance and Performance Committee and the Board.
- 9 The Trust has developed a broad programme to support staff well-being which appears to be well-utilised. However, the Trust is not yet evaluating the impact of these services to ensure they are making a real difference. Managing sickness absence is a key area of focus, but rates remain very high particularly amongst Trust staff members in Emergency Medical Services. The Trust's digital strategy is being implemented but there is scope to strengthen and improve oversight of the entirety of its digital programme. The Trust plans to prioritise estate investment but faces challenges because of reducing available capital financing. It must, at the same time, ensure appropriate strategic decisions to support longer-term estates needs and the organisation's decarbonisation agenda.

Recommendations

- 10 Recommendations arising from this audit are detailed in **Exhibit 1**. The Trust's management response to these recommendations is summarised in **Appendix 2**.

Exhibit 1: 2022 recommendations

Administrative governance

- R1 We have identified opportunities for the Trust to further increase transparency by strengthening administrative governance by:
- a) Ensuring the timely publication of committee papers in advance of meetings and minutes following the end of meetings to the Trust website;
 - b) Enhancing the recording of Chair's actions and decisions taken in private session, for example by identifying the costs and delivery risks relating to decisions made;
 - c) Providing the declarations of interest, gifts and hospitality as a specific document available to be publicly viewed; and
 - d) Reconsidering receiving all counter fraud information within the private session of the audit committee.

Patient experience reporting

- 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.

Staff involvement in the development of future key plans

- R3 The Trust should take steps to ensure its key strategic plans, including the IMTP are developed with, and informed by, its staff.

Develop engagement delivery plans

- R4 While the Trust has recently refreshed its high-level engagement framework, it should seek to urgently publish and progress detailed plans to support it in providing external in relation to unscheduled care system pressures.

Ensure evaluation of effective staff wellbeing services

- R5 While the Trust has introduced a programme of services to support staff wellbeing, it is not currently undertaking sufficient evaluation and review to ensure these are meeting the needs of staff. The Trust should introduce a regular process to evaluate its staff wellbeing services, such as via pulse

surveys or participant questionnaires. This evaluation should inform long-term investment decisions for such services.

Detailed report

Governance arrangements

- 11 In this section of the report, we provide our views on the Trust's governance arrangements, with a particular focus on:
- Board and committee effectiveness;
 - the extent to which organisational design supports good governance; and
 - key systems of assurance.
- 12 We found that **while there have been recent changes in leadership, the Trust continues to be well led. Recognising that governance arrangements are improving, the Trust should also continue to seek opportunities to influence and work together with key partners to help resolve some of the significant performance and quality challenges it faces.**

Board and committee effectiveness

- 13 We considered the extent to which the Board and its committees conduct their business effectively and support good governance. In examining this, we have looked at whether:
- the Board and its committees demonstrate appropriate levels of public transparency;
 - meetings are conducted appropriately supported by clear Schemes of Delegation, Standing Orders, Standing Financial Instructions, and Registers of Interest;
 - there is an appropriate and well-functioning committee structure below the Board;
 - the Board and its committees receive the right information, including views from staff and service users; and
 - there is evidence of sufficient self-review by the Board and its committees.
- 14 We found that **the Trust is strengthening its governance arrangements; however, there is scope to strengthen the level of scrutiny and challenge provided by Non-Executive Directors.**
- 15 The Board demonstrates a good commitment to public transparency. The Trust held virtual Board and committee meetings during the pandemic but has reverted to holding in-person Board meetings since summer 2022. The Trust continues to broadcast its Board meetings online via Zoom and Facebook for those unable to attend in person. The Board actively seeks and discusses questions raised by the public. Committee meetings continue to be held virtually, however they are not livestreamed or recorded for public viewing, which increases the importance of timely publication of draft and final minutes.
- 16 There is an appropriate split of items discussed in public and private sessions of the Board and its new Governance Practice Note clarifies the criteria for agenda

items that should be considered in the private session. However, the arrangements for publicly reporting Chairs actions and the decisions taken by the Board in private session could be strengthened, for example by providing more information on the costs and delivery risks relating to decisions made (see **Recommendation 1**). We also note that the Audit Committee receives its counter fraud update within the committee's private session. Unless it is of the view that the report routinely contains sensitive information, the Trust should reconsider receiving either part or the full update in public session to increase transparency (see **Recommendation 1**).

- 17 Board and Committee papers are not always made available in advance of meetings in line with the Trust's Standing Orders. We noted instances of delays in publishing some Board and Committee papers on the Trust's website.¹ The Trust does not currently have a process for recording late papers, but is developing Board and Committee Cycles of Business, which should lead to a better shared understanding of which papers are expected by when. Our review of papers also found that some confirmed minutes are not published on the Trust website in a timely way (see **Recommendation 1**).²
- 18 The Audit Committee appropriately oversees the annual review of the Trust's Standing Orders, including the Standing Financial Instructions and Scheme of Reservation and Delegation which is up-to-date and aligns to the organisational structure. No breaches were reported to the Committee during 2021-22. Standing Orders provide clear requirements for recording gifts and hospitality, but the Trust recognises a need to strengthen the process and increase staff compliance. The Trust has actions in place to strengthen its processes for declarations of interest, gifts, hospitality and sponsorship. Once this work is complete, the Trust should also ensure its register of gifts is publicly available on the Trust website (see **Recommendation 1**).
- 19 The pandemic and limited capacity within the Office of the Board Secretary have significantly affected timely policy review. The Trust's policy tracker shows that many policies are overdue for review, including the Trust's policy on policies. Given the thorough process utilised by the Trust to review its policies, it will likely take some time to bring all policies up-to-date. The Office of the Board Secretary is aiming to address the backlog of overdue policies, and is also seeking to encourage greater local ownership over policies within directorates which could potentially reduce future delays.
- 20 There has been a significant turnover in Trust Board membership over the last year, with a new Non-Executive Director and three new Directors appointed. A new

¹ Trust Board papers for 28 July 2022 was published on the 25 July 2022. Academic Partnership Committee papers for the 19 July 2022 meeting were published on 1 August 2022.

² At the time of fieldwork, we were unable to find three sets of final minutes on the Trust website (Trust Board and Academic Partnership Committee March 2022 confirmed minutes and Finance and Performance April 2022 confirmed minutes)

Chair is now in post and the Trust is seeking to appoint a new Vice-Chair. A new comprehensive Board and Audit Committee induction programme ensures new members are well-informed and supported when they begin their roles. Board members have a good mix of skills to undertake their roles.

- 21 The Trust held two Board Development Sessions in 2021, facilitated by an external provider. Feedback on the programme indicated that whilst these sessions were helpful, the Board should cover a wider breadth of issues. Since 2021, all Board Development Sessions have been facilitated internally using a formalised annual schedule which alternates between strategic and assurance/learning topics. The Board has self-assessed its effectiveness and did not identify any major learning needs. Following the arrival of the new Chair, the Trust intends to commission an external independent review of board effectiveness and will then consider whether it needs to commission further external Board Development programmes to address any gaps identified.
- 22 The committee structure is effective and well-functioning. Administration operates properly with declarations in addition to the standing declarations taken at the beginning of each meeting. Each Committee undertook a self-assessment and reviewed their Terms of Reference during 2021-22, clarifying their roles and memberships in the process. The self-assessments and terms of reference for each committee were submitted to the Trust Board in May 2022, and the terms of reference are on the Trust website. Our committee observations found that meetings ran appropriately with agendas covering the most important risks to the Trust while ensuring the length of meetings remain manageable. This has been further enhanced by recent reviews of Committee priorities. The introduction of new Committee assurance reports has also been positive in highlighting key issues and facilitating flows of assurance from Committees to the Board. During the year, each Committee escalated their significant concerns regarding the performance and quality of services in the context of unscheduled care system pressures to the Board. The Trust Board discussed actions to mitigate avoidable patient harm at its meeting in July 2022, setting out actions it and broader partners needed to reduce risk of patient harm. While several actions have been implemented from the Trust's perspective over recent months, they are not able to offset the impact of increasing handover delays.
- 23 Our observations of the Board and Committees found good collective and cohesive relationships between Directors and Non-Executive Directors. Non-Executive Directors demonstrate a very supportive approach with Senior Officers. While such an approach is positive, there is a risk it could lead to missed opportunities for supporting improvement. Our observations of the Trust Board and its committees found less challenge and scrutiny from Non-Executive Directors, compared with the level of challenge provided by Independent Members in other NHS bodies. While they do not tolerate poor performance, Non-Executive Directors do need to provide stronger challenge to be fully assured that the Trust is taking all necessary actions within its control to address areas of poor quality of service. They also need to ensure that sufficient clarity is provided on what needs to be done to resolve

these issues, recognising of course that solutions are often not within the direct control of the Trust. The Trust's Non-Executive Directors may find it useful to observe Board and committee meetings in other NHS bodies to learn from the different approaches taken elsewhere.

- 24 Papers presented to the Board and Committees are generally of good quality, but there is scope to reduce their length by increasing the focus on analysis, rather than contextual information. Feedback from Non-Executive Directors suggests they are happy with the quality of papers presented but would like to see better summaries in the cover papers to enable them to focus on the most important issues. The Board Secretary intends to strengthen processes to help ensure papers provide focus and meet the expectations and needs of Non-Executive Directors.
- 25 The Trust makes good use of patient and staff stories to enable the Board and Committees to understand the experiences of those receiving care and working at the Trust. The Board continues to alternate staff or patient stories at each meeting, which helps focus discussion. Each Quality, Experience and Safety (QuEST) Committee and People and Culture Committee meeting hears patient and staff stories respectively. Senior Officers capture and action any learning arising from these. The QuEST Committee's Quarterly Patient Experience Report outlines the work of the Trust's Patient Experience Team and approach for collecting service user feedback. These reports demonstrate the Trust's commitment to engaging with patients but tend to focus more on the positive responses received. While there are some sobering accounts of poor patient experience, limited narrative is provided by way of response to some of the concerns raised (see **Recommendation 2**).
- 26 Chief Executive's roadshows, which take place across Wales, and Service Awards provide the Board with regular opportunities to engage directly with, and hear from, staff. Ambulance ride-outs and station visits stopped in response to the COVID-19 pandemic. While some visits have resumed recently, such as the Board's visit to Ysbyty Maelor in July 2022, engagement activity has not yet resumed to pre-pandemic levels, and there is variation in the levels of activity undertaken between Board members. Our [report on the Trust's quality governance arrangements](#), issued in September 2022, recommended the Trust develop a Standard Operating Procedure for such visits to ensure better coverage and capturing of feedback.

Organisational design

- 27 We considered the extent to which the Trust's organisational structure supports effective governance. In examining this, we have looked at whether:
- the responsibilities of Executive Directors are clear, and that they have balanced and equitable portfolios of work;
 - there is clarity on the role of the Board Secretary, and there are adequate resources in place to support the work of the Board and its committees; and

- the organisational structure supports effective governance and facilitates whole-system working.

28 We found that **the organisational design continues to support Trust business, and recent and upcoming changes at leadership level are being managed effectively.**

29 The responsibilities of Executive Directors appear to be clear, and they have balanced and equitable portfolios of work. Three new Directors (Executive Director of Quality and Nursing, Director of Workforce and Organisational Development, Interim Director of Digital Services) have been appointed to the Trust in recent months, along with a new Chair and a new Non-Executive Director. The Trust is also in the process of seeking a new Vice-Chair. These changes, though significant, appear to have been managed well by the Trust that has continued to maintain stability. Changes to Director portfolios during the last 12 months include an increase in the number of Executive Directors on the Trust Board from five to six under new regulations.³ This saw the addition of the Director of Operations becoming an Executive Director. The Director of Strategic Planning and Performance becoming also became an Executive-level post during the year, in place of the Director of Workforce and Organisational Development. Executive Directors and wider senior management engage in weekly Executive Management Team meetings to oversee operational business and feedback suggests these meetings are working well.

30 There is clarity on the role of the Trust's Board Secretary, who is leading work to strengthen arrangements including developing cycles of business, strengthening recording of gifts and risk management. However, the progress of this programme is reliant on finite capacity within the Board Secretary's Office. Limited capacity is having an impact in some areas by limiting the resilience of the team in ensuring the timely review of policies and risk. Our review of the Trust's quality governance arrangements also raised concerns around the Trust's capacity to support operational risk management. The Trust has recently appointed a Corporate Governance Manager and is seeking to recruit a Risk Officer which may help address these issues.

31 The Trust has a stable organisational structure, with its operational teams' structured to align to each of the seven Health Board areas. We were not made aware during fieldwork of any substantial changes to the operational structures or of any issues with the way the organisation is currently structured.

Systems of assurance

32 We considered the extent to which the Board and its committees oversee, scrutinise, and challenge organisational risks, performance, and quality of services. In examining this, we have looked at whether:

³ [The NHS Trust \(Membership and Procedure\) \(Amendment\) \(Wales\) Regulations 2022](#)

- there is an effective Board Assurance Framework (BAF) in place, which is actively reviewed and owned by the Board;
- the BAF is underpinned by appropriate systems for managing risks and performance; overseeing the quality and safety of services; and handling information in a secure manner; and
- effective action is taken to address audit and review findings and recommendations.

33 We found that **while the Trust is strengthening its systems of assurance with regular reviews of risk, further work is required to understand whether the Trust's mitigating actions are achieving their intended impact on significant and ongoing risks and challenges.**

34 The Trust has strengthened its Board Assurance Framework (BAF) during 2021-22. The new version is more detailed and comprehensive, with much greater articulation of the controls and assurances in place. The BAF currently draws its principal risks from the Corporate Risk Register and maps them to the 2022-25 Integrated Medium-Term Plan deliverables and therefore, by extension, the Trust's strategic risks. It is not yet aligned to the Trust's broader long-term strategy and does not link with wider system controls and assurances. The BAF clearly identifies how the Trust is monitoring risks and the associated mitigating controls, but it currently only provides limited assurance on the impact of the controls in terms of whether they are effectively reducing the risks. While the BAF is a standing agenda item on each Board and Committee agenda, there is a need to better focus discussions on the effectiveness and impact of controls in reducing the strategic risks facing the organisation.

35 The Trust revised its Corporate Risk Framework in 2020 and continues to strengthen it through its risk transformation programme. Risks on the Corporate Risk Register (CRR) have been reviewed using an 'if, then, resulting in' format which provides greater clarity and focus on the potential impact of each risk. Each committee receives and discusses the risks relevant to their remit at every meeting, with any issues escalated in via highlight reports to Board. However, despite regular review, several CRR risks have remained static or deteriorated in recent months, suggesting actions for mitigating risks are not having the intended effect. While this is, in part, due to the risks being impacted by external pressures and partners, the Trust must apply robust challenge to ensure its mitigating actions are achieving their maximum impact. While a recent Internal Audit report on risk management and assurance provided an overall reasonable assurance rating, the work highlighted gaps in oversight and an inconsistent approach to the review of risks at directorate and operational levels. Officers regularly review the corporate risk registers of other NHS bodies in Wales to understand how other bodies are seeking to mitigate broader unscheduled care risks that affect the Trust's performance. The Trust must ensure it gains assurance that the actions taken to address the risks are having the intended impact.

- 36 Wider system failings and pressures have meant that the Trust currently faces unprecedented performance issues and related quality concerns leading to avoidable harm for patients. In response, the Trust Board needs to do everything within its span of control to improve the way its own services operate, including strongly influencing its partners and stakeholders to collectively address the cause of poor services and outcomes for patients. These challenges include:
- Frequently reaching the highest level (four) of the Trust's Resource Escalation Action Plan (REAP) framework.
 - Poorer and deteriorating performance in relation to red and amber calls. The target for reaching 65% of calls categorised as red (immediate life-threatening) has not been met since July 2020. Performance as of October 2022 was 48%. For calls categorised as amber (serious, but not immediately life-threatening), median performance in October 2022 was one hour, 42 minutes with the 95th centile of calls waiting nearly nine hours.
 - During 2022, the Trust has routinely seen between 25-35% of its front line 999 response delayed outside of a hospital and unable to respond to calls in the community. 28,937 hours were lost due to handover delays in October 2022.
 - There is year-on-year increase in nationally reportable incidents which resulted in an unexpected or avoidable death or severe harm.
- 37 The Trust recently updated its Performance and Quality Framework and improved the operational performance analysis provided its Integrated Quality and Performance Report. The Trust is also seeking to develop service quality metrics, but it currently is not able to link its systems with Health Board systems. This means that the Trust cannot easily see the outcome for patients after their handover, which is a particular concern if high-risk patients have waited long times for an ambulance. The continuing roll-out of the electronic Patient Clinical Record system aims to resolve this and ultimately improve the breadth of oversight and assurance on the quality of services.
- 38 Our report on the Trust's quality governance arrangements highlighted the good progress being made in developing quality improvement plans and improving the functioning of the QuESt committee and internal concerns management. However, we identified the need for the Trust to improve its risk management capacity, address the substantial backlog of mortality reviews, and ensure better visibility of clinical audits. During 2022 the Delivery Unit reported on significant weaknesses in the process for incident reporting across organisational boundaries, known as Appendix B reports, which we highlighted that the Trust must work with partners to address to ensure system-wide improvements. The Trust is taking action to address the recommendations of our report.
- 39 The Trust's audit tracker enables effective oversight of recommendations made by internal and external audit and other bodies, including Health Inspectorate Wales and the Welsh Language Commissioner. However, the tracker does not consistently make clear the reasons why some actions have become overdue, what/whether progress has been achieved to date and/or whether actions have a

new proposed completion date. The Audit Committee regularly undertakes a high-level review of the tracker, but there is scope for Committee members to focus more on exploring whether recommendations marked as 'completed' have achieved their intended impact. This could be achieved by inviting the relevant senior leaders to Audit Committee to report on progress.

Strategic planning arrangements

- 40 In this section of the report, we provide our views on the Trust's strategic planning arrangements, with a particular focus on the organisation's:
- vision and strategic objectives;
 - Integrated Medium-term Plan;
 - planning arrangements; and
 - arrangements for implementing and monitoring the delivery of corporate strategies and plans.
- 41 We found that **there are good approaches for developing plans, but there needs to be a stronger focus on staff and partner engagement and greater challenge on the impact of plans in supporting improvements to performance.**

Vision and strategic objectives

- 42 We considered the extent to which there is a clear vision and long-term strategy in place for the organisation. In examining this, we have looked at whether:
- the vision and strategic objectives are future-focussed, and rooted in a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
 - the vision and strategic objectives have been developed and adopted by the Board; and
 - the long-term strategy is underpinned by an appropriate long-term clinical strategy.
- 43 We found that **the Trust has a good long-term strategic vision that is focussed on supporting the population health of Wales and the wider NHS system.**
- 44 The Trust Board approved its long-term strategic framework (the Framework) titled 'Delivering Excellence, Our Vision for 2030' in March 2019. The Framework has a strong foundation as it draws on detailed predictions about population health. It articulates the Trust's ambition to alter its traditional service model and to manage demand differently, with a focus on increasing telephone consultations and treatments out in the community and reducing ambulance conveyance to hospital. It calls this approach 'inverting the triangle'. The Framework provides sufficient direction to form the basis of each refresh of the Integrated Medium-Term Plan. Positively, the Trust has recently reviewed its long-term ambitions and, as a result,

reframed some specific actions as part of the Integrated Medium-Term Plan development process.

- 45 The Trust's Clinical Strategy 2020-2025 appropriately supports the long-term Framework by setting out the main drivers of changing service demand, including demography and population-level patterns of illness. The clinical strategy has four clear clinical aims, which are:
- Aim 1: Using excellent clinical leadership;
 - Aim 2: Responding to our population's changing care needs;
 - Aim 3: Embedding a Value Based Healthcare approach; and
 - Aim 4: Improved use of clinical data and information.
- 46 The Clinical Strategy effectively sets out the required enabling strategies that will support its progress, including the Trust's quality, education and training, and digital strategies.

Integrated Medium Term Plan

- 47 We considered the extent to which the Trust has been able to produce an approvable Integrated Medium-Term Plan (IMTP) for 2022-2025. In examining this, we have looked at whether:
- the IMTP was submitted within the required timeframes in line with Welsh Government guidance;
 - the draft and final versions of the IMTP were discussed, challenged, and agreed by the Board prior to submission; and
 - the IMTP received approval from the Minister for Health and Social Services.
- 48 We found that **the Trust continues to develop approvable and balanced Integrated Medium-Term Plans that meet Welsh Government requirements.**
- 49 The Trust produced a balanced Integrated Medium-Term Plan (IMTP) 2022-25 which met Welsh Government requirements and secured Ministerial approval. Drafts were provided to various Executive groups and Committees prior to its submission to Welsh Government, including a review by the Trust Board during a development session in February 2022, and endorsement by the Finance and Performance Committee in March 2022. The Board approved and submitted the final version in March 2022 in line with Welsh Government timelines. The Trust's commissioners also approved the IMTP via the Emergency Ambulance Services Committee⁴.
- 50 Welsh Government commented positively on the alignment of the IMTP to the Emergency Ambulance Services Committee's own plan, and a good focus placed on both value-based healthcare and improving workforce efficiencies by reducing

⁴ The Emergency Ambulance Services Committee is a Joint Committee of all Health Boards in Wales, with responsibility for planning and securing sufficient ambulance services for the population.

sickness absence. Welsh Government also highlighted some areas for improvement, particularly around the need for the Trust to be more ambitious with its performance improvement trajectories, plans for achieving university status, and achieving stronger collaboration with the Fire and Rescue Service.

Planning arrangements

- 51 We considered the extent to which the Board maintains effective oversight of the process for developing corporate strategies and plans. In examining this, we have looked at whether:
- prudent and value-based healthcare principles are considered and reflected in corporate strategies and plans; and
 - corporate strategies and plans have been developed in liaison with relevant internal and external stakeholders;
- 52 We found that **the Trust has reasonable arrangements for developing key plans, although it recognises that there is scope to increase staff involvement and strengthen partner buy-in.**
- 53 The Trust continues to have an effective process for developing its IMTP, which it actively seeks to improve on an ongoing basis. The Trust's process for developing the IMTP 2022-25 was comprehensive and included:
- assessing long-term strategic framework achievements;
 - reviewing progress against the commitments made in the previous IMTP; and
 - considering new and current pressures via the Executive Management Team and board development sessions.
- 54 While the Trust's approach to IMTP planning has been effective for some time, this year the Trust also recognised the need for its arrangements to more flexible to respond to extreme operational pressures. As a result, the 2022-25 IMTP is now more explicit about its priorities and which actions can be paused if operational pressures place a significant strain on resources. However, since 2019, the Trust has not aligned underpinning directorate level plans to inform the development of the IMTP but intends to rectify this for the 2023-26 plan.
- 55 In term of wider planning arrangements, there is a mixed state of progress. The revised People and Culture Strategy has been delayed and work on renewing its Public Health Plan 2019-22 is yet to commence. However, the Trust has approved its volunteer strategy in September 2021. This strategy, which was developed with involvement from volunteer working groups, and has been designed to appeal to current and prospective volunteers. However, it was not financially costed when it was approved which makes it difficult to know whether it is affordable. There is also scope to better clarify how it will be delivered and monitored. While the volunteer strategy is summarised within the IMTP, there is no clear read-across to the IMTP actions for 2022-25.

- 56 The Trust also recognises that it should do more to engage staff when preparing corporate plans and strategies. It has developed a one-page summary of its IMTP for staff and the public, which is available via its public website. However, the pandemic inevitably led to reduced staff involvement in the IMTP planning process (see **Recommendation 4**).
- 57 In previous structured assessment reports, we have highlighted that the Trust's partners do not always properly buy into its significant service transformation ambitions and the need to modernise services. This continues to be a risk that the Trust is aware of and is seeking to mitigate. For example, in response to the continuing significant operational pressures, the Trust submitted a 'transitional plan' to its commissioners in December 2021, outlining proposals for improvement based on altering models of service in line with its long-term vision. There were varying appetites from the commissioners for the plan and it was not adopted in that form at that time. While some initiatives have been taken forward with individual Health Boards, the inability to move forward nationally was disappointing for the Trust. The Trust's recently refreshed engagement framework sets out the principles for engagement on its long-term strategic vision. While the document contains high-level principles, detailed plans are due to be published in early 2023. These detailed plans will be vital in providing the helpful direction for the Trust in engaging and maintaining effective dialogue with key partners (see **Recommendation 5**).
- 58 The Trust is committed to implementing prudent and value-based healthcare principles. It is currently working with the National Collaborative Commissioning Unit and the Finance Delivery Unit to develop a strategy and approach to value-based healthcare which links outcomes, patient experience, and use of resources. The Trust established financial workstreams in September 2022 and set-up a value-based healthcare working group to inform their work. It must demonstrate progress in implementing value-based healthcare during this financial year given it is a key accountability condition set by Welsh Government and features within the priorities set by its commissioners via the EASC commissioning intentions.

Implementation and monitoring arrangements

- 59 We considered the extent to which the Board oversees, scrutinises, and challenges the implementation and delivery of corporate strategies and plans. In examining this, we have looked at whether:
- corporate strategies and plans contain clear milestones, targets, and outcomes that aid monitoring and reporting; and
 - the Board receives regular reports on progress to deliver corporate strategies and plans.
- 60 We found that **while the Trust has regular and integrated arrangements for monitoring the delivery of key plans, there is scope to clearly articulate delivery of its clinical strategy.**

- 61 The progress of key strategies and plans is monitored on an ongoing basis via the Trust's IMTP monitoring arrangements. This integrated approach is possible due to the strong alignment of the IMTP to key enabling and operational plans as well as the long-term strategic framework. However, our review of quality governance arrangements highlighted that the delay between approving the quality strategy and preparing the subsequent improvement plan have hampered the delivery of some key actions. This is again the case in relation to the clinical strategy. Earlier development of implementation plans would support the delivery of the Trust's strategic aim, and therefore delays should be avoided wherever possible.
- 62 IMTP deliverable actions are 'SMART'⁵ and phased across the three years of the plan. The Strategic Transformation Board monitors the IMTP on a regular basis including reviewing the IMTP delivery tracker for all 2022-23 actions. The Trust's committees monitor specific programmes of IMTP work during their usual business, for example, the Trust's decarbonisation agenda. The Finance and Performance Committee receive detailed IMTP progress update and the Board also tracks progress through a high-level highlights report. This in particular indicates where IMTP progress is on track and where actions need to be paused to free capacity to respond to operational pressures. The Trust currently focusses primarily on actions delivered, rather than the outcome achieved, in terms of IMTP progress. It was positive to see that in November 2022 the Trust stated a new Head of Transformation has been appointed to work with its Performance Team to map benefits realisation back to transformation programmes to establish where possible the programme contribution to those measures.

Managing financial resources

- 63 In this section of the report, we provide our views on the Trust's arrangements for managing its financial resources, with a particular focus on the organisation's:
- arrangements for meeting key financial objectives;
 - financial controls; and
 - arrangements for reporting and monitoring financial performance.
- 64 We found that **the Trust has a good approach to financial planning, management, and reporting, however opportunities exist to reduce the significant inefficiencies caused by external system pressures.**

Financial objectives

- 65 We considered the extent to which the Trust has effective arrangements in place to meet its key financial objectives. In examining this, we have looked at whether the Trust:

⁵ SMART - Specific, Measurable, Achievable, Relevant, and Time-Bound

- met its financial objectives for 2021-22, and is on course to meet its financial duties in 2022-23; and
- has a clear and robust financial plan in place, which includes realistic and sustainable savings and cost improvement plans.

66 We found that **the Trust continues to achieve its financial duties and is increasingly focussed on recurrent and transformational savings, though these are significantly outweighed by costly inefficiencies caused by system pressures**

67 The Trust continues to maintain a good record of meeting its financial duties in 2020-21, and over the rolling three-year period. For 2021-22, it recorded a small surplus, its capital expenditure was fully spent in line with updated plans, and it achieved savings of £2.861 million against a target of £2.800 million. As of Month 7, 2022-23, the Trust is reporting a year-end breakeven position. This is based on assumptions that the Trust will receive Welsh Government funding for all exceptional costs.

68 While financial performance currently remains strong, there are greater financial risks this financial year with increased cost pressures around utilities, fuel, sickness absences, and handover delays. These risks are articulated in the Trust's financial plan as part of its IMTP. The Trust is proactively managing these risks, engaging in regular discussions with Welsh Government and its commissioners around funding assumptions, and providing greater scrutiny on its own savings programme.

69 The Trust continues to receive additional in-year funding directly from Welsh Government. For example, in August 2022, Welsh Government announced £3 million non-recurrent funding for additional paramedics to support winter pressures. However, short-term funding creates challenges in terms of recruitment and the additional resources required to supporting new recruits. The Trust has made plans to mitigate these challenges in discussion with Welsh Government.

70 In order to seek further financial flexibility in addressing current performance issues, the Trust is pursuing access to additional funds available across Wales, such as the Primary Care Fund⁶ and funds available through the [Six Goal Programme](#). Access to such funding would enable the Trust to pursue some of the improvement initiatives described in its transition plan to alleviate pressures in unscheduled care and reduce delays in ambulance response. However, the Trust is currently not eligible to apply for such funding.

71 The Trust has a savings programme of £4.3 million focussing on recurrent and transformational savings through efficiencies, collaboration, and outsourcing opportunities. However, we have previously highlighted risks around the Trust's reliance on non-recurrent savings, particularly through vacancy management. As of Month 7, underspends continued to be driven predominantly by funded vacancies. In July 2022, the Trust established four financial workstreams which are intended

⁶ Introduced by the Welsh Government in 2015-16, the Primary Care Fund supports implementation of the national primary care plan

to support delivery of a sustainable savings programme rooted in transformation. The four workstreams cover benchmarking value, achieving efficiency, income generation, and best practice. These workstreams should support the Trust to move away from traditional transactional savings and support it to overcome current and future financial challenges.

- 72 Ambulance handover delays are also a cause of significant inefficiencies. The hourly cost of handover delays, as estimated by the Trust, is around £166 an hour. In September 2022 alone, the loss of around 25,000 hours equated to a total cost impact of around £4 million. If handover delays continue to increase at current rates, the notional cost of lost capacity could equate to as much as £50 million for the full year. Eradicating delayed handovers would not release this cash total given that core staffing levels are always required. However, the extent of inefficiencies mean that far more staff are unproductive and are not able to be positively deployed than would otherwise be needed. Such system-wide inefficiencies are also having to be, in part, propped-up by further investment in additional paramedic staffing to try to offset the performance impact of handover delays.

Financial controls

- 73 We considered the extent to which the Trust has appropriate and effective arrangements in place for allocating, authorising, recording, and managing the use of its financial resources. In examining this, we have looked at whether:
- there are effective controls in place to ensure compliance with Standing Financial Instructions and Schemes of Delegation;
 - the Audit Committee maintains appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
 - there are effective financial management arrangements in place; and
 - financial statements were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 74 We found that **the Trust has appropriate and effective arrangements for financial management and control.**
- 75 The Board effectively oversees standing financial instructions, last reviewing them in January 2022. The Trust's financial systems and controls have not changed since last year. The Trust's Audit Committee receives information on losses and special payments in its public session and counter-fraud and single tenders in the private session of each meeting (see **Recommendation 1**). No significant issues have been reported to the Audit Committee on these items this year.
- 76 The Trust submitted good quality draft financial statements for audit on the Welsh Government imposed deadline of 29 April 2022, which were considered by the Audit Committee in early June. Our audit identified one uncorrected misstatement, though this was below material level. Following Board approval, we issued an unqualified audit opinion on 15 June 2022.

Monitoring and reporting arrangements

- 77 We considered the extent to which the Board oversees, scrutinises, and challenges the organisation's financial performance. In examining this, we have looked at whether:
- reports to the Board provide a clear picture of the organisation's financial position, as well as the key financial challenges, risks, and mitigating actions taken; and
 - Board members sufficiently challenge ongoing assessments of the financial position.
- 78 We found that **the Trust has effective arrangements for reporting and monitoring financial performance and overseeing the delivery of savings programmes.**
- 79 There are effective arrangements for oversight of financial performance at both executive and Board level. Finance reports and savings and efficiency highlight reports are regularly submitted to the Strategic Transformation Board, the Executive Management Team, and the Finance and Performance Committee. The Board also receives the finance report each quarter.
- 80 Reports are open and transparent, highlighting the current situation and any key risks that members should be aware of including risks or mitigating actions. Members feel assured by the reports and are sighted on key issues. Challenge observed during meetings demonstrates the Trust's cautious approach to financial management.

Managing the workforce, digital resources, the estate, and other physical assets

- 81 In this section of the report, we provide our high-level views on the Trust's arrangements for managing its wider resources, with a particular focus on the organisation's arrangements for:
- supporting staff wellbeing (please note we will be undertaking a separate review of the organisation's workforce planning arrangements);
 - managing its digital resources; and
 - managing its estate and other physical assets.
- 82 We found that **action is needed to ensure the positive work to support staff well-being is having the desired impact and also to maintain a focus on reducing sickness absence rates. Implementation of the digital strategy would be strengthened by improved oversight of the programme and clarity over funding. Strategic decisions also need to be made in respect of longer term estate needs and decarbonisation.**

Supporting staff well-being

- 83 We considered the extent to which the Trust has appropriate and effective arrangements in place for supporting staff well-being. In examining this, we have looked at whether:
- mechanisms to seek staff views about their well-being needs are effective, and appropriate action is taken to respond to findings; and
 - actions to support and improve staff well-being are actively monitored by the Board, including actions taken in response to our report on how NHS bodies supported staff wellbeing during the COVID-19 pandemic⁷.
- 84 We found that **while the Trust has developed a well-being programme for staff, there is a need to evaluate and understand how well this is supporting staff and reducing sickness absence rates.**
- 85 The Trust demonstrates a clear appreciation and understanding of the stress staff experience. The Trust has historically had higher sickness absence rates than other NHS bodies in Wales and these were at their highest-ever levels in December 2021, at 12.4%. The Trust continues to work to address short and long-term sickness absence. While sickness rates have decreased to under 9% in September 2022, they remain higher than the Trust's target rate of 8% and continue to be a particular concern for Trust staff in Emergency Medical Services. Progress is monitored through the 'improving attendance' project which reports to

⁷ [Taking care of the carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic.](#)

the People and Culture Committee. The project has seven areas of focus including well-being, stress and anxiety and management support.

- 86 The Trust has a range of well-being services in place for staff, including an employee assistance programme and an in-house Occupational Health Team. The Trust also has arrangements in place to provide information on how this provision can be accessed. Staff well-being activity is reported quarterly to the People and Culture Committee. However, the report does not detail how many staff have engaged in these activities. Furthermore, it does not include any evaluation of impact or assurance that staff needs are being met and that value for money is being delivered (see **Recommendation 6**).
- 87 Our Taking Care of the Carers report made several recommendations to health bodies around staff well-being. As of December 2022, the Trust is making reasonable progress in implementing these recommendations: ten have been completed to date, however the remaining eight overdue and no reasons were provided for six recommendations. As discussed in **paragraph 86**, despite the well-being improvement activity, sickness absence remains very high for some staff groups and completion of appraisals is lower than target levels.

Managing digital resources

- 88 We considered the extent to which the Trust has appropriate and effective arrangements in place for managing its digital resources. In examining this, we have looked at whether:
- there is a Board approved digital strategy in place which seeks to harness and exploit digital technology to improve the quality, safety, and efficiency of services, as well as to support new models of care and new ways of working; and
 - benefits arising from investments in digital technology are actively monitored by the Board.
- 89 We found that **while the Trust is closely managing and monitoring key digital and cyber risks, there is scope to strengthen reporting of progress of its digital strategy.**
- 90 The Trust's Digital Strategy seeks to enable service improvement and modernisation. Following the departure of the Digital Director in July 2022, the interim director is currently reviewing the strategy to understand whether any updates are required since its publication in 2020. The Trust is also developing a digital Strategic Outline Programme to sit alongside the Trust's Fleet and Estates Strategic Outline Programmes.
- 91 While it is positive that the Trust's digital strategy is in place and activity is underway to align it to other key enabling services, further clarity is needed on how the strategy will be funded. The digital strategy is funded via three routes: the Trust's IMTP process, the national data resource in Digital Health and Care Wales and the Welsh Government Digital Priorities Investment Fund, the strategy was

approved without clarification of how it would be funded in its totality. Staffing arrangements also appear to be a challenge. In addition to its ongoing digital service, the Trust supports delivery of the strategy through a mix of its core team capacity and temporary additional posts on a project-by-project basis. Given the shortage of digital workforce across Wales, the Trust, in common with other NHS bodies, finds permanent as well as short-term recruitment for its digital services a challenge.

- 92 The implementation of the digital strategy is managed through the Strategic Transformation Board as part of the Trust's process for monitoring progress of the IMTP. The Trust does not report against the digital strategy as a programme, but rather reports against individual elements, such as data analytics which reported to the Strategic Transformation Board in October 2022. The Trust intends to report other elements in coming months. The lack of overall oversight may make it difficult for the Trust to understand the impact of the digital strategy in its totality in supporting the organisation to achieve its strategic ambitions.
- 93 Both the Finance and Performance Committee and the QuEST Committee have roles in relation to overseeing elements of the Trust's digital activities. While the Finance and Performance Committee oversees most elements relating to digital, data management teams report information security information through the Information Governance Steering Group, currently a sub-group of the QuEST Committee. While this may create a risk of confusion, we did not find evidence that this arrangement was leading to duplication or gaps in oversight. The Trust's current review of the Terms of Reference and reporting lines for the Information Governance Steering Group may help mitigate this risk further. In addition, the Board have shown they have effective oversight of significant risks relating to digital, including the ongoing risk in relation to delivery of a replacement programme for its 111 service.

Managing the estate and other physical assets

- 94 We considered the extent to which the Trust has appropriate and effective arrangements in place for managing its estate and other physical assets. In examining this, we have looked at whether:
- there are Board-approved strategies and plans in place for managing the organisation's estates and its wider physical assets;
 - there are appropriate arrangements in place for the Board to review, scrutinise, challenge, and approve significant capital projects and programmes; and
 - there are appropriate arrangements in place for the Board to maintain appropriate oversight of the condition of the estate and other physical assets.
- 95 We found that **the Trust has effective approaches to estates and decarbonisation, however it must balance strategic opportunities with meeting increasing backlog maintenance costs in the context of limited capital funding.**

- 96 The Trust has an effective approach to managing its estates in the context of limited available capital funding. In 2021, the Trust refreshed its Estate Strategic Outline Programme. The Trust prioritises its estate based on potential current conditions and potential opportunities, benefits, and collaborative arrangements. From its analysis, the worst (highest) scoring locations have been prioritised for improvement / repair / replacement as appropriate. The Trust's backlog maintenance costs have remained fairly consistent since 2018-19 with a small year on year increase. However, the success of delivering the Estate Strategic Outline Programme is dependent on timely approval of requests for discretionary capital funding and the availability of discretionary capital funding which has reduced by 24%. The shortfall in discretionary capital is leading to a reduced programme and an increasing emphasis on prioritising the highest risk sites.
- 97 The Trust has in place a decarbonisation action plan to reduce emissions by 34% by 2030. The plan is extensive with over a hundred actions. The Finance and Performance Committee regularly assess progress in relation to the action plan. In November 2022, following a self-assessment, an indicative rating for the plan's progress was rated as red/amber, with remedial actions being put in place. Estates is a significant part of the Trust's decarbonisation process. The Trust has acknowledged that there is a tension and balance between meeting the targets in their decarbonisation plans and delivery estate and asset projects. This is reflected in developing a business case for the new station in Swansea where all options and costing are being discussed.

Appendix 1

Audit approach

Exhibit 2 sets out the approach we adopted for delivering our structured assessment work at the Trust.

Exhibit 2: audit approach

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following Committees: <ul style="list-style-type: none">• Board, March 2022 and July 2022;• People and Culture Committee, May 2022• Quality, Experience and Safety Committee, May 2022• Finance and Performance Committee, July 2022• Audit Committee, March 2022 and September 2022

Element of audit approach	Description
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 Interests, 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.

Interviews

We interviewed the following Senior Officers and Non-Executive Directors:

- Chair of the Trust (as of July 2022)
- Chair of Quality, Experience and Safety Committee (QuEST)
- Chair of People and Culture Committee
- Chief Executive Officer,
- Director of Finance
- Director of Planning and Performance
- Board Secretary
- Director of Digital; and
- Chief Ambulance Services Commissioner.

Appendix 2

Management response to audit recommendations

98 Appendix 2 will be completed once the management response has been received.

Exhibit 3: management response

Recommendation	Management response	Completion date	Responsible officer
<p>Administrative governance</p> <p>R1 We have identified opportunities for the Trust to further increase transparency by strengthening administrative governance by:</p> <p>a) Ensuring the timely publication of committee papers in advance of meetings and minutes following</p>	<p>a) Agreed</p>	<p>a) Immediately for timely publication of committee papers and by 1 April 2023 for minutes to allow for repository to be established on website.</p>	<p>a) Board Secretary</p>

Recommendation	Management response	Completion date	Responsible officer
<p>the end of meetings to the Trust website;</p> <p>b) Enhancing the recording of Chair’s actions and decisions taken in private session, for example by identifying the costs and delivery risks relating to decisions made;</p> <p>c) Providing the declarations of interest, gifts and hospitality as a specific document available to be publicly viewed; and</p> <p>d) Reconsidering receiving all counter fraud information within the private session of the audit committee.</p>	<p>b) Agreed. Fuller information on decisions will be provided.</p> <p>c) Agreed</p> <p>d) Due to the fact that the local counter fraud service report routinely contains sensitive information it will remain in private session, however the AAA highlight report from the Audit Committee into the public Trust Board will provide an expanded narrative on the issues discussed including any relevant metrics.</p>	<p>b) Immediately</p> <p>c) 1 April 2023</p> <p>d) 30 March 2023</p>	<p>b) Board Secretary</p> <p>c) Board Secretary</p> <p>d) Executive Director of Finance and Corporate Resources</p>
<p>Patient experience reporting</p> <p>R2 Improve quarterly patient experience reporting to QuEst by ensuring a balance of both positive and negative feedback and providing information</p>	<p>a) Agreed</p>	<p>September 2023</p>	<p>Executive Director of Quality and Nursing</p>

Recommendation	Management response	Completion date	Responsible officer
<p>on what is being done to address the negative themes arising in the report.</p>			
<p>Staff involvement in the development of future key plans R3 The Trust should take steps to ensure its key strategic plans, including the IMTP are developed with, and informed by, its staff.</p>	<p>Accepted. This has taken place for the development of the 2023-26 IMTP with wide ranging staff and stakeholder engagement</p>	<p>Complete and ongoing</p>	<p>Executive Director of Strategy, Planning and Performance</p>
<p>Develop engagement delivery plans R4 While the Trust has recently refreshed its high-level engagement framework, it should seek to urgently publish and progress detailed plans to support it in providing external in relation to unscheduled care system pressures.</p>	<p>A phased delivery plan is scheduled to be presented to Board at its January 2023 meeting. This document will outline indicative messages/audiences/phasing and approaches over the next 18 months to two years.</p>	<p>January 2023 to Board Timetabled plan to EMT Qtr 1 2023/24</p>	<p>Director of Partnerships and Engagement</p>

Recommendation	Management response	Completion date	Responsible officer
	<p>The granular detail of who, what and where in terms of timetable will be subsequently developed and approved by the Executive Management Team.</p>		
<p>Ensure evaluation of effective staff wellbeing services</p> <p>R5 While the Trust has introduced a programme of services to support staff wellbeing, it is not currently undertaking sufficient evaluation and review to ensure these are meeting the needs of staff. The Trust should introduce a regular process to evaluate its staff wellbeing services, such as via pulse surveys or participant questionnaires. This evaluation should inform long-term investment decisions for such services.</p>	<ul style="list-style-type: none"> A wellbeing survey was recently undertaken by WAST in conjunction with Swansea University (SU); the report has now been received and is due to be presented to EMT shortly- this provides valuable insight and qualitative evidence regarding the our current wellbeing offer and identifies areas that need more focus in particular the need to tailor interventions based on a range of factors. Feedback questionnaires have been implemented from December 2022 to all staff who access our OH and Wellbeing services. The data from these questionnaires will be reviewed monthly within the Workforce and Organisational Development Directorate and will feed into the regular updates provided to People and Culture Committee Mechanisms have also been put in place to receive feedback and evaluation of impact when colleagues are discharged from specific services for example 	<p>February 2023</p> <p>January 2023 onwards</p>	<p>Director of Workforce and Organisational Development (delivered by Catherin Goodwin)</p>

Recommendation	Management response	Completion date	Responsible officer
	<p>Fitback (Physiotherapy Service) and NOSS (Trauma Counselling). – Feb 2023 onwards</p> <ul style="list-style-type: none"> • Regular meetings are in place with service providers (FitBack, Health Assured, NOSS, Caer Health, Thrive) and monthly data reports are being reviewed regularly in order to understand trends and themes in terms of uptake and gaps (to enable targeted promotion, for example, by role and geographic area). • Fortnightly OH and Wellbeing Team meetings taking place where team members provide qualitative feedback regarding service provision and share feedback from staff who have used the service – ongoing • Specific wellbeing metrics will be developed as part of the people and culture plan evaluation section for 2023-26 – these will include measures such as cost savings associated with reduced sick absences figures , improved 	<p>February 2023 onwards</p> <p>Ongoing</p> <p>April 2023 onwards</p>	

Recommendation	Management response	Completion date	Responsible officer
	<p>engagement levels and early intervention to enable colleagues to remain in work</p> <ul style="list-style-type: none"> • Follow up surveys will be carried out to identify utilisation of wellbeing services, gaps and impact on a twice-yearly basis. • Participation in the Gold Corporate Health Standard will ensure a continued focus on evaluation and assessment of impact of the different interventions offered by WAST. 	<p>June 2023 and December 2023</p> <p>March 2023 – onwards</p>	



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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.