

Structured Assessment 2025

Welsh Ambulance Services University NHS
Trust

December 2025



About us

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Audit snapshot

What we looked at

- 1 We looked at how well the Welsh Ambulance Services University NHS Trust (the Trust) is governed and whether it makes the best use of its resources. We looked at four areas in particular:
 - how well its board works;
 - how it keeps track of risks, performance, service quality, and recommendations;
 - how it produces key plans and strategies; and
 - how it manages its finances.
- 2 We also looked at the Trust's progress in implementing recommendations from:
 - previous structured assessment reports; and
 - our 2024 report on cost savings.

Why this is important

- 3 NHS bodies continue to face a wide range of challenges associated with the need to modernise and transform services to deal with constrained finances, growing demand, treatment backlogs, workforce shortages, and an ageing estate. It is therefore more important than ever for the boards of NHS bodies to have strong corporate and financial governance arrangements in place. This helps provide assurance to themselves, the public, and key stakeholders that they are taking the right steps to deliver safe, high-quality services and to use public money wisely.

What we have found

- 4 We found that the Trust has an effective Board supported by good governance arrangements. Systems for providing the Board with assurance are effective and are being strengthened through further development of the board assurance framework. A new quality plan is being implemented, but its deliverability is likely to be challenging without dedicated funding. The Trust continues to report challenges to the achievement of key performance targets. Changes to how ambulances responses are measured were introduced during 2025, with a greater focus on patient outcomes. However, it is too early to know what impact the changes are having on service quality.
- 5 The Trust has a clear and approved Integrated Medium-Term Plan (IMTP) and has recently approved a set of wellbeing objectives. It is also undertaking a timely refresh of its long-term strategy. The Trust has a significant number of change programmes underway, with finite capacity to support them. It is therefore pausing the development of some corporate plans and deferring some planned activities to protect capacity for key priorities.
- 6 The Trust manages its finances well to meet its key financial duties during 2024-25. Positively, it is reducing its reliance on non-recurrent savings. Yet, the Trust is facing increasingly challenging financial pressures this year which creates risks to achieving its forecast breakeven position. However, there is a need to clarify the affordability of some of the Trust's strategic plans.

What we recommend

- 7 We have made four recommendations to the Trust within the following areas:
 - Strengthening policy management
 - Enhancing reporting of the current board assurance framework;
 - Clarifying deliverability of its quality plan; and
 - Reporting on any issues with the timely submission of Board and committee papers.

Key facts and figures

- Within the Welsh Government's Escalation and Intervention framework, the Trust is currently at level 1.
- In 2024-25, the Trust met its financial targets by breaking even on both revenue and capital spending.
- In 2024-25, the Trust aimed to save £6.42 million but ended up saving £6.84 million. However, £3.1 million came from staff vacancy savings.
- The Trust's 2024-25 financial statements were submitted for external audit on time, and the Auditor General issued an unqualified audit opinion on 27 June 2025.
- The Welsh Government issued a letter in August 2025 to confirm its approval of the Trust's 2025-28 Integrated Medium-Term Plan.
- Whilst the Trust is facing some unexpected in-year financial challenges, it continues to forecast a breakeven position for 2025-26.
- The Trust has fully implemented the four outstanding structured assessment recommendations since our last report.

Our findings

Board effectiveness and openness

Board and committees operate effectively, reflect on learning, and seek opportunity to continually improve. However, the Trust still needs to address its out-of-date policies

Public openness of board business

- 8 The Trust continues to conduct its business in a transparent way. The Board holds its public meetings in Cardiff. However, the Trust is exploring ways to rotate meeting locations across Wales to support it in further raising the Board's profile and connect more with staff across the country. Members of the public can send in questions before each meeting for the Board to consider. Our review shows that the Board responds to these questions clearly and effectively. The public can request to observe the Board live or watch the recordings after the meeting via links on the Trust website.
- 9 Although committee meetings are not broadcast or recorded, the public can still request to attend any public committee meeting. The Trust also routinely publishes Board and committee papers a week before each meeting on its website.
- 10 The Trust keeps private Board and committee sessions to a minimum, reserving them only for sensitive or confidential matters. After each Board and committee meeting, the Corporate Governance Team quickly publishes an Alert, Assure, Advise paper on the website. This paper highlights the key points discussed. The Trust then uploads the full minutes once they are confirmed at the following meeting.

Supporting effective board conduct

- 11 The Trust has clear and generally up-to-date governance arrangements that help the Board and its committees run effectively. This includes regular update and review of Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation (SoRD).
- 12 The Trust reports non-compliance with Standing Orders to the Audit, Risk and Assurance committee. Since the beginning of 2025, there have only been three reported breaches which were on digital procurement, staff payments, and non-approval of minutes. Although Standing Orders state that papers should be submitted at least five days before a Board or committee meeting, the Trust does not currently report any late submissions as a recorded breach of these rules. Whilst the submission of late papers is infrequent, reporting instances to the Audit, Risk Assurance Committee would improve transparency and promote timely submissions.
- 13 The Trust continues to publish up-to-date declarations of interests and its Register of Gifts and Hospitality on its website. The corporate team continue to raise awareness online and in ambulance stations of the requirement to make gifts and hospitality declarations.
- 14 In 2023, the Trust reported that only 14% of its policies were up to date. Although we saw improvement in 2024, progress has since slowed. At the current rate, the Trust expects that only 50% of policies will be in date by January 2026.

Board and committee meeting effectiveness

- 15 The Trust's Board and committees work effectively and are quorate. Their agendas are focussed on risk areas, and work programmes are up to date. The committee structure broadly aligns to the organisation's main goals and risks. To improve this further, the Trust has set up a task and finish group to consider how its committees work and how they could improve. In particular, this group has reflected on the role of the Academic Partnership Committee, now that the Trust has achieved University Trust status.
- 16 Board and committee meetings are well-run, with agendas focused on the organisation's biggest risks and important issues. Over the past year, key concerns have included growing financial pressures, long delays in handovers, and poor performance in handling complaints and investigations. There is still room for the Board to spend more time on long-term strategy, which is expected to happen as the Trust starts to review its strategic vision and board assurance framework in 2025–26.
- 17 Board and committee papers are timely and include clear, high-quality information. Presentations are easy to follow and come with cover papers that clearly set out the key issues, recommendations, and actions. Where helpful, the Corporate Governance Team also provides extra background information outside the main agenda through the newly established 'reading room' function which stores additional contextual papers. After meetings, committees continue to share important discussion points and issues with the Board through their Alert, Assure, and Advise Highlight Reports.
- 18 The Trust is now a named organisation under the Wellbeing of Future Generations Act (2015). It agreed its wellbeing objectives in March 2025 but is still in the early stages of applying sustainable development principles in committee meetings. The Trust recently added these goals to Board and committee cover papers. This should help authors and committees consider how discussions and decisions affect its wellbeing goals.

Hearing from staff and service users

- 19 The Trust continues to hear direct experiences from staff and patients at the start of meetings. The Quality, Experience and Safety (QuEST) committee hears patient stories and the People and Culture committee hears stories from staff. Stories are also shared at Board meetings, with patient and staff stories shown in turn. In 2024, the Trust has also improved the process for tracking actions and learning following staff stories which now mirrors the process used for patient stories.
- 20 There are good ongoing approaches for board members to listen to staff. Each month, the Chief Executive leads a 'live' session where staff from across the organisation can speak up and talk about important issues. Board members also meet staff through award events and visits. This includes the Annual General Meeting, staff awards and through the work of the Patient Experience and Community Involvement team. Board members we spoke to felt that they had good mechanisms in place to engage with and hear from staff and patients.

Board cohesion and continuous improvement

- 21 The Trust's Board has largely been stable during the past 12 months. It changed the Director of People and Culture role in November 2024, splitting the function into two. The Chief Executive Officer left the organisation in June 2025 and following interim arrangements, the new Chief Executive Officer started in October 2025. These changes have been well-managed, with cohesion across the Board evident within our observations and discussions with the Trust. There have been no new Non-Executive Directors in the past year. However, the Trust has joined the aspiring board programme, to develop new independent member expertise for the future.

- 22 The Board and its committees conduct yearly self-assessments to review how well they are working. the Audit, Risk and Assurance Committee took a new effectiveness approach this year with the aim of improving their committee engagement rates. A smaller sub-group of the Audit, Risk and Assurance Committee met throughout the year to address the numerous questions within the NAO Audit and Risk Assurance Committee Effectiveness Toolkit. At the March 2025 meeting of the committee members reviewed and discussed the feedback. The committee found that the process, whilst resource-intensive, strengthened the quality of feedback and resulted in a number of improvement actions for the committee.
- 23 The Trust has continued to run its own Board Development Programme during 2024–25. Its bi-monthly sessions were well attended, covering a range of topics. These have included the Wellbeing of Future Generations Act, the duty of quality and candour, and planning for the 2025–28 Integrated Medium Term Plan (IMTP). Board members told us they found the sessions useful.
- 24 Plans for an externally supported Board Development Programme are ongoing and out to tender during our review. The Trust hopes to have this programme in place by March 2026. Work is also continuing to improve induction programmes for committee members.

Providing board assurance

Recent and ongoing changes to assurance frameworks are supporting improvement, but there is more to do, including a need to ensure its quality plan is achievable within existing resources.

Managing strategic risks

- 25 The Trust's Risk Management Transformation Programme (2021–24) concluded last year but work to strengthen the board assurance framework (BAF) is ongoing. Previous structured assessments have noted that the BAF has primarily focused on corporate risks, rather than the broader strategic risks linked to the Trust's long-term objectives. This limits its effectiveness in supporting the Board's oversight of risks to strategic delivery.
- 26 To improve its approach to risk, the Trust commissioned external consultants (BDO Ltd) in early 2024, in part to provide best practice guidance for developing a more strategic BAF. Although the Trust had planned to implement a revised digital version by now, a suitable automated solution has yet to be identified. Although progress had also been limited by resource constraints, the recent appointment of the dedicated Risk Manager is now bringing the capacity needed to bring the risk work back on track. The Trust's plans to begin to update its long-term strategy during 2026-27 may offer a welcome opportunity to align the BAF with the development of potential new strategic objectives.
- 27 In the meantime, the Trust continues to provide regular oversight of the BAF. The full framework is reviewed by the Board and the Audit and Risk Assurance Committee, while other committees oversee the risks relevant to their areas of responsibility. In addition, the Board has reviewed its six risk appetite statements during board development sessions within the past 12 months.

- 28 The 2024–25 internal audit of risk management provided a reasonable assurance rating. It found that risk reporting to the Board and committees is effective but highlighted the need for further action once a revised BAF is in place, including updating key documents and delivering staff training.
- 29 Despite the earlier comment on the need to strengthen oversight of risk to strategic objectives, our review of the BAF found that it provides good coverage of corporate risks and the Trust regularly reviews controls and any gaps in assurance. However, there have been very few changes to risk scores during 2024–25 despite reasonable progress on mitigating actions. This is largely due to the influence of external factors, including handover delays which, whilst improved in recent months, remain high.
- 30 As the Trust develops a more strategic BAF, there is also an opportunity to enhance the clarity and usefulness of BAF reporting. For example, including a dashboard to track the status of actions and their impact on risk scores could help demonstrate progress more clearly and support more informed oversight.

Managing performance

- 31 The Trust approved its updated Quality and Performance Management Framework in March 2025. This improves the use of benchmarking, user surveys, consideration of the Trust's statutory duty of quality, and actions to address internal audit recommendations.
- 32 The Board and its committees regularly and appropriately oversee Trust performance. Each committee also receives reports specific to its responsibilities. The Trust reviews the metrics in its performance report every year to make sure they track progress effectively. In May 2025, Board members said they would prefer fewer, more focused measures that link better to the organisation's strategic goals. They also asked for better data quality and support to help them understand the data. The Trust is now working on these improvements.

- 33 The Trust has made good progress in rolling out new service models as part of its clinical transformation programme. However, the impact of these changes has not yet been formally reviewed, with a formal evaluation due to begin in autumn 2025.
- 34 The way that ambulance performance is measured has changed in recent months. The Welsh Government launched a revised Emergency Ambulance Performance Framework as part of a 12-month pilot¹. The previous call categories of red, amber and green have been altered as described below:
- Purple: People who have had a cardiac or breathing arrest outside of hospital.
 - Red: Other life-threatening emergencies, including serious illness or injury where there is a high risk of cardiac or breathing arrest.
 - Orange: Urgent cases that need fast ambulance care, following clinical guidelines, and quick transport to hospital or a specialist centre.
 - Yellow: Cases that need a clinical assessment. These may lead to hospital transport, referral to a community service, or treatment at the scene.
 - Green: Less urgent cases that can be treated at the scene or referred to scheduled services for the right care.

These changes aim to support an increased performance focus on patient outcomes rather than response times. For example, the primary measure for purple calls will be the percentage of people to have a heartbeat restored after a cardiac arrest. As part of the new model, rapid clinical screening will be undertaken for all calls not classified as purple or red to assess the best method of treatment for that patient. At present, it is too early to know what effect this will have on performance. The Trust is currently collating various data to better understand any impact patient outcomes. This is challenging given that outcome data is stored across different Health Board systems across Wales.

¹ Purple and red categories went live from 1 July 2025 and the intention is for the orange, yellow and green categories to go live from 2 December 2025.

- 35 In addition to changes to performance measures and metrics, the Trust has also seen significant changes to some of its long-standing performance metrics in recent months. Notably, handover delays in June and July 2025 were the lowest they have been in four years, although the picture across Wales is still very variable. The number of patients who cancel their ambulance dispatch has also reduced significantly during the past 12 months. However, whilst performance for some clinical indicators such as return of spontaneous circulation are improving others, such as stroke call to door times, have worsened.

Monitoring quality and safety

- 36 In May 2025, the Trust launched a new strategic quality plan. The plan focuses on population health, value-based healthcare, and quality management systems. The accompanying implementation plan sets out the actions to deliver the plan over its three-year lifecycle. Whilst the Trust recognises the need to have sufficient staffing and financial resources to deliver the plan, the plan is not supported by any dedicated funding. As a result, achievement of the 121 listed actions to be delivered over three-years, is likely to be very difficult.
- 37 The Trust has clear accountability for clinical quality governance. The Senior Quality Team oversees delivery of the new strategic quality plan and the Quality Management Group supports the quality management system. However, we have previously highlighted concerns about low attendance at these group meetings. Our review of recent papers shows that attendance remains variable.
- 38 The QuEST Committee oversees a range of assurances and escalated concerns. These include issues highlighted by the Clinical Quality Governance Group, and through quality metrics in the putting things right report. The Trust has strengthened this report with better data, steps it is taking to meet its legal duty of candour, and organisational learning. The new learning from mortality report, published twice a year, shows that the Trust has a more systematic system in place to review and learn from patient deaths.

- 39 Although assurance processes have improved, quality metrics show underperformance in some areas. These include delays in responding to complaints, missed audit deadlines, and slow responses to concerns and coroners' reports. Despite the Putting Things Right team growing, there is a backlog of investigations, and both the Public Services Ombudsman and coroners have raised concerns. Almost 80% of learning from events reports are also submitted late. To address these issues, the Trust introduced a recovery action plan in August 2025. However, current capacity constraints may make delivery challenging. The Executive Leadership Team is closely monitoring progress and the Executive Director of Quality and Nursing reports regularly on this to QuEST Committee meetings.

Tracking and monitoring recommendations

- 40 The Trust is improving its arrangements to track and monitor recommendations. It has worked with Digital Health and Care Wales to build a new automated audit tracking system. Once implemented later in 2025, the Trust will train staff on its use and Audit, Risk and Assurance Committee members will be able to explore progress on recommendations more easily.
- 41 During the past twelve months, the Audit Risk and Assurance Committee has continued to use the current (Excel based) version of the tracker to track implementation of recommendations. While not being reported at two meetings over the last year, the data shows that the Trust is closing more audit recommendations on time, with fewer deadlines being pushed back. This suggests that the organisation is getting better at setting realistic timelines and following through on audit actions.
- 42 In 2024, we raised concerns that the Trust was closing some recommendations without enough evidence. However, things have improved. The three recommendations from our 2024 Structured Assessment were completed effectively and within the year. We also understand that the Trust is responding to and closing Internal Audit recommendations appropriately.

Preparing strategies and plans

The Trust has a clear long-term strategy, medium-term plan, and newly agreed wellbeing objectives, however capacity pressures are resulting in some plans being deferred or delayed.

Producing key strategies and plans

- 43 The Trust's 2018-30 strategy 'Delivering Excellence' appropriately outlines a vision to manage demand differently by changing how it delivers services. It focuses on supporting and treating more people in communities to reduce demand for emergency ambulance services. The Trust intends to refresh its strategy in 2026 and has started events in 2025 to help shape the new version. Following this, it will then develop a new supporting clinical strategy.
- 44 In 2024, the Trust launched a new clinical model transformation programme to improve how clinical care is delivered. The Trust leads this work, supported by commissioners and partners. The approach aligns to the strategic vision and aims to strengthen clinical support during calls and offer more options for face-to-face care. The Trust has made good progress in rolling out new service models as part of its clinical model transformation programme. It has not reviewed the impact of these changes although we understand a formal evaluation is due to begin in autumn 2025.
- 45 The Integrated Medium-Term Plan 2025-28 (IMTP) was shaped by internal and external feedback. This included patient stories, staff surveys, and talks with the Joint Commissioning Committee. The Trust also improved its engagement with Non-Executive Directors on the IMTP by holding two board development briefings in November and December 2024. The Finance and Performance Committee then received the full draft on 18 March 2025, prior to Board approval and submission to the Welsh Government. Welsh Government subsequently approved the IMTP. These steps show progress, but there's still room to improve, especially by sharing draft versions earlier, so members have more time to give feedback and inform its development, rather than providing scrutiny to a fully-formed plan.

46 On 30 June 2024, the Trust became one of the specified bodies under the Well-being of Future Generations (Wales) Act. Following this, the Trust has now set its first well-being objectives, based on the sustainable development principle. To help shape the objectives, the Trust, supported by a cross-directorate Task and Finish Group, asked for feedback through social media, Llais, and its citizens panel. However, the engagement only lasted 14 days and not many people responded. Alongside its IMTP 2025-28 the Board approved the Trust's three wellbeing objectives in March 2025, they are:

- a socially responsible and inclusive employer;
- an innovative and sustainable organisation; and
- a pro-active, accessible, and equitable care provider.

47 As an interim approach, the Trust has identified a small number of commitments under each well-being objective, aligned to the Trust's current goals and priorities. This is pragmatic given the Trust's plans update its long-term strategy in 2026. The Trust is also in the process of developing ways to measure progress against its wellbeing objectives which it intends to include in its next Annual Report. The Auditor General will include appropriate work in future years' audit plans at the Trust to assess the progress that is being made, in line with his statutory duties under the Act.

48 The Trust is prioritising the renewal of some plans and extending the life of others. During the past 12 months the Trust has developed a strategic quality plan 2025-28 and a health and wellbeing plan 2025-29. The People and Culture Plan was scheduled for review in 2025. However, the Trust will suggest to the Board that they keep using the current version, as it still meets the organisation's needs.

- 49 The Trust is managing several major change programmes. This is creating capacity pressures and potential risks. Transformation initiatives such as the clinical model transformation programme, responding to new performance measures, implementing the quality plan, and progressing policy reviews, along with IMTP actions require significant input from across the organisation. Internal Audit has raised concerns about limited capacity to support change and a lack of oversight for some projects. Board and committee discussions show members are aware of these pressures. In response, executive officers have recently held workshops to consider options such as delaying and deferring lower-priority actions within the IMTP.

Board assurance on partnership working

- 50 The Trust works closely with key partners to support shared goals. It is now part of every Regional Partnership Board (or their sub-groups) across Wales. It works with health boards locally and through national-level Joint Commissioning Committee and Six Goals Programme Board programmes.
- 51 The Trust reports partnership activities to the Board through IMTP updates, its avoidable harm paper, and CEO and Chair reports. In May, it introduced a new bi-annual engagement report, which gave the Board an overview of key partnership and engagement priorities. Future reports are expected to provide more detail, showing how priorities, such as wellbeing objectives and the new national ambulance performance framework are being put into practice.

Monitoring delivery of strategies/plans

- 52 The Trust's arrangements for overseeing the delivery of corporate plans are reasonably effective. Each section of the IMTP clearly sets out what the Trust needs to do across the three years of the plan which supports the Strategic Transformation Board in its role of monitoring and reporting progress during the year.

- 53 The Finance and Performance Committee and the Board continue to challenge and support delivery of corporate plans. Committee scrutiny has led to the Trust strengthening reporting and accountability. This includes clarifying the role of operational groups and strengthening reporting on ministerial priorities using RAG² ratings. These changes demonstrate a clear commitment by the Trust to ensure sufficient grip and oversight of plan delivery.
- 54 The Trust delivered most of its 2024-25 IMTP actions. This included the full rollout of Cymru High Acuity Response Units. The Trust is making reasonable progress in 2025-26, having delivered just over half of the actions planned for the first quarter of the year, but it had to defer a number to later dates due to capacity issues.

² Red, Amber and Green

Managing finances

In-year finances are well-managed and there is a reducing reliance on one-off savings. However greater clarity is needed on the affordability of some plans.

Meeting financial objectives and duties

- 55 The Trust met its financial responsibilities in 2024–25. It recorded a small surplus of £70,000 and broke even over the three-year period from 2022 to 2025. the Trust also spent its capital budget as planned and went beyond the 95% target for complying with the Public Sector Payment Policy.
- 56 The Trust is showing a revenue deficit for the year so far. However, it still expects to break even by the end of the 2025–26 financial year. At the time of our review, capital spending plans were still being finalised, but the Trust is still forecasting that it will stay within budget this year. It is also on track to meet its targets under the Public Sector Payment Policy.

Financial planning arrangements

- 57 The Trust's financial planning has supported the achievement of a breakeven position in recent years. The Board approved the Trust's 2025-26 Financial Plan in March 2025 as part of the IMTP approval process, following scrutiny by the Finance and Performance Committee.
- 58 The financial plan for 2025–26 sets out the main financial risks and challenges. Like other NHS bodies, the Trust's financial plan has little room for unexpected costs or missed savings targets. Some known cost pressures have already materialised, such as the Welsh Government's decision not to fund the rise in employer national insurance. Other pressures, like higher costs from the Welsh Risk Pool were not expected when the Trust developed the plan. The Trust is keeping a close eye on these financial risks and regularly updates the Finance and Performance Committee and the Board on how it is managing them and mitigating a financial deficit at year-end.

- 59 The Trust has a good record for delivering savings. It overachieved against its 2024-25 overall savings target by £417,000. Positively, it relied less on non-recurrent savings than in previous years as 54% of the savings made in 2024-25 were recurrent. However, of the remaining 46% non-recurrent savings delivered, 97% came from vacant corporate roles.
- 60 The financial plan for 2025-26 includes an £8.5 million savings target. This equates to 2.7% of the Trust's income. Building on last year's success, the Trust expects 73% of the savings (£6.225 million) to come from recurring schemes that deliver long-term benefits. However, whilst it was over-achieving against its overall savings target at June 2025, its recurring saving schemes are under-delivering. There is again a reliance again on corporate vacancies to achieve the Trust's savings target, which is not a wholly sustainable position.
- 61 The Trust's financial planning would benefit from clearer costing and affordability checks across all plans, including its strategic quality plan. In addition, Board and committee observations during the year highlighted both ongoing operational pressures and ambitious goals for the Trust's digital services. To support progress, the Trust should show how its plans take account of the resources required, and explain how these will be funded, both through confirmed in-year budgets and commitments for future financial years.

Financial management arrangements

- 62 The Trust has a good approach to financial management. The Audit, Risk and Assurance Committee and the Board review its Standing Orders and Standing Financial Instructions regularly, most recently in September 2025. Issues of non-compliance are reported to the Audit, Risk and Assurance Committee. The Audit Risk and Assurance Committee also gets regular updates on the Trust's proactive and comprehensive counter-fraud programme of work and reports on high-value purchases, losses, special payments, and single tender actions.

- 63 However, reports on losses and payments and single tenders, while clear, could be improved by adding comparison charts and accompanying narrative to show and explain changes in volumes and values over time. This would help Audit Risk and Assurance Committee spot trends and outliers more easily.
- 64 Internal Audit reviewed the Trust's contract management arrangements in June 2025. They found that the Trust needs clearer and more consistent contract management processes. It also needs a way to work out how much time staff need to manage contracts properly, and to formally assign responsibility for this across the organisation. The Trust does not currently have a contract management system. In preparation for the audit, the Trust established a Task and Finish Group to map out existing contracts, though it informed the ARAC that it lacks both the resources and systems needed to maintain the contract register going forward. In responding to the findings of the audit, the Trust has raised awareness of policies and responsibilities for contract management through its staff intranet.
- 65 The Trust submitted its draft financial statements for 2024–25 on time, as required by Welsh Government. Our audit showed clear improvements in the quality of the accounts compared to the previous year. As a result, only a small number of minor errors were found, and quickly corrected by management. The revised financial statements were reviewed by Audit Risk and Assurance Committee and approved by the Board in meetings on 24 and 26 June 2025, respectively. The Auditor General issued an unqualified (clean) audit opinion on 27 June 2025.

Monitoring financial performance

- 66 There continues to be strong oversight of financial spending and savings performance. The Trust submits a detailed finance report to each meeting of the Finance and Performance Committee and the Board. The finance report provides a good overview of the current year performance, including a table showing how well recurrent and non-recurrent savings schemes are performing.

- 67 The Trust has made good progress in responding to recommendations on financial reporting from our Cost Savings Arrangements (2024) and Structured Assessment (2024) reviews. In response, it has strengthened the clarity of its savings and financial performance reporting.
- 68 Board members demonstrate a clear grasp of the current financial situation and provide a suitable level of scrutiny and challenge to support improvement during committee meetings. In May 2025, the Trust reported to the Audit Risk and Assurance Committee that they are working to develop a new finance dashboard which will further support analysis.

Recommendations

70 The following table details the recommendations arising from our work.

Recommendations

R1 To strengthen governance and transparency, the Trust should formally record and report any Board or committee papers submitted after the 5-day publication deadline as a breach of its Standing Orders (**Paragraph 12**).

R2 The Trust should update its policy on policies to make the review process more efficient and practical. This should include clearer steps and methods to convert policies into other types of written control documents (such as procedures or guidelines), where this better reflects their purpose and use(**Paragraph 14**).

R3 To strengthen strategic risk oversight, the Trust should ensure that BAF papers provide a clear, high-level summary of changes to risk scores over time. This should be accompanied by an up-to-date view of associated actions, including their current status and any slippage (**Paragraph 30**).

R4 To ensure the Strategic Quality Plan remains deliverable, the Trust should ensure the assurance provided to QuEST covers the impact of financial and staffing on implementation. This should include updates on whether these constraints are impacting the achievement of planned actions and strategic outcomes (**Paragraph 36**).

Appendices

1 About our work

Scope of the audit

We looked at the following areas for the period May 2025 to September 2025:

- How well the board works.
- How well the board oversees risks, performance, and the quality and safety of services and tracks recommendations.
- How well the body prepares key strategies and plans.
- How well the body manages its finances.

We did not look at the body's operational arrangements.

Audit questions and criteria

Questions

Our audit addressed the following questions:

- Does the Board conduct its business appropriately, effectively, and transparently?
- Is there a sound corporate approach to managing risks, performance, and the quality and safety of services?
- Is there a sound corporate approach to producing strategic plans and overseeing their delivery?
- Is there a sound corporate approach to financial planning, management, and performance?

Criteria

Our audit questions were shaped 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).

Methods

We reviewed a range of documents, including:

- Board and committee papers and minutes.
- Key governance documents, including Standing Orders and Standing Financial Instructions.
- Key strategies and plans, including the IMTP.
- Key risk management documents, including the board assurance framework.
- Annual Report, including the Annual Governance Statement.
- Relevant policies and procedures.
- Reports prepared by other relevant external bodies.

We interviewed the following key stakeholders:

- Chair;
- Vice-Chair and Chair of the Charity Committee;
- Chair of Audit, Risk and Assurance Committee;
- Chair of Quality, Experience and Patient Safety Committee;
- Chair of Finance and Performance Committee;
- Chief Executive (June 2025);
- Interim Chief Executive (August 2025);
- Executive Director of Operations;
- Executive Director of Finance and Corporate Resources;
- Executive Director of Quality and Nursing;
- Director of Partnerships and Engagement;
- Director of Corporate Governance/Board Secretary; and

- Director of People.

We observed Board meetings as well as meetings of the following committees:

- Audit, Risk and Assurance Committee;
- Finance and Performance Committee;
- Quality, Experience and Patient Safety Committee; and
- People and Culture Committee.

2 Previous audit recommendations

Outstanding recommendations from previous structured assessment reports

The table below sets out the progress made by the Trust in implementing outstanding recommendations from previous structured assessment reports.

Recommendation	Status
<p>2024 Recommendation 1</p> <p>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.</p> <p>Target completion date: March 2025</p>	<p>Complete (see paragraph 45).</p>
<p>2024 Recommendation 2</p> <p>The Trust should update its Quality and Performance Management Framework to reflect recent changes in key internal roles.</p> <p>Target completion date: May 2025</p>	<p>Complete (see paragraph 31).</p>

Recommendation	Status
<p>2024 Recommendation 3</p> <p>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.</p> <p>Target completion date: May 2025</p>	<p>Complete. (see paragraph 19).</p>
<p>2023 Recommendation 2</p> <p>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>Target completion date: September 2023</p>	<p>Complete.</p>

Recommendations from our 2024 Review of Cost Savings Arrangements

The table below sets out the progress made by the Trust in implementing recommendations from our 2024 Review of Cost Savings Arrangements.

Recommendation	Status
<p>2024 Recommendation 1</p> <p>The Trust should strengthen its approach to identifying and delivering recurrent savings. This will enable it to reduce its reliance on nonrecurrent savings in areas such as vacancy management and place its financial savings plans on a more sustainable footing.</p> <p>Target completion date: March 2025</p>	<p>Complete (see paragraph 59)</p>
<p>2024 Recommendation 2</p> <p>The Trust should ensure it takes forward work to address gaps in staff skill sets in respect of the identification and delivery of savings and efficiency opportunities</p> <p>Target completion date: June 2025</p>	<p>Complete.</p>

Recommendation	Status
<p>2024 Recommendation 3</p> <p>The Trust should ensure that its savings reports to Board and F&PC, are consistent or provide a clear explanation of the differences between the reported savings performance. This will aid understanding, reduce confusion, and maintain the credibility of the Trust's savings reporting.</p> <p>Target completion date: August 2025</p>	<p>Complete.</p>
<p>2024 Recommendation 4</p> <p>The Trust should ensure that it fully implements the learning from its recent gateway review of its Financial Sustainability Programme. This will ensure that it further strengthens its savings arrangements and maximises its savings opportunities.</p> <p>Target completion date: June 2025</p>	<p>Complete.</p>

3 Management response to our recommendations

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R1	To strengthen governance and transparency, the Trust should formally record and report any Board or committee papers submitted after the 5-day publication deadline as a breach of its Standing Orders (Paragraph 12).	Accepted. This will be reported by way of a governance report to ARAC from March 2026. Propose closing this action when the reporting is added to the ARAC cycle of business and that cycle approved by the committee.	March 2026	Director of Corporate Governance/Board Secretary
R2	The Trust should update its policy on policies to make the review process more efficient and practical. This should include clearer steps and methods to convert policies into other types of written control documents (such as procedures or guidelines), where this better reflects their purpose and use (Paragraph 14).	Accepted. A policy transformation programme will be scoped out in Q4 of 2025/26. That programme will be reviewed by ARAC in Q1 2026/27 and overseen by them thereafter. Propose closing this item when that programme has been endorsed by ARAC and implementation and timelines agreed for their continued monitoring.	July 2026	Director of Corporate Governance/Board Secretary

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R3	To strengthen strategic risk oversight, the Trust should ensure that BAF papers provide a clear, high-level summary of changes to risk scores over time. This should be accompanied by an up-to-date view of associated actions, including their current status and any slippage (Paragraph 30).	Accepted. The summary of changes to risk scores is included in Trust Board papers and will be incorporated into committee papers. Action updates are highlighted in each of the principal risks on the BAF currently, however a section will be added to the risk SBARN to include a high level commentary on the status of actions.	April 2026	Director of Corporate Governance/Board Secretary
R4	To ensure the Strategic Quality Plan remains deliverable, the Trust should continue to provide assurance to QuEST on how financial and staffing pressures are affecting implementation. This should include updates on whether these constraints are impacting the achievement of planned actions and strategic outcomes (Paragraph 36).	Agreed. Propose that this action is closed after two rounds of reporting into QuEST	July 2026	Executive Director of Quality and Nursing

3 Key terms in this report

Term	Description
Board assurance framework	A Board assurance framework sets out the risks linked to the organisation's strategic objectives, and the controls and assurances in place to manage those risks.
Clinical Plan	A Clinical Plan is a long-term plan that helps shape how healthcare services are designed and delivered to meet the needs of patients and communities.
Corporate Risk Register	A Corporate Risk Register sets out the organisation's significant risks (either those with high scores or organisation-wide impact) and the actions in place to manage them.
Counter Fraud	Counter fraud refers to the activity undertaken by the organisation to prevent, detect, and investigate fraud, bribery, and corruption. This work is led by the NHS Counter Fraud Service (CFS) Wales, which operates under the NHS Wales Shared Services Partnership.

Term	Description
Integrated Medium Term Plan	An Integrated Medium-Term Plan is a three-year plan that sets out how the organisation will deliver its services, manage its workforce, and meet its financial duties to break even. The organisation submits its plan to the Welsh Government for approval.
Losses	Losses include things like theft, fraud, overpayments, or damage to property.
Quality Governance	Quality governance is the combination of structures, processes, and behaviours used by an organisation, particularly its board, to lead on and ensure high-quality performance, including safety, effectiveness, and patient experience.
Register of Interests	The Register of Interests helps ensure transparency by recording any personal or business interests of Board members and staff that could influence decisions.
Scheme of Reservation and Delegation	The Scheme of Reservation and Delegation set out which responsibilities stay with the Board and which are passed to committees and executives, along with reporting arrangements to ensure proper oversight.

Term	Description
Single Tender Action	A Single Tender Action is when an organisation buys goods or services from one supplier without going through a competitive process, usually because there is only one suitable option or urgent need.
Special Payments	Special payments are one-off payments made in unusual situations – like compensation or goodwill gestures – that fall outside of the organisation's normal business activity.
Standing Financial Instructions	Standing Financial Instructions set out the financial responsibilities, policies, and procedures adopted by the organisation.
Standing Orders	Standing orders set out the rules and procedures by which the organisation operates and make decisions.
Well-being of Future Generations Act (2015)	This Act requires public bodies in Wales to work sustainably and collaboratively to improve well-being across social, economic, environmental, and cultural areas, by setting long-term goals (called well-being objectives), involving citizens, and making decisions that consider the impact on future generations.

About us

The Auditor General for Wales is independent of the Welsh Government and the Senedd. The Auditor General's role is to examine and report on the accounts of the Welsh Government, the NHS in Wales and other related public bodies, together with those of councils and other local government bodies. The Auditor General also reports on these organisations' use of resources and suggests ways they can improve.

The Auditor General carries out his work with the help of staff and other resources from the Wales Audit Office, which is a body set up to support, advise and monitor the Auditor General's work.

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Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.