

## Bundle Finance and Performance OPEN 14 November 2022

### Agenda attachments

ITEM 0 Open F and P Agenda - 14 November 2022.docx

- 0 09:30 - OPENING ITEMS
- 1 Chair's welcome, apologies, and confirmation of quorum
- 2 Minutes of last meeting  
ITEM 2 OPEN F and P Minutes 20 September 2022.doc
- 3 Action log and matters arising  
ITEM 3 Action Log.docx
- 4 09:40 - Operations Quarterly Report  
ITEM 4 Operations Quarterly Report for Committees 22-23 Q2 (Oct22) Reframed FINAL.docx.pdf
- 4.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 5 09:50 - Financial Position for Month 7
- 6 10:10 - Monthly Integrated Quality Performance Report  
ITEM 6 MIQPR SBAR September 2022.docx to FP.docx  
ITEM 6.1 Annex 1 MIQPR September 2022.pdf  
ITEM 6.2 Top indicators MIQPR Dashboard September 2022.xlsx
- 7 10:30 - Review of Quality Performance Management Framework  
ITEM 7 QPMFSixMonth SBAR FP hb20221107.docx(2)RM.docx
- 8 10:45 - IMTP Delivery Update
- 9 10:55 - Risk Management and Corporate Risk Register  
ITEM 9 Executive Summary Risk Management Report FPC 141122.docx
- 10 11:15 - Internal Audit Tracker Report  
ITEM 10 Executive Summary F&P - Internal Audit Report 141122.docx
- 11 11:30 - Lease Car Policy  
ITEM 11 Executive Summary Lease car policy.docx  
ITEM 11.1 NHS All Wales Lease Car Pool Vehicle Policy and Procedure English V2 - October 2019\_(003).pdf
- 11.1 11:35 - CONSENT ITEMS  
*The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.*
- 12 Committee Priorities Update  
ITEM 12 F&P Committee Priorities November 22.docx
- 13 Key messages for Board
- 13.1 CLOSING ITEMS
- 14 Any other business
- 15 Date and time of next meeting; 16 January 2023 at 09:30



## MEETING OF THE OPEN FINANCE AND PERFORMANCE COMMITTEE

Held on 14 November 2022 from 09:30 to 11:40

Meeting held virtually via Microsoft Teams

### AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
<b>OPENING ITEMS</b>					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Kevin Davies	Verbal	5 Mins
2.	Minutes of last meeting	Approval	Kevin Davies	Paper	
3.	Action log and matters arising	Review	Kevin Davies	Paper	
4.	Operations Quarterly Report	Information	Lee Brooks	Paper	10 Mins
<b>ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION</b>					
5.	Financial Position for Month 7	Assurance	Chris Turley	Presentation	20 Mins
6.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	20 Mins
7.	Review of Quality Performance Management Framework	Assurance	Rachel Marsh	Paper	15 Mins
8.	IMTP Delivery Update	Assurance	Rachel Marsh	Paper	10 Mins
9.	Risk Management and Corporate Risk Register	Assurance	Julie Boalch	Paper	20 Mins
10.	Internal Audit Tracker Report	Assurance	Julie Boalch	Paper	15 Mins
11.	Lease Car Policy	Approval	Chris Turley	Paper	5 Mins
<b>CONSENT ITEMS</b>					
The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.					
12.	Committee Priorities Update	Information	Trish Mills	Paper	5 Mins
13.	Key messages for Board	Discussion	Kevin Davies	Verbal	
<b>CLOSING ITEMS</b>					
14.	Any other business	Discussion	Kevin Davies	Verbal	
15.	Date and time of next meeting; 16 January 2023 at 09:30	Information	Kevin Davies	Verbal	

### Lead Presenters

Name	Position
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Kevin Davies	Chair and Non Executive Director
Brendan Lloyd	Executive Director of Medical and Clinical Services
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Chris Turley	Executive Director of Finance and Corporate Resources

**UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 20 September 2022 VIA TEAMS**

**Meeting Chaired by Bethan Evans**

**PRESENT :**

Bethan Evans	Non Executive Director
Joga Singh	Non Executive Director
Ceri Jackson	Non Executive Director

**IN ATTENDANCE:**

Lee Brooks	Executive Director of Operations
Ross Hughes	Internal Audit
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Edward Roberts	Head of Financial Business Intelligence (for agenda item 12)
Liz Rogers	Deputy Director of Workforce and Organisational Development
Leanne Smith	Interim Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

**APOLOGIES**

Julie Boalch	Head of Risk and Deputy Board Secretary
Professor Kevin Davies	Non Executive Director and Chair of Committee
Damon Turner	Trade Union Representative

**56/22 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Apologies were received from Kevin Davies and Julie Boalch.

**Minutes**

The minutes of the open session held on 18 July 2022 were considered by the Committee and agreed as a correct record.

**Action Log**

The action log was considered:

1. Action number: F&P 1/21-22. The Quality, Patient Safety and Experience (Quest) Committee was to undertake a focused review of performance related to clinical outcome metrics. The Committee noted work was still ongoing, action would remain open.
2. Action number 34/22b. Deep dive report on Post Production Lost Hours. Work was ongoing in terms of Benchmarking against the best performing service and their reporting process. To remain open.
3. Action number 49/22. Escalate messages and concerns to Chair of the Board, action completed and to be closed.
4. Action number: 51/22. Audit Tracker – to include information on Taking care of the Carers National Audit review, action completed and closed.

**RESOLVED: That**

- (1) **the Minutes of the meeting held on 18 July 2022 were confirmed as a correct record; and the action log was reviewed.**

**57/22 OPERATIONS QUARTERLY REPORT**

Lee Brooks verbally updated the Committee on the following points:

1. The Trust's involvement following the passing of HM Queen Elizabeth II and the proclamation in Wales of HM King Charles III.
2. The Business Continuity Incident in relation to the issues affecting the IT system Adastra was stood down on 15 September; several lessons had been learned and the Trust was considering new tactics in liaison with the 111 programme team.
3. Support from the Operations Directorate was provided to events on the Isle of Man, which included the TT and the Manx car rally.
4. The Emergency Medical Services (EMS) roster review remained on track with the first new rosters being deployed on 26 September in Ceredigion, and then Cardiff on 3 October 2022.
5. There had been a short period where the Trust had escalated to Recourse Escalation Action Plan (REAP) 4 in response to the heatwave.

Comments:

What had been the impact of the roster review? Lee Brooks commented that the overall message from staff had been a positive one; Hugh Parry added, that from a TU perspective, the whole process had been challenging but rewarding. He further commented that some staff had queried why the new rosters couldn't start until after the Christmas period.

**RESOLVED: That the Committee noted the report.**

Chris Turley gave an overview of the report and brought the following highlights to the Committee's attention:

1. The year to date month 5 revenue financial position reported a very small deficit of £2k, effectively a breakeven position. The year end forecast position also remained one of breakeven.
2. The current position continued to assume income assumptions to cover spend being incurred, which included some of the exceptional cost pressures, particularly energy costs.
3. Some additional funding, which had been held as a contingency by the NCCU, had been discussed with the Commissioner in order to seek to continue to establish how this can be accessed. This should help to offset some of the costs in the savings delivery, especially around overtime and also fund some of the schemes being progressed ahead of this winter.
4. It was recently confirmed by Welsh Government that an additional £3m of funding would be available in year for emergency ambulance capacity. This is funding an additional 100 WTEs front line staff due to be operational by mid January 2023.
5. In terms of other cost pressures, for example the additional bank holiday, conversations were ongoing on a national basis whether any funding would emerge.
6. The Committee were updated in some detail on the 2022/23 capital programme and Chris Turley gave an outline of the estates schemes that were now planned on being delivered from the discretionary programme.
7. Chris Turley commented on the delivery of savings and drew the Committee's attention to the table in the report which illustrated the savings performance by each Directorate, along with the detailed savings monitoring re-introduced for this month's reporting.

Comments:

1. The Committee recognised the ongoing challenges facing the Trust and complemented the team and the wider staff on their efforts in maintaining financial balance.
2. In terms of some of the capital update, what was the Trust's approach in terms of prioritising estates work and how were staff updated with ongoing work? Furthermore, what were the health and safety aspects in terms of the estates? Chris Turley advised that the priorities were defined in the Trust's Strategic Outline Programme endorsed by Welsh Government. He added that in terms of updating staff, this was also conducted at CEO Roadshows. Lee Brooks added that health and safety inspections on the Trust's estate were carried out on a regular basis.
3. Chris Turley explained that the Trust was continuing its work to develop more savings efficiencies through ADLT colleagues and the Financial Sustainability Workstreams will be keen to seeking financial balance from 2023/24 onwards.

**RESOLVED: The Committee**

- (1) Noted and gained assurance in relation to the Month 5 revenue and capital financial position and performance of the Trust as at 31<sup>st</sup> August 2022 along with current risks and mitigation plans;**
- (2) Noted the delivery of the 2022/23 savings plan as at Month 5, and the context of this within the overall financial position of the Trust;**
- (3) Noted the Months 4 and 5 Welsh Government monitoring return submission included within Appendices 1 – 4 (as required by WG); and**
- (4) Noted the establishment and continuing work of the Financial Sustainability Work streams, and the detailed savings delivery now provided in Appendices 5 & 6.**

## **59/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Rachel Marsh presented the report and drew the Committee's attention to the following highlights:

1. 111 call answering performance had seen an improvement in May but had deteriorated during June and July; the Trust was considering ways to improve the capacity by looking at shift patterns and improving sickness absence. It was noted that no further funding would be available to support any additional capacity.
2. In terms of 111 clinical response call back times for the highest priority calls, this continued to be achieved. The Committee noted that recruitment for additional clinicians was ongoing.
3. Ambulance red response times had declined in August despite a reduction in patient demand; there had been an improvement in amber however there will still some long response times. In order to improve these response times, particularly for red, the Trust continued to implement initiatives within its control; this included recruitment and improving staff sickness levels.
4. The Ambulance Care (Formally NEPTS) performance was above target for renal patients and had improved for patients requiring discharge. It was noted that overall demand for this service had increased, although not yet at pre-Covid levels.
5. With regard to sickness absence, overall sickness in July was at 10.32%; this was improving throughout August and was hoped to continue through September.
6. There was an improvement with statutory and mandatory training and a steady increase in the completion of staff Personal Appraisal Development Reviews (PADR's).

Comments:

1. Lee Brooks expressed his serious concern in terms of red performance which had the potential to worsen going forward. Early indications were that flu would be resurging this winter and with the combination of Covid-19 were very likely to have a significant impact. There were several initiatives in hand which were designed to improve performance but unless there was a significant improvement in hospital handover delays these initiatives would be futile. In terms of staff attendance it was unlikely this

would improve back to pre-pandemic levels without more clarity being provided by Welsh Government to the Trust on managing episodes of Covid sickness levels.

2. Members discussed the importance of recognising that the Trust was doing everything in its control to mitigate the associated quality and safety risks for patients and were reassured by the Executives this was the case.
3. What was the timescale involved in terms of the point of recruitment to starting the role? Rachel Marsh explained there were different training times for different roles. Liz Rogers added that work was ongoing to shorten the timescales; training time for EMT was 19 weeks, ACA 2's and 1's were 5 weeks, newly qualified paramedics had a short period of training time. The training team continued to review the training requirement times on a regular basis.
4. With respect to the sickness management plan, how was the response from staff being monitored. Lee Brooks commented this had received a mixed and broad spectrum of response; this ranged from being unreasonable and insensitive, with concern about the length of time taking to implement the plan.
5. There had been two National Reportable Incidents (NRI) in July compared to ten in August and the reason for this was queried. Liam Williams added that the process had been reviewed on a national basis. The majority of NRI's have been exclusively related to hospital handover delays. He added that the Quest Committee would be looking at the themes and trends of the NRI's focusing on the impact of handover delays.
6. Following a query on the capacity to support and respond to complaints and ongoing investigations, Liam Williams commented that additional resource was being made available going forward.
7. The Committee queried which forum the summer modelling would be discussed at and it was agreed it would be presented in the private session of the Board in 2023.

**RESOLVED: The Committee considered the July/August 2022 Integrated Quality and Performance Report and actions being taken and determined whether:**

- a) the report provided sufficient assurance;
- b) whether further information, scrutiny or assurance was required, or
- c) further remedial actions are to be undertaken through Executives.

## **60/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 INTERIM QUARTER 2 PROGRESS REPORT**

1. Rachel Marsh gave an outline of the report and drew attention to the following:
2. The Committee were reminded that the IMTP was approved by Welsh Government (WG) on 13 July 2022 subject to several conditions as detailed in the report and which progress and feedback was provided to WG.
3. Members were advised and agreed that going forward, an item on Health Board service changes would be presented at the next Committee meeting in November and subsequently to the Board.

Comments:

Members welcomed the reference to value based healthcare within the report particularly in regard to the pilot scheme in Aneurin Bevan in relation to Patient Reported Experience Measures from the Grange Hospital Transfer Service.

**RESOLVED: That the Committee;**

- (1) Noted the update against WAST's IMTP Accountability Conditions;**
- (2) Noted the overall delivery of the IMTP detailed in the report, the IMTP Delivery Assurance Report and updates against Amber rated priorities;**
- (3) Agreed to include an item on Health Board service changes at the next Committee closed session and Trust Board meetings in November.**

## **61/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER**

Trish Mills presented the report and updated the Committee on the following:

1. Nine risks were assigned to the Committee for oversight, noting that the Quest Committee had oversight of risks 223 and 224.
2. The highest scoring risks for the Committee were 139 (failure to deliver our statutory financial duties in accordance with legislation) and 458 (A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning); both with a score of 16, noting that these may change going forward due to ongoing pressures and challenges. Two further scores of 16 were risks 244 and 245 which both relate to Emergency Medical Services (EMS) Clinical Contact Centre (CCC) accommodation limitations and capacity.
3. A new risk has been added to the register, risk 543 (major disruptive incident resulting in a loss of critical IT systems) with a score of 15.
4. One risk had reduced in score, 311 (inability of the estate to cope with the increase in full time equivalents), from 16 to 12.
5. There were new risks emerging which were still in the process of being articulated and these related to Salus and decarbonisation.

Comments:

Members acknowledged that risks 139 and 458 posed a more significant challenge than previously as they affected the Trust's ability to reach a breakeven position.

**RESOLVED: Members considered the contents of the report and:**

- (1) Noted that the actions outlined in the avoidable harm paper presented to Trust Board in July 2022 were described as further mitigations against Risks 223 and 224;**
- (2) Noted the decrease in score of Risk 311 from 16 to 12;**

- (3) **Noted the inclusion of the new Risk 543 on the Corporate Risk Register at a score of 15.**

## **62/22 ENVIRONMENT AND SUSTAINABILITY UPDATE**

The Committee were updated by Chris Turley who drew their attention to the following areas:

1. Ongoing work continued to deliver the 106 actions as set out in the Trust's Decarbonisation action plan in response to the WG NHS Wales Decarbonisation Strategic Delivery Plan.
2. The Committee noted some positive aspects of the action plan which included the increase in installation of Electric Vehicle pod point chargers.
3. Members also recognised that the annual reaccreditation for ISO14001 (an internationally agreed standard that sets out the requirements for an environmental management system) had been successful

### Comments

1. The Committee welcomed the report, noting that this was a first attempt at presenting some of the progress of this in a detailed level and asked that a more succinct report be provided, where possible, going forward. Chris Turley suggested it may also be worthwhile to include an update on the decarbonisation action plan (DAP) at a future Board Development Day.
2. What was the risk for the Trust in missing some of the action deadlines? Chris Turley advised that at this stage it was not known what any penalty would be. He added that meeting many of the target deadlines would be challenging and resource dependant, although this was no different to anywhere else in the NHS.

### **RESOLVED: The Committee**

- (1) **NOTED the update provided specifically in relation to the DAP reporting and work which will now commence on programme management arrangements in support of further progress;**
- (2) **NOTED the initial quantitative report submission to WG, and the context and caveats with which this was currently provided, and**
- (3) **NOTED the ISO14001 reaccreditation and the requirements for further work on non-conformities and preparation for future reviews.**

## **63/22 INTERNAL AUDIT TRACKER REPORT AND RELATED AUDITS**

Trish Mills, in giving the update advised the Committee of the following highlights:

1. There were currently 22 audit recommendations under the remit of the Committee that were overdue; the majority of these had revised dates, with the three higher priority due for completion by the end of the calendar year.

2. In terms of the audit plan, the Decarbonisation audit is now due in Quarter three and the EPCR audit is due in Quarter one.

Comments:

1. The Committee noted that the two related audits, Fleet Maintenance and Major Incidents had been reviewed at the last Audit Committee meeting and did not raise any specific comments on these audits.
2. Members expressed their disappointment with the pause in work regarding the Clinical Contact Centre reconfiguration which was due to a funding issue.

**RESOLVED: The Committee;**

- (1) **Noted and considered the contents of the report;**
- (2) **Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to Committee;**
- (3) **Received the 2 Internal Audit Reports that were presented to the Audit Committee in September 2022; and**
- (4) **Considered the Internal Audit plan activity.**

**64/22 COMMITTEE CYCLE OF BUSINESS**

Trish Mills outlined the report explaining it was a maturing and iterative process and had been developed in parallel with the duties outlined in the Committee's terms of reference.

Comments

1. The Committee welcomed the report and found it very helpful and valuable going forward as it informed them of upcoming matters both in the public and private session.
2. Members queried whether Salus would come under the Digital systems and strategy title. Trish Mills advised that any similar digital business cases would be covered under this title.
3. Following a query regarding the waste management audit review, it was noted that any updates would be provided through the Trust's Audit tracker and would be presented in September 2023.
4. With respect to Value Based Healthcare (VBH), was it automatically assumed that this was driven primarily by finance or should it sit under a different heading? Chris Turley agreed that it spanned across all the headings. Trish Mills added that the cycle of business continued to be developed and that in conjunction with the Committee's effectiveness reviews will provide opportunities to consider where VBH would sit.

**RESOLVED: The Committee reviewed the cycle of business and approved it as a first version.**

65/22

## **DELIVERY OF VALUE BASED HEALTHCARE VIA PATIENT LEVEL INFORMATION COSTING SYSTEM**

The Committee were shown a presentation in which Edward Roberts drew the Committees attention to the following areas:

1. Patient Level Information Costing System (PLICS) combines healthcare activity with financial information; it provides detailed information how resources are used at patient level, for example staff.
2. Improving value was a high priority in healthcare and this ensured that resources were used in the most effective way as possible.
3. PLICS will be able to provide an accurate way of determining the costs of each individual incident; for example, hear and treat and see and treat.
4. There were several benefits to using PLICS, these included learning lessons through obtaining better intelligence and data on costs, i.e. why a certain incident type would have different cost amounts.
5. It was anticipated that PLICS, following the mapping of data, reconciliation and error correction and sense checking, would be rolled out in 2023/24, however this would be heavily reliant on operational availability.

Comments:

1. The Committee welcomed the presentation on PLICS noting it will be critical in guiding the Trust's decision making process going forward and what the impact will be once it was rolled out.
2. Chris Turley commented that PLICS had several benefits from a value for money perspective. Also the Trust will be able to identify the variation in costs in different areas in Wales of each incident and once known this financial intelligence would be vital going forward.
3. Liam Williams added that PLICS was an enabler which will add to the outcome of the particular incident by knowing the financial cost base of each intervention. It will be extremely useful to understand the level of detail as a see and treat incident may differ in costs to a hear and treat incident due to the level of skill involved. This will be critical to align with the Electronic Patient Care Record in terms of outcomes and care bundles.
4. Navin Kalia added one of the key benefits of PLICS was that the Trust would be able to identify areas where it could improve its resource allocation.

**RESOLVED: The Committee noted the update and looked forward to receiving regular updates.**

**55/22 KEY MESSAGES**

The Chair advised that the Board Secretary would prepare the update report for the Trust Board.

**56/22 COMMITTEE PRIORITIES 2022/23**

**RESOLVED:** The report was noted.

**Date of next meeting: 14 November 2022**

DRAFT

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
F&P 1/21-22	18 November 2021	Transferred to Quest Committee for monitoring	QuEST to undertake a focused review of performance related to clinical outcome metrics at their 17 February 2022 meeting	Andy Swinburn	14 November 2022	<p>Update from 16th November meeting: QuEST requested for confirmation as to whether this will be a stand alone report or included in the performance report.</p> <p>Update for 17th February meeting: Andy Swinburn requests a revised date for this action due to ongoing pressures.</p> <p>Update for 12 May meeting: ePCR roll out has been completed last month and data collection validation is being worked through. In conjunction with this digipen decommissioning is a significant activity within the team. Once both these key elements have been settled attention will be turned to this focused review. It was anticipated this action will be completed by 11 August 2022.</p> <p>Duncan Robertson added that further deep dives were being undertaken on several clinical audits, and updates would be provided as and when.</p>	Open
34/22b	16 May 2022	Post Production Lost Hours - Deep Dive report	PPLH Benchmarking, further details on the best performing service and their reporting process would be provided at the next meeting	Rachel Marsh	14 November 2022	<p>Update for 18 July</p> <p>Work is ongoing - Verbal update to be given. Verbal update was provided by Rachel Marsh, A further update would be provided at the next meeting on 19 September 2022. Rachel advised that work was ongoing and an update would be provided at the next meeting.</p> <p>Update for 14 November</p> <p>The Trust has developed a new standard operating procedure for PPLH and has been working on the accuracy of its data reporting. The more PPLH can be automated the less chance there is for human error in the reporting, and the more accuracy. Automation of meal breaks is currently under discussion with TU partners. Further automation via the CAD supplier may also be possible. Time durations (internal benchmarks) for each type of PPLH have been developed. The external benchmarking has not been pursued with the focus instead being on the above actions.</p>	Open



## OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2022-23 Q2 (Jul-Sep22)

### National Operations & Support

#### Challenges

#### **Death of Her Majesty Queen Elizabeth II**

Following the announcement of the death of Her Majesty Queen Elizabeth II, Operation Dragon (the Queen's funeral arrangements) and Operation Spring Tide (King Charles III succession to the throne) were set in motion. There was a significant directorate response to plan for these events. This included the provision of mutual aid to London in the form of Mobile Response Teams (MRTs) to support the state funeral held on 19<sup>th</sup> September, and joint working with partner agencies in preparation for the King's visit to Cardiff on 16<sup>th</sup> September 2022.

The Trust's Emergency Preparedness Resilience and Response (EPRR) Team, was already working closely with Welsh Government and partner agencies regarding the planning for the death of HM The Queen, subsequent Proclamations and The King's visit to Wales. However, when HM The Queen passed away urgent planning was still necessary. This resulted in pausing all other EPRR related work streams and assigning members of the team to specific tasks to ensure the Trust was ready in time.

The EPRR Team led the WAST planning team, brought together areas of the Trust to support the response and partners from St John Ambulance Cymru, and worked closely with multi-agency colleagues to ensure the Trust met its obligations within the specific response plans; This included working closely with Clarence House, the Royal Protection Team, medical leads, multi-agency partners within Wales and Welsh Government representatives.

#### **Providing Mutual Aid to the Isle of Man Ambulance Service (IOMAS)**

The IOMAS requested mutual aid to support them firstly with the TT race and then with the Manx GP. At the time the request was made the EPRR Team was not up to full capacity with a Locality Manager and Service Manager vacancies. This meant that members of the team were required to oversee the Trust civil contingencies responsibilities and as the events season has just started and there was a renewed interest in large events post the pandemic, this area of work was also very busy.

In order to meet the request an initial assessment was undertaken. It was ascertained that the original ask was for operational members of staff therefore the sourcing of staff to go to the IOM was passed to our Emergency Medical Service (EMS whilst the EPRR team coordinated the deployment of staff to the IOM.

The request was fulfilled and on both occasions the staff deployed were very happy with the arrangements in place and the IOMAS were very complimentary of both our staff and the organisation around their deployment.

### **Testing of the Trust Incident Response Plan (IRP)**

The EPRR team recently reviewed and updated the Trust Incident Response Plan (IRP) which was subsequently approved by the Executive Management Team (this will be reported to our Finance and Performance Committee within the now established cycle of business). In preparation for its publication, the team engaged with all of Health Boards across Wales to develop and deliver two large multi-agency hybrid table top exercises, one in the North and one in the South, to test the Wales Mass Casualty Arrangements. These exercises would enable the Trust to test a large number of the elements of the IRP.

The EPRR Team is not afforded a training exercise budget, therefore it relies on partner agencies to support multi-agency exercising and fund the cost of planning and delivering exercises.

Planning was progressing well. However, due to increasing pressures within the hospitals, Health Boards made the decision to withdraw from the process, therefore the exercises will no longer be going ahead. Consequently the opportunity to test important elements of the Trust's IRP is no longer available.

In light of the very recent publication of the Manchester Arena Public Enquiry recommendations, the Trust is likely to need to take stock of our approach to exercising. The team shall be reviewing this report to determine what action must be considered by WAST.

## **IMTP**

### **Staff & Volunteer Wellbeing**

We continue to monitor and review the wellbeing of all staff and volunteers within the Operations Directorate, and identify opportunities where we can further support our staff and volunteers. A number of welfare related charitable funds bids were submitted by the directorate and approved by the Trust's Bids Panel in September 2022 and work is underway to bring these initiatives to fruition:

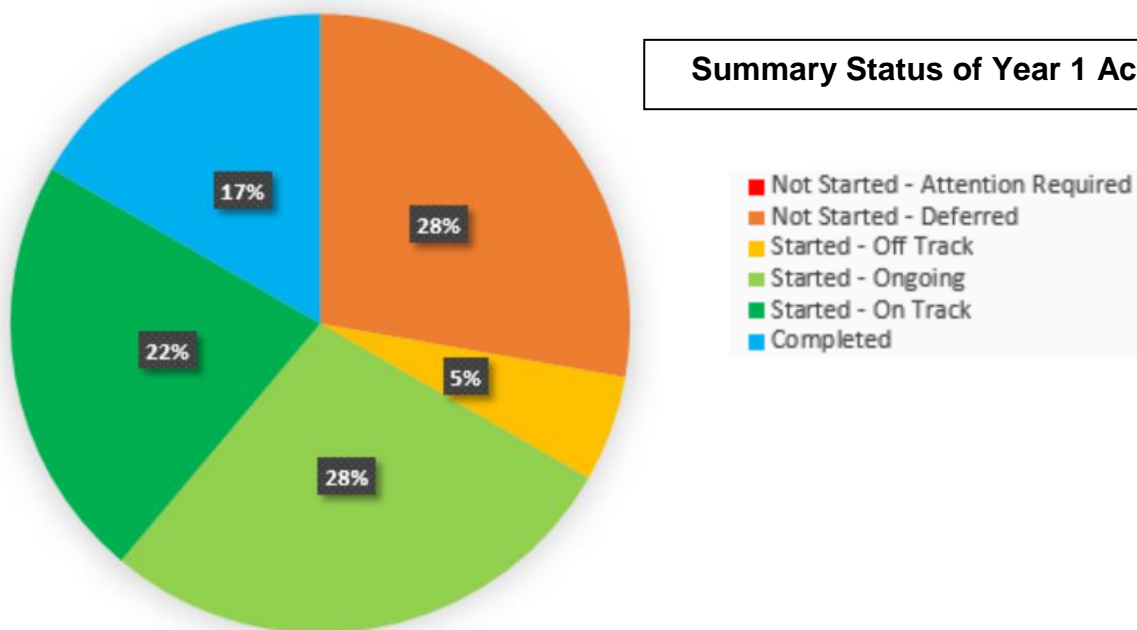
- Provision of Christmas Day Dinners and Christmas Hampers
- Development of a Hazardous Area Response Team (HART) Wellness Garden
- Zen Rooms for Contact Centres (EMS CCC & 111)
- Further supply of WAST Engraved Vacuum Flasks

A further extension of the hospital concession scheme up to the end of January 2023 has also been made.

## WAST Strategy for Volunteering

The action plan accompanying the Volunteer Strategy continues to be progressed with a number of achievements realised during Q2. The pandemic and service pressures have impeded progress and outstanding year 1 actions are being considered against year 2 actions by the team:

- Establishment of the WAST **Volunteer Steering Group**
- Volunteer support at **events** supported by entire Trust (Royal Welsh Agricultural Show)
- Volunteer team structure increased to now include 2 additional CFR trainers, 2 additional Operational Assistants, 2 new Support Officer Posts (to support compliance & training co-ordination) within its funded establishment
- **Community resilience and service development** now has the dedicated focus of an Operations Manager, Community Support
- **Social media** coverage of volunteers and volunteering activities has increased
- Newly created **volunteer roles within CCC environment** received positive feedback
- Volunteer support provided to **111 Service** during recent business continuity incident
- **CFR champion roles** within stations have been developed and are proving successful



## Response to & Recovery from the COVID-19 Pandemic

The majority of IMTP deliverables associated with the Trust's response to and recovery following the COVID-19 pandemic have been completed. The only action outstanding is that of lessons learnt during the last wave of the pandemic as the formal debrief has not yet completed. However, many of the systems and ways of working established during this period are continuing post pandemic.

## Emergency Preparedness Resilience & Response (EPRR)

We are awaiting publication of a number of formal reports which will need to be reviewed to identify implications for the Trust and the potential impact of the recommendations made or any change in policy requirements:

Publication	Update
Consider the potential impacts on us from the review of the UK Civil Contingencies Act (CCA) 2004 and the likely legislative implications on our workforce.	Review ongoing by Westminster Government
Implementation of a Protect Duty (related to counter-terrorism preparedness) on all public bodies.	Publication anticipated circa March 2023
Receive and consider outcomes of the UK COVID-19 Inquiry and implementing lessons identified.	Inquiry has commenced and work is underway to provide information to the Wales Inquiry to apply for core participant status for module 3
Assess the outcome and recommendations from the Manchester Inquiry and prepare a report for consideration by WAST Executive	Publication due 02/11/22

### General Update

#### Volunteer Steering Group

A WAST Volunteer Steering Group has been established to provide volunteers with a forum to be heard and identify opportunities for collaborative working within the Trust. Steering group membership consists of: representatives from Community First Responders, Volunteer Car Service, EMS Coordination, Chaplaincy Service, Volunteer Management Team and Operations Business Management. The Operational Delivery Unit (ODU) and PECI Team are also invited to attend. The group meets every 6 weeks and its' Chair and Deputy Chair are volunteers appointed by members. An open invitation is extended to Executives and Non-Executives to join any future meetings to support and engage with our volunteers.

#### EPRR and Specialist Operations

The Hazardous Area Response Team (HART) celebrated its' ten year anniversary in July 2022. The last ten years have seen a number of developments within the team including new vehicles, new technologies and advances in the team's capabilities. The team is proud of what they have achieved and continue to work hard to support the Trust and the communities they serve.

## Resourcing & EMS Coordination

### Challenges

#### EMD Recruitment and Retention

Emergency Medical Dispatcher (EMD) Recruitment and Retention has been an issue for some time, but has been acute over the last 6-12 months. The current rate of external attrition alone is circa 23% with yet more staff leaving to take up internal vacancies across the organisation. This has left the EMD establishment under significant pressure. Of the current establishment of 111.76 WTE in the EMD function we have experienced 56% turnover in the last 3 months along with 63 new EMDs taking up post since September. This has a profound impact on the performance across the unit as new EMDs try to acclimatise to the operational environment after training, but also seriously diminishes the availability of experienced colleagues to support their new colleagues.

The original challenge was to recruit and train sufficient staff to meet the vacancy levels within EMS Coordination and we have met that through working with People services to adapt our recruitment model to ensure that we can attract a broader spectrum of potential candidates and by providing assessments and interviews on weekends. A paper has also been prepared for EMT to consider ways of retaining staff.

#### Concerns

The number of Concerns flowing through from the 'Putting Things Right' Team continues to challenge staff across Operations Quality. The number of audits required as part of the investigation process remains high (circa n140) and well above the pre-winter numbers that we could have expected historically. The Operations Quality Team together with the 'Putting Things Right' team have worked collaboratively to deliver a 'one team' ethos working cross directorate to deliver a joint solution that meets the legislative requirements and patient safety needs, together with a proportionate investigative process. This arrangement provides the most timely solution so that we can continue to meet our expectations in terms of learning lessons and providing patients and families with the responses they need.

### IMTP

#### Research & Innovation - Upgrade 999 Platform

An upgrade of the 999 platform is required to improve resilience, flexibility and interoperability for 999 call processing. The Assistant Director of Operations for Resourcing and EMS Coordination has been in discussion with the Head of ICT regarding the approach to funding. A response is awaited from Capital Programme Board and negotiations by ICT are ongoing.

## General Update

### IAED: ‘ACE in Good Standing’

The international Academies of Emergency Dispatch (IAED) is the standing-setting organisation for emergency dispatch and response services worldwide, and is the leading body of emergency dispatch experts.

The IAED’s various board and councils work on behalf of its members, and in co-ordination with other influential public safety organisations, to ensure that the comprehensive system of emergency dispatching is as safe, effective and up-to-date as possible. IAED is the only standard setting organisation to identify, research, maintain, produce and maintain standards of practice for emergency dispatch worldwide.

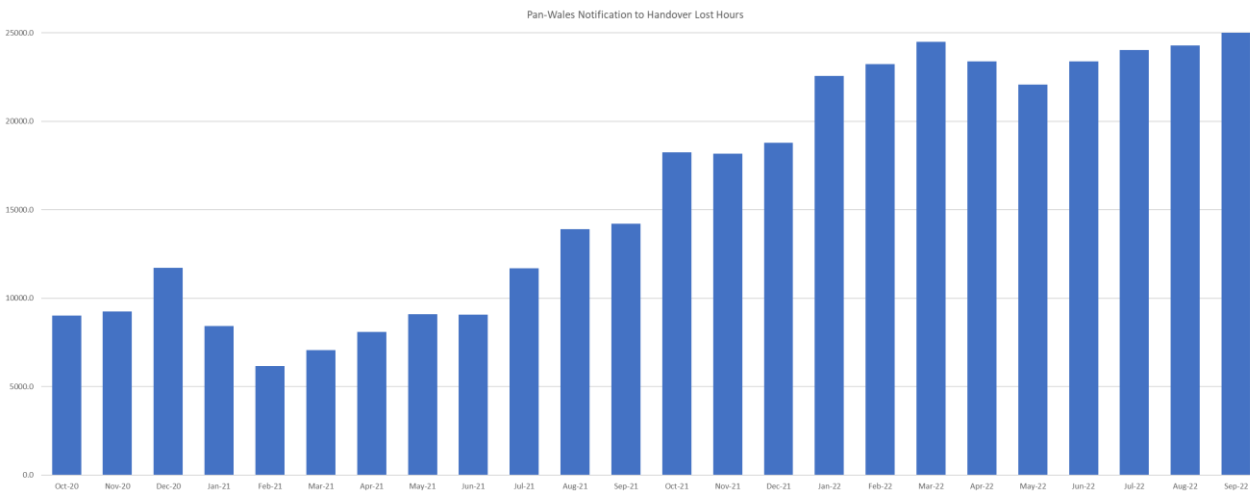
In July 2022, we submitted our ACE reports for the period April-June 2022. Following review of these ACE reports, the IAED determined that the Trust had met all requirements and achieved ‘ACE in Good Standing’ accreditation for Q2 2022. The Trust was congratulated on its commitment to excellence and thanked for its dedication to maintaining the high standards of accreditation. Additionally, recognition was also awarded for maintaining best practice during this especially challenging time of the Pandemic.

## Emergency Medical Service

### Challenges

#### Continued System Pressure

Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. 25,167 hours were lost in September and on average we are losing 30% of our conveying capacity to delayed handover.



## IMTP

### EMS Roster Review

The introduction of the **Cymru High Acuity Response Unit (CHARU)** will be deployed to support patients with suspected critical illness or injury. The CHARU will replace the traditional RRV model and will include responding to an agreed dispatch criteria along with all red category calls.

The first of the new rosters are now live with 45% of Localities now operating under their new arrangements with the remaining on track to be operational before the end of November 2022.

CHARU resource type will be staffed by a paramedic who has successfully completed the training and education requirements. The three-day training course comprises of numerous assessments both written and practical on the latest evidence-based practice, adhering at all times to the policies and standards inherent within WAST. The course includes training and education in new medicines, additional equipment, technical and non-technical skills associated with clinical management of patients who have critical injuries or illnesses.

The project remains on track to be completed by the end of Q4 2023. See web link for latest update: [Siren - News - 2022-043-CHARU](#)

### Improving Response Times in Rural Areas

EMT recruitment and recruitment to address the shortfalls in Powys is underway. Alongside this one workshop has already been held and another is scheduled for the end of October 2022. Following these workshops a paper will be created outlining sustainable rural recruitment to support rural performance.

### Develop Optimising Conveyance Improvement Plan

This IMTP deliverable is part of the Trust's activities contributing to 'Inverting the Triangle' and is being progressed as part of the Care Closer to Home Programme.

## General Update

### Christmas Planning

Christmas Planning has commenced within the Operations Directorate. Rosters for the festive period have been finalised and published. Charitable Funds have been awarded to provide Christmas Day dinners for those staff rostered to work on that day, and Christmas Hampers for stations/teams.

## Ambulance Care

### Challenges

#### **Reduction of T1 Walkers Demand & Development of Eligibility Criteria**

Work on this IMTP deliverable commenced in June 2022 but there is currently no agreement from Commissioners who have shared that Welsh Government do not wish to progress this. Following discussions with National Collaborative Commissioning Unit (NCCU) the Ambulance Care Management Team is creating a position paper to be presented to Welsh Government outlining the risks and mitigation. The matter of transporting ineligible patients may become more acute as the financial environment become more constrained.

#### **Call Answer Performance**

Increased call length due to additional scripting for Covid and eligibility combined with challenges with recruitment and retention had led to the performance of the non-emergency booking line being challenged for the first half of 2022.

A performance recovery plan was developed to provide focus on improving the service's call answer times and abandonment rates. As the impacts of the measures introduced start to have impact, we are beginning to see a steady improvement in core measures, however more work is required in this area.

The biggest challenge facing the function remains recruitment and retention of staff as the posts are band 2 and the recruitment market is currently very competitive for this level role. The service is working with the communications team and people services colleagues to implement actions that will hopefully ensure the position remains sustainable moving forward.

### IMTP

#### **Agree Roster Keys Pan-Wales**

During the summer surgeries to review roster keys were slightly delayed therefore the date for completion was extended from Q2 to Q3. The need for urgency around this deliverable was conveyed at the last Programme Board. An evaluation was undertaken during September 2022 and the CLERIC system will be utilised to model keys during October 2022.

#### **Review of Resource Unavailable Time**

A multitude of work streams continue to be progressed within Ambulance Care. In September 2022, the action related to the review of unavailable time was completed. Reporting regarding resource downtime is now live and data included in the pack presented to the Operations Directorate Weekly Performance, demand and Capacity Meeting.

## General Update

### Capacity Management Plan

A Capacity Management Plan (CMP) has been deployed to guide the allocation of transport ensuring NEPTS remains within the budgeted resource provision. The result of the CMP has been a significant reduction in taxi expenditure. Further work is required to fully understand the impacts of using the Capacity Management Plan but financially this is aiding cost containment.

### NEPTS Cleric Upgrade

Following completion of the new externally hosted environment for the upgraded NEPTS Computer Aided Dispatch (CAD), the new CLERIC Pink system is due to go live in December 2022.

### Transfer of UCS from EMS to Ambulance Care

In July 2022, Trust staff who are in (Urgent Care Service (UCS) roles transferred from the Emergency Medical Service (EMS) to Ambulance Care. The transition is now complete and we have worked with People Services colleagues to develop an improved recruitment plan to address significant projected gaps of up to 50% in the services establishment. Delivery of the plan has gone well and we are on track to return to a full establishment by January 23.

## Integrated Care

### Challenges

#### Business Continuity Incident – 111

On 4<sup>th</sup> August 2022, the I.T. platform used in health boards to accept and manage referrals from 111 suffered an outage. That outage continues (at time of report 04/11/2022) and resulted in the Trust having to enact Business Continuity Incident (BCI) arrangements. New operational arrangements were designed and implemented to manage the impacts.

These arrangements included the deployment of GPs and Pharmacists into WAST, management of Priority 3 patients differently and other operational changes. Many of these arrangements have proved sufficiently successful that work is now underway to consider their place in the future 111 operational model.

The Business Continuity Incident was stood down on 15 September 2022, however work continues to prepare for reinstatement of systems.

## IMTP

### Implementation of 999 Triage System (ECNS)

The 999 Triage system ([Emergency Communication Nurse System - ECNS](#)) has been implemented successfully and further training provided in July 2022.

### Testing of Booking Systems

Work is underway via the 111 Programme Team to identify pilot opportunities to test direct booking systems for 111 patients to Health Board services.

### Deliver an Improved Directory of Services

A National Directory of Service Review led by NHS Improvement was undertaken and a number of change recommendations received. The findings of the review was presented to the Project Board and a task and finish group established. However, all of the recommendations made had significant funding implications therefore these have not yet been implemented due to financial constraints. A report was provided to the Six Goals Programme Board.

### 111 Press 2 (Mental Health)

111 Press 2 went live in Swansea Bay UHB on 2nd August 2022. The service, operated by the Health Board in collaboration with the Trust, connects callers requiring urgent mental health support to a specialist practitioner. Given the way this is hosted, we do not know the demand being managed by both Hywel Dda and Swansea Bay. We do however monitor the rates passed to 111 when these services are closed and these numbers so far are small.

### 111 Rostering

In July 2022 the trials of new shift lengths and shift start times in 111 commenced pan-Wales. Following engagement with staff and staff support, on the 12<sup>th</sup> September 2022 the service will commence a 13-week fixed rota trial. It is anticipated that the outcome will be an increase to the amount of fixed working rotas to enable a more comprehensive baseline cover. This work reflects extensive staff engagement with a view to improve attendance.

## General Update

### Integrated Care Estate

The Integrated Care teams moved into the new centre in Ty Elwy, North Wales, in August. The works at Vantage Point House continues and are expected to continue through the coming months. These fantastic new facilities provide modern, fit for purpose facilities for our people.



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	6
<b>OPEN or CLOSED</b>	OPEN
<b>No of ANNEXES ATTACHED</b>	1

<b>MONTHLY INTEGRATED QUALITY &amp; PERFORMANCE DASHBOARD – September 2022</b>
--

<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	14 November 2022
<b>EXECUTIVE</b>	Rachel Marsh – Executive Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Hugh Bennett – Assistant Director of Commissioning and Performance Nicola Quiller – Commissioning & Performance Officer
<b>CONTACT</b>	<a href="mailto:Hugh.bennett2@wales.nhs.uk">Hugh.bennett2@wales.nhs.uk</a> <a href="mailto:Nicola.Quiller@wales.nhs.uk">Nicola.Quiller@wales.nhs.uk</a>

<b>EXECUTIVE SUMMARY</b>
--------------------------

The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **September 2022** (with the exception of Sickness where August 2022 is reported).

This Report contains information on 24 key indicators. The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust can provide to patients. There are however some areas of improving performance within the Trust’s control, such as the decrease in levels of sickness absence in August and the improving levels of PADRs completed.

**RECOMMENDATION**

Finance and Performance Committee is asked to: -

- **Consider** the September 2022 Integrated Quality and Performance Report and actions being taken and determine whether:
  - a) The report provides sufficient assurance;
  - b) Whether further information, scrutiny or assurance is required, or
  - c) Further remedial actions are to be undertaken through Executives.

## SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **September 2022**.

## BACKGROUND

2. This Integrated Quality & Performance Report contains information on 24 key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus:-
  - Our Patients (Quality, Safety and Patient Experience);
  - Our People;
  - Finance and Value; and
  - Partnerships and System Contribution
3. These four areas of focus broadly correlate with the Quadruple aims set out in ‘*A Healthier Wales*’.
4. As previously agreed, the metrics which form a part of this committee/Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against our plans (IMTP) and strategies. This annual review is complete and was endorsed at the July 2022 Finance & Performance Committee and Trust Board meetings; changes have been applied for the August 2022 report, with some final amendments required in the next iteration.

## ASSESSMENT

### Our Patients – Quality, Safety and Patient Experience

5. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
6. 999 answering times have been challenged through significant increases in demand. The median and 65<sup>th</sup> percentile performance remain good, the call answering tail decreased in August 2022 to 52 seconds, however, this remains higher than the Trust would want.
7. There is no additional funding secured into 2022/23 for 999 call handlers. Forecasting and modelling has been completed and fed into the EMS Co-ordination Reconfiguration project with a re-rostering project planned for completion by March 2023.
8. 111 call answering performance remains poorer than the Trust would want. Recent negotiations with commissioners suggest that the Trust has broadly the commissioned and funded number of call handlers in post, however, further work is required to reduce capacity lost through sickness absence, align capacity with

demand and improve efficiency of use of resource. A recent demand & capacity review of 111 by Operational Research in Health (ORH) was presented formally to EMT on 03 August 2022 and agreed.

- 9. 111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, we know that the waits for a clinical ring back for most patients are too long. Some improvements were recorded in August 2022. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies currently. An urgent set of actions within a focused plan are now in place to increase clinician numbers. This includes introduction of a new base for staff within the Cardiff area, a more focussed recruitment campaign and consideration of expanded numbers of clinical professions.
- 10. Ambulance Response (safety / patient experience):** Red response times declined into August 2022 despite a reduction in patient demand. In comparison Amber saw improvements in performance across the percentiles; however, the Amber 1 tail (95<sup>th</sup> percentile) remains at unacceptable levels, at five hours 56 minutes. These long response times have a direct impact on outcomes for many patients. This was the focus of the discussion during the last committee cycle where Non-Executive Directors expressed considerable concern at the levels of avoidable harm to patients and impact on staff well-being. Actions within the Trust's control include:

Capacity:

- **Recruitment:** the Trust has recently received an additional £3m in 2022/23 which will allow the Trust to recruit 100 FTEs over and above the existing establishment. There are clear plans to deliver this uplift by 23 January 2023. This increased establishment will leave a relief gap of 64 FTEs, against the FTE requirement for the re-rostered position, including full roll out of the Cymru High Acuity Response Units (CHARUs).
- **Winter modelling:** the Trust has completed winter modelling (March 2023) based on the delivery of the 100 FTEs and the Ministerial direction for hospital handovers to have a four hour backstop and a 25% reduction in minutes per handover. Whilst indicating an improved position for performance/patient safety, Red 65% and Amber 1 30 minutes are not modelled as being achieved. The Trust has updated its rolling tactical seasonal plan (Performance Improvement Plan) with a range of additional actions to improve patient safety as the Trust starts to move into the winter period.

Efficiency (rosters, absences/sickness absence and post production lost hours):

- The Ambulance Response roster review is on target for go live between September 2022 and November 2022. This will have the equivalent performance impact of 72 FTEs.
- A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks. This is planned to reduce sickness absence in line with a trajectory included in the IMTP, and improvements have been seen in August.

- Further discussion continues constructively with trade union partners on a range of other potential workforce efficiencies and staff-well-being.

#### Demand Management

- The Trust has prioritised 41 additional clinicians into the Clinical Support Desk, with 36 Paramedic FTEs and five mental health practitioners successfully recruited and now in place. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in consult and close rates, with the Trust now aiming to achieve a 15% rate by December 2022, an increase in the previous target of 10.2% which has been delivered.
11. One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 24,295 hours were lost in August which represents 30% of the total number of conveying resource hours produced for the month. The levels are so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss. Urgent and high level discussions have taken place between the Trust, Health Board CEOs and the CEO of NHS Wales. A number of mitigating actions have been agreed and a target of no >4 hour waits and a reduction of 25% in minutes per ambulance arrival (from Oct. 21 baseline). Whilst this is a target and trajectories are in place, improvements have not yet been seen with September seeing a further increase in handover lost hours to 25,167 hours or 2,188 shifts. Immediate Release figures for September were: Red 285 accepted and 31 declined; and Amber 1 251 accepted and 508 declined.
  12. **Ambulance Care (formally NEPTS) (Patient Experience):** Performance was above target for enhanced renal patient arrivals prior to appointment in September 2022 and improved for patients requiring discharge; however, overall demand for the service continues to increase, although it has not yet recovered to pre CoVID-19 levels. EASC (10<sup>th</sup> May 2022) had a "focus on" development session on NEPTS, which included looking at the imbalance of demand and capacity and options for resolving this. The feedback from the "focus on" session with EASC indicated a need to look at NEPTS changing demand and the capacity to support this. In the short term a capacity management plan is in place whilst pre-work is being undertaken on a potential roster review next year. A more efficient management of demand is another line of enquiry.
  13. **National Reportable Incidents (NRIs) / Concerns Response:** The Trust reported 7 NRIs to the Delivery Unit in September 2022, compared to ten in August 2022; and 15 serious patient safety incidents were referred to health boards in September 2022 under the "Appendix B" arrangement, compared to 10 in August 2022. In September 2022 complaint response times improved slightly to 28%, failing to meet the 75% target. In the main, many of these incidents will be because of continued longer response times and the actions outlined above therefore are key. The Trust is putting more capacity into the Putting Things Right team.
  14. **Clinical outcomes:** The Trust is unable to fully report on the performance of all clinical indicators whilst work continues to link ePCR with the CAD and quality assure metrics. The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 79.10% in

September 2022, below the 95% performance target. The introduction of ePCR enables the collection and sharing of information and data in a more timely and accurate manner. This will enable the Trust to better showcase clinical care provided to patients. Work is ongoing on the new call to door time-based metrics for STEMI and Stroke using the following roll out plan:

- Q3 (Oct – Dec 2022) – a decision will be made on the criteria to define ‘call to door’ and a reporting dashboard will be developed.
- Q4 (Jan – Mar 2023) – the data will be tested internally to include data from April 2022.
- April 2023 – approve for ASI reporting.

#### Our People (workforce resourcing, experience and safety)

- 15. Hours Produced:** 114,353 Ambulance Response ambulance unit hours were produced in September 2022. The emergency ambulance unit hours production (UHP) was 96% in September 2022 and RRV UHP was 76%. Key to the hours produced are roster abstractions which remain high.
- 16. Response Abstractions:** abstraction levels remained at 40% in September 2022, but are significantly improved from the high in March 2022 of 49%, however, they remain much higher than the 30% benchmark. COVID-19 has had a significant impact on abstractions with sickness abstractions being 10% in September 2022 (benchmark 5.99%). The training abstraction is also high, driven by internal movements linked to recruitment.
- 17. Trust Sickness absence:** the Trust’s overall sickness percentage was 8.72% in August 2022 which represents an improvement. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level. A specific Managing Attendance programme has been established, led by the Deputy Director of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties.
- 18. Staff training and PADRs:** Stat / Mand training compliance rates have been improving again achieving the 85% target. PADR levels are also improving steadily although remain below target.
- 19. Equality, Diversity and Inclusion:** work is ongoing to agree the indicators to be used at this level to demonstrate progress in this area.

#### Finance and Value

- 20. Financial Balance:** the Trust has reported outturn performance for September 2022 with a surplus of £1,000, and a forecast to the year-end of breakeven. At present the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit for 2022/23.
- 21. Post-production lost hours:** the efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). The reasons for PPLHs are many and varied. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base

meal breaks. The Trust and TU partners continue to work together on options for change.

#### Partnerships/ System Contribution

- 22. Shift left:** much of Trust's work relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **consult and close** rates after 999 calls; and the Trust achieved 12.3% in September 2022, compared to the benchmark of 10.2%, which was exceeded during 2021/22.
- 23.** The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both consult and close and see & treat, a position consistent with the EMS commissioning framework. To this end the Trust has increased the establishment in the Clinical Support Desk by 41 FTEs, almost doubling the existing establishment, with 36 Paramedic FTEs and 5 FTE mental health professionals. The Trust is also implementing new clinical triage software (now live) and working with health boards on how they can support remote demand management. There is a revised ambition of 15% for consult and close into 2022/23 (for December 2022).
- 24.** The Trust **conveyed** 33% of patients to emergency departments in September 2022, but this figure needs to be treated with significant caution as analysis shows that conveyance rates are linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls, with many patients cancelling the ambulance due to the long response times. In September, over 11,500 patients cancelled their ambulance and the Trust was unable to send an ambulance due to application of CSP levels to approximately 700 callers. In the longer term, as the Trust knows, the system needs to transform if it is to become more sustainable. A formal programme to take forward "inverting the triangle" has been established. A bid was submitted to Welsh Government to start to increase numbers of APPs being trained; this was not successful, but the Trust has decided to proceed with the option of an additional 10 MSC places from September 2022 and a further 8 later in the year.
- 25. Handover lost hours:** 25,167 hours were lost in September 2022. These levels are unprecedented and extreme and whilst the Trust can seek to mitigate the impact of handover lost hours through various efficiencies, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government. Fortnightly meetings have been established with each health board by the CASC, which WAST attends, which are designed to focus on action plans and trajectories for improvement. The 2022/23 EASC commissioning intentions for handover lost hours focuses on setting improvement trajectories per site; however, the pressure on the unscheduled care system as Wales emerges from the pandemic mean that the Trust can expect these extreme levels to continue into 2022. Ministerial direction indicates that the Immediate Release Directions should be accepted and an escalation procedure has been agreed nationally and implemented from the 25<sup>th</sup> July 2022; however, practice on the ground is at variance with the direction.

## Summary

**26.** The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust provides to patients. Patient demand across the 111 and EMS services decreased in September 2022, however, other factors such as the continuation of the CoVID-19 variants, levels of sickness (including CoVID-19 related absence) and extreme handover lost hours continue to impact on the Trust, in particular, the EMS. EASC, WG and the 111 Programme Board have been very supportive of the Trust through the pandemic, investing in a range of mitigations; however, funding for further initiatives is currently limited as the fiscal position becomes much tighter. For 111 and Ambulance Care (NEPTS) the Trust can look to take a range of actions to optimise the balance between patient demand and capacity; however, for EMS the Trust cannot take sufficient actions within its control to mitigate the impact of the extreme handover lost hours. As a result, all three committees have expressed serious concern about the impact of handover lost hours on patient safety and staff well-being. The Trust has received further funding (£3m) for +100 FTEs into EMS, which is welcome, but it remains critical to patient safety that handover lost hours are reduced in line with Ministerial expectation.

## **RECOMMENDATIONS**

Finance and Performance committee is asked to: -

- **Consider** the September 2022 Integrated Quality and Performance Report and actions being taken and determine whether:
  - a) The report provides sufficient assurance;
  - b) Whether further information, scrutiny or assurance is required, or
  - c) Further remedial actions are to be undertaken through Executives.

<b>REPORT APPROVAL ROUTE</b>	
<b>Date</b>	<b>Meeting</b>
<b>27 Oct-22</b>	<b>CEO &amp; Director of Strategy, Planning &amp; Performance</b>
<b>02 Nov-22</b>	<b>Executive Management Board</b>
<b>14 Nov-22</b>	<b>Finance and Performance Committee</b>

<b>REPORT APPENDICES</b>
<b>Appendix 1 – Top Indicator Dashboard</b>

<b>REPORT CHECKLIST</b>			
<b>Confirm that the issues below have been considered and addressed</b>		<b>Confirm that the issues below have been considered and addressed</b>	
EQIA (Inc. Welsh language)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x
Estate	x	Patient Safety/Safeguarding	x
Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	x	TU Partner Consultation	x



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services  
NHS Trust

# Monthly Integrated Quality & Performance Report

## September 2022

### Annex 1 – Top Indicator Dashboard





# Section 1: Monthly Indicators / Top Indicators Dashboard



Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Sep-22	2 Year Trend	RAG
<b>Our Patients - Quality, Safety and Patient Experience</b>					
NHS111 Abandoned Calls	< 5%	18.60%	10.6%		R
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:52	00:52		R
999 Red Response within 8 minutes	65%	55.2%	50.0%		R
999 Amber 1 Median	00:18	01:10	01:30		R
Stroke Patients with Appropriate Care	95%	TBD	79.10%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	TBD	45.00%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	74%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	88%		A
National Reportable Incidents reports (NRI)	Reduction Trend	5	7		R
Concerns Response within 30 Days	75%	61%	28%		R

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Aug-22	Sep-22	2 Year Trend	RAG
<b>Our People</b>						
<b>Capacity</b>						
EMS Abstraction Rate	29.92%	42.00%	40%	41%		R
Hours Produced for Emergency Ambulances	95%	95.0%	95%	96%		G
<b>Health and Wellbeing</b>						
Sickness Absence (all staff)	8.00%	10.48%	8.72%	-		R
EMS Operations Sickness Rates	8.00%	7.76%	9.87%	9.26%		R
Staff Turnover Rate	TBD	8.71%	11.50%	11.35%		R
Statutory & Mandatory Training	>85%	82.3%	85.44%	85.60%		G
PADR/Medical Appraisal	>85%	60%	73.66%	78.75%		A
<b>Value</b>						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	8,582	7175:52	8520:31		A
<b>Partnerships / System Contribution</b>						
NHS111 Consult and Close	Improve	7,843	14,729	15,342		G
Combined 999 & NHS111 Consult & Close	15.0%	10.4%	11.8%	12.3%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	TBD	11.99%	11.14%		TBD
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	24,295	25,167		R

In-Month RAG Indicates =

Green: Performance is at or has exceeded the target (Indicates no action is required)

Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)

Amber: Performance is at or within 10% of target (Indicates some issues/risks to performance (monitoring is required))

TBD: Status cannot be calculated (To Be Determined)





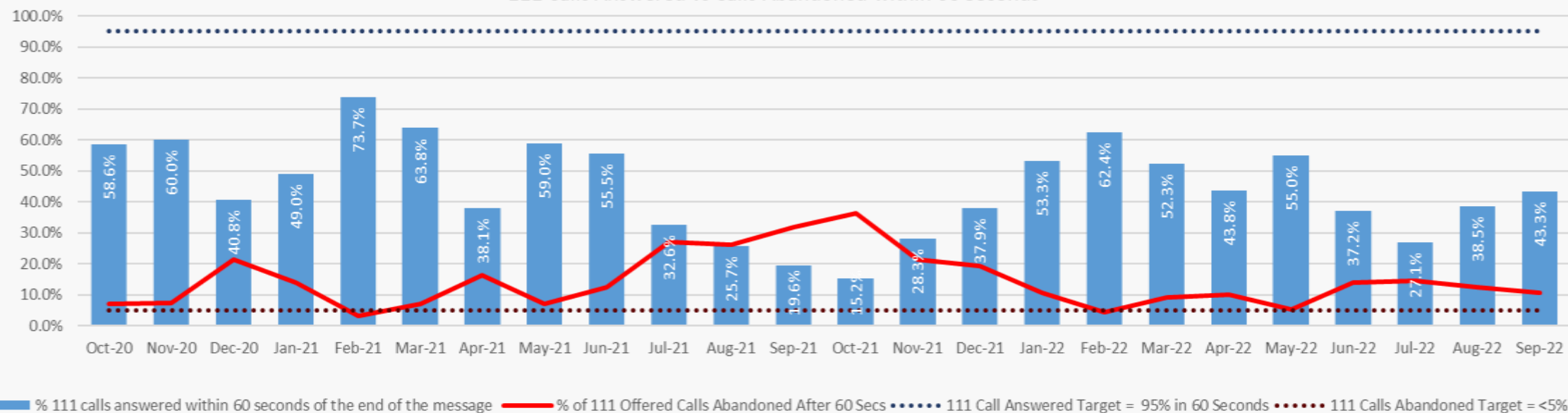
# Our Patients: Quality, Patient Safety & Experience

## 111 Call Answering/Abandoned Performance Indicators



### Influencing Factors – Demand and Call Handling Hours Produced

111 Calls Answered vs Calls Abandoned within 60 Seconds



#### Analysis

111 call abandonment is a key patient safety indicator for the service. **September 2022** saw an abandonment rate of 10.6%, therefore failing to meet the 5% target.

The percentage of 111 calls answered within 60 seconds of the end of the message improved in **September 2022 to 43.3%**. Although 111 call demand decreased for the third consecutive month it still remains high, therefore a significant number of people continue to receive a poor patient experience.

**Capacity (staff hours) has generally been increasing** in line with the roll-outs and as planned; however, this is impacted by sickness absences for Call Handlers (which includes COVID-19 Sickness) which although decreased in September 2022, remain high at 12.63%. Demand has fallen but so has capacity which is why performance has remained relatively stable this month. It is worth noting that in response to the ongoing Business Continuity incident as a result of the Adastra outage, additional Call Handlers have been necessary to support manual processes as the Trust is unable to pass calls to Health Boards electronically.

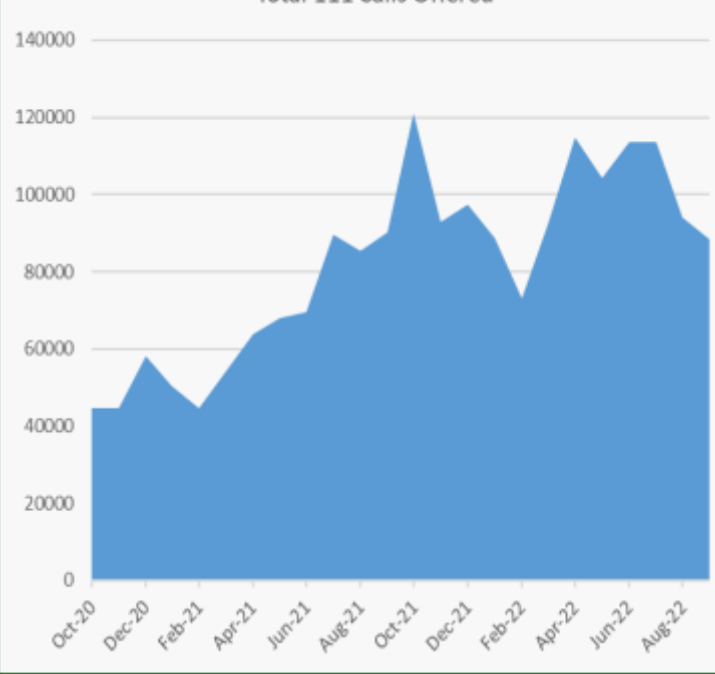
#### Remedial Plans and Actions

- The key to improving call answering times is having the right number of call handlers, rostered at the right time to meet demand, and to maximise efficiency.
- Agreement has been reached with commissioners that 178 WTE call handlers will be funded this year. We are currently broadly at that number with no vacancies.
- Work continues on sickness absence in line with the Trust's managing absence work programme
- Work is underway to look at the rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week
- Work also continues in reviewing the use of the Clinical Advice Line which is available to call handlers who want some clinical advice whilst on call with the patient. The call handler has to wait for a clinician to answer the call and therefore the time spent is related to clinician availability. At present there are high levels of vacancies

#### Expected Performance Trajectory

With call handler numbers broadly at commissioned levels, call answering times will only be improved through improved efficiency gains (reducing sickness absence, re-rostering, reducing time for CAL line).

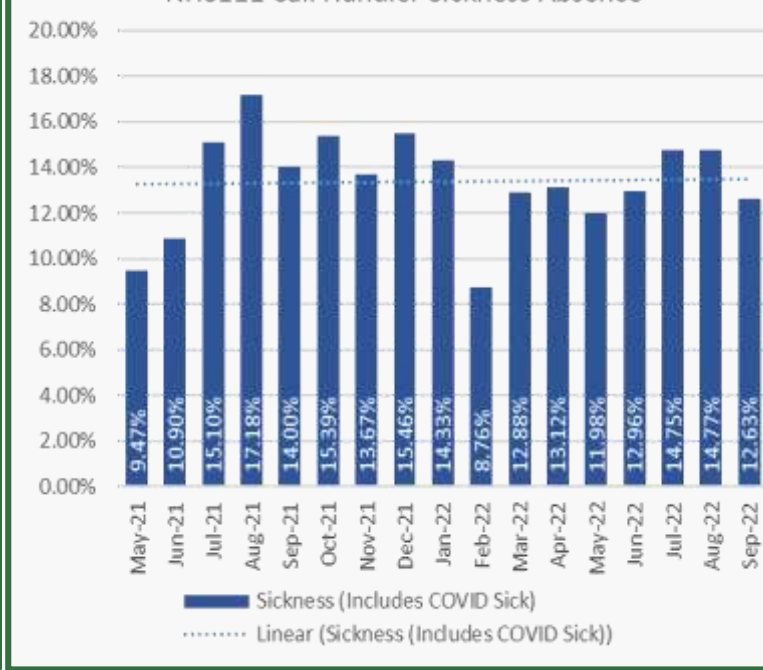
Total 111 Calls Offered



NHS111 Call Handler - Total Actual Shift Fill



NHS111 Call Handler Sickness Absence

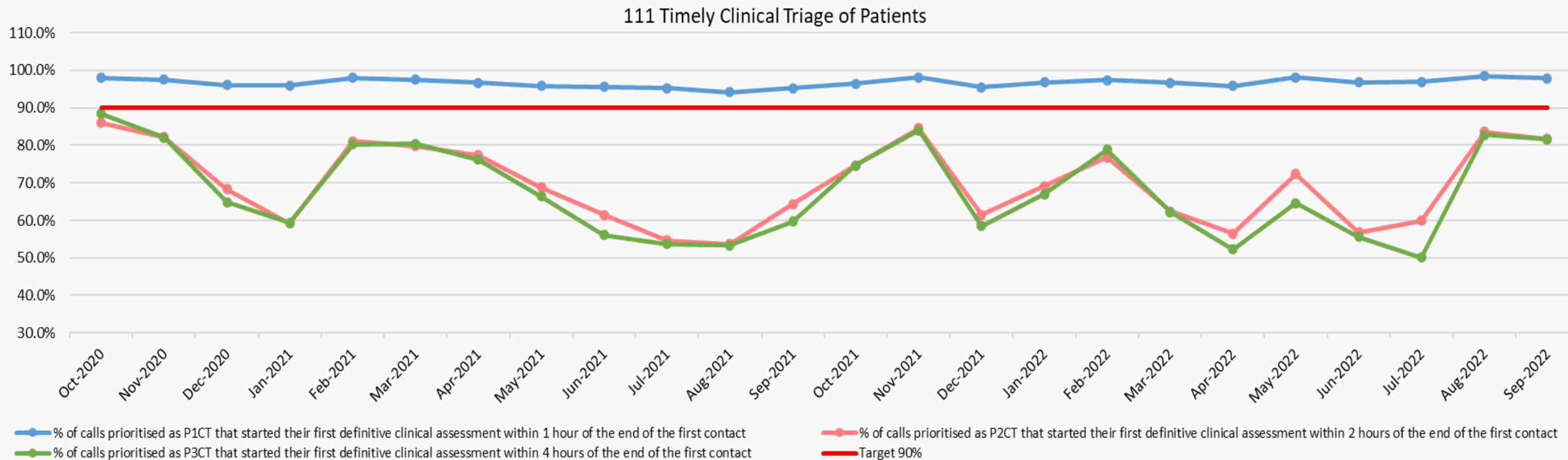




# Our Patients: Quality, Safety & Patient Experience

## 111 Clinical Assessment Start Time Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced



#### Analysis

The performance of 111 calls receiving a timely response to start their definitive clinical assessment has seen improvements across the priorities. The highest priority calls, P1CT, continue to receive a timely response which has continuously achieved the 90% target over the last 2 years.

For lower category calls the Trust is not meeting the 90% target, but there has been a significant improvement in performance in recent months.

Demand for the service has grown significantly, although call volumes reduced again in September 2022, but call volumes remain high, which affects performance; in addition, recruitment and retention of clinical staff also remains problematic.

12,789 hours were filled by clinicians in September 2022 a reduction when compared to 13,415 in August 2022, and below the commissioned level of 20,201 hours. Clinician sickness absence was 14.50% in September 2022, which is a significant increase compared to 8.87% in August 2022. At present there are 100.1 (FTE) nurses and paramedics employed within NHS111 and 39.1 FTE Vacancies (data correct as of 16/09/22 and therefore subject to change).

#### Remedial Plans and Actions

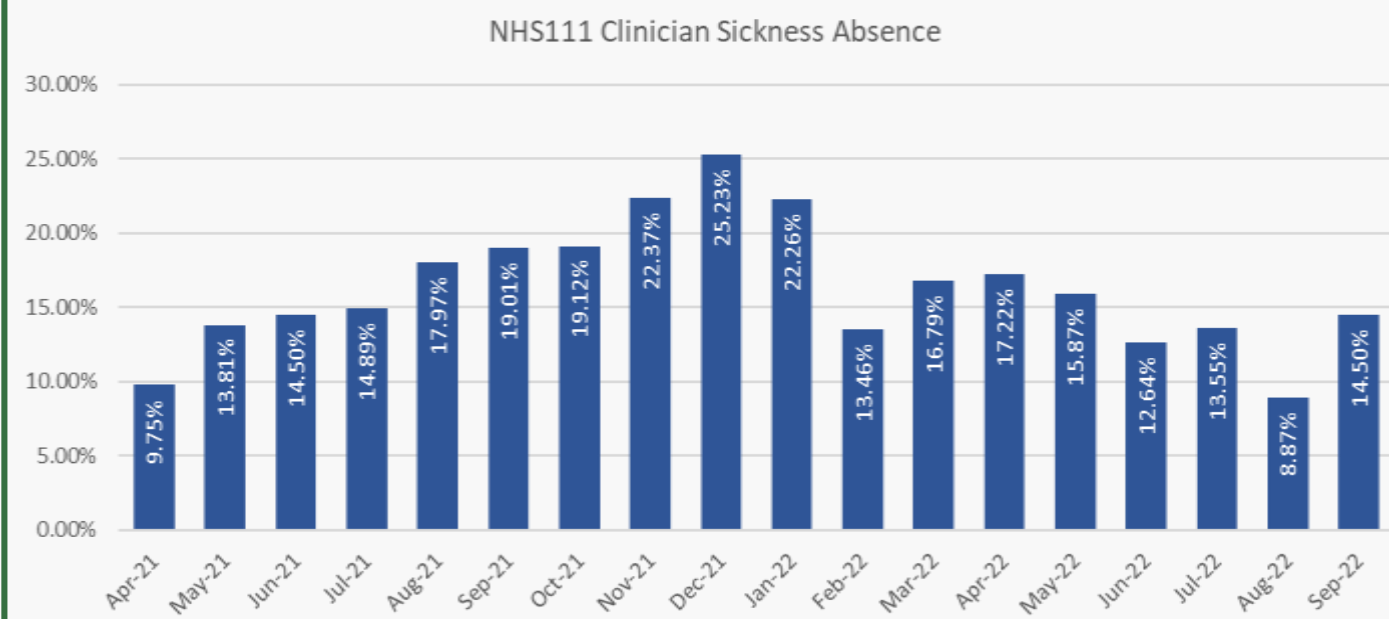
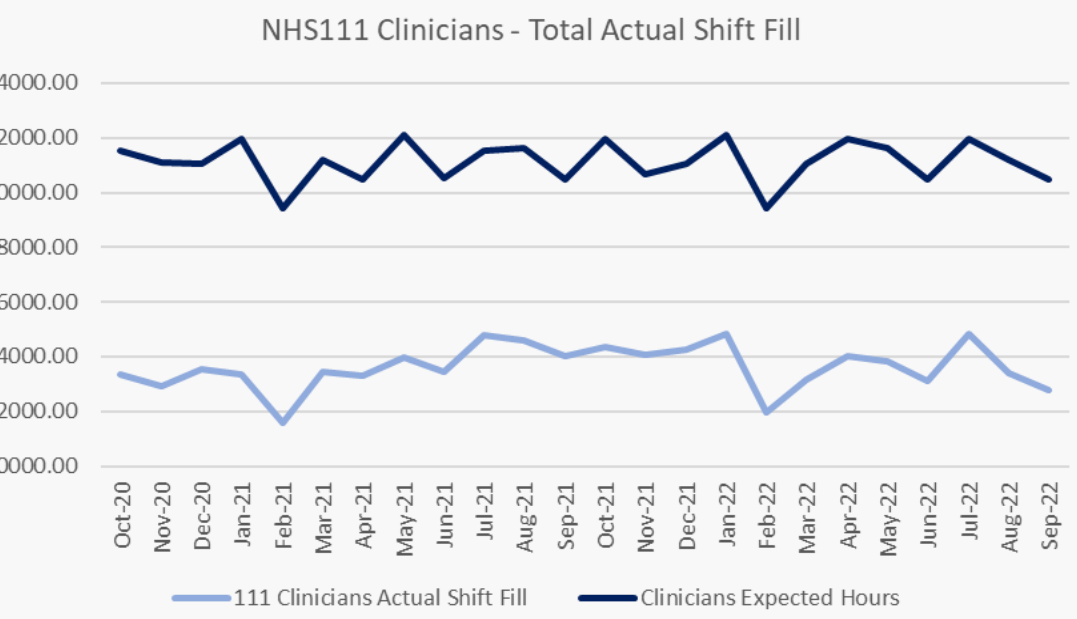
The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. At present there are significant numbers of clinical vacancies. Urgent actions are in place now to increase recruitment this winter, including:

- Utilisation of other clinicians to fill vacancies
- Maximising opportunities through remote / agile working
- Review of existing staff bases including additional Cardiff base
- Review of service model following Adastra outage / BCI
- Targeted recruitment drive, which has commenced

NB: Future iterations of this report will include Clinician FTE numbers and vacancies.

#### Expected Performance Trajectory

Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Although urgent actions are in play as set out above, performance is likely to be poorer than the Trust would want until these bear fruit into Q4.



(Responsible Officer: Lee Brooks)

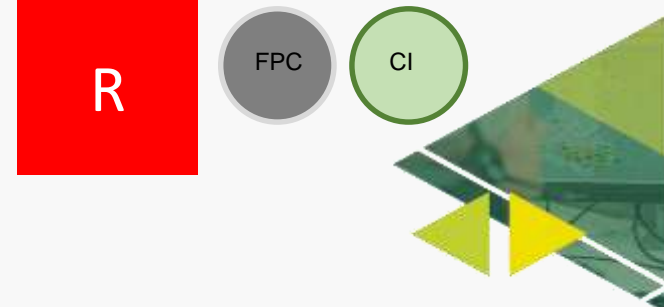
Welsh Ambulance Services NHS Trust



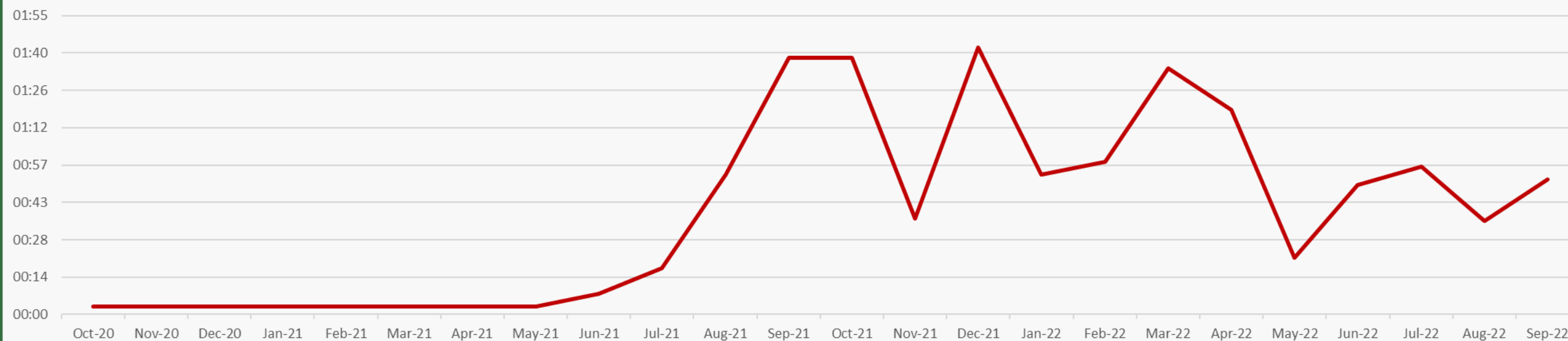
# Our Patients: Quality, Safety & Patient Experience

## 999 Call Performance Indicators

### Influencing Factors – Demand and Hours Produced



95th Percentile 999 Call answer times



#### Analysis

The 95<sup>th</sup> percentile 999 call answering performance declined in September 2022 to 52 seconds, compared to 36 seconds August 2022. Delays in call answering times are a significant concern in relation to patient safety. 88.3% of calls were answered within 6 seconds in September 2022.

The median call answer times for 999 services remains consistently at 2 seconds. In September 2022 65<sup>th</sup> percentile continued to average at 3 seconds.

The Trust received 44,276 emergency 999 calls in September 2022, a decrease compared to August 2022. September 2022 saw a reduction in sickness absstractions, in line with the planned trajectory.

A continuing higher level of call volumes could be as a result of repeat callers, as a direct result of long wait times, prompting people to call back or conditions to deteriorate.

#### Remedial Plans and Actions

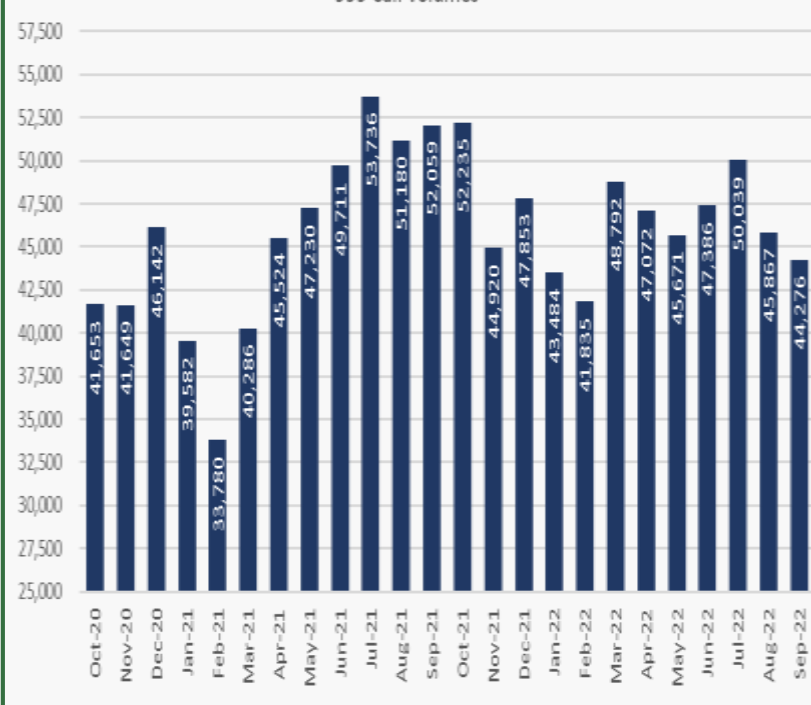
- EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resources teams are focussing on balancing capacity across the 7-day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.
- Additional funding original approved has been withdrawn this fiscal year and as such EMD establishment will remain at baseline demand levels within the financial envelope for EMS Coordination.
- Increased pressure and sustained levels of 999 demand above baseline is impacting on staff attrition and wellbeing.
- There are currently 73 FTEs (94.81%) Clinical Support Desk staff in post of the overall 77 FTE establishment, 3 of these people are in training.

**\*\*NB: FTE Data correct as of 21/07/2022**

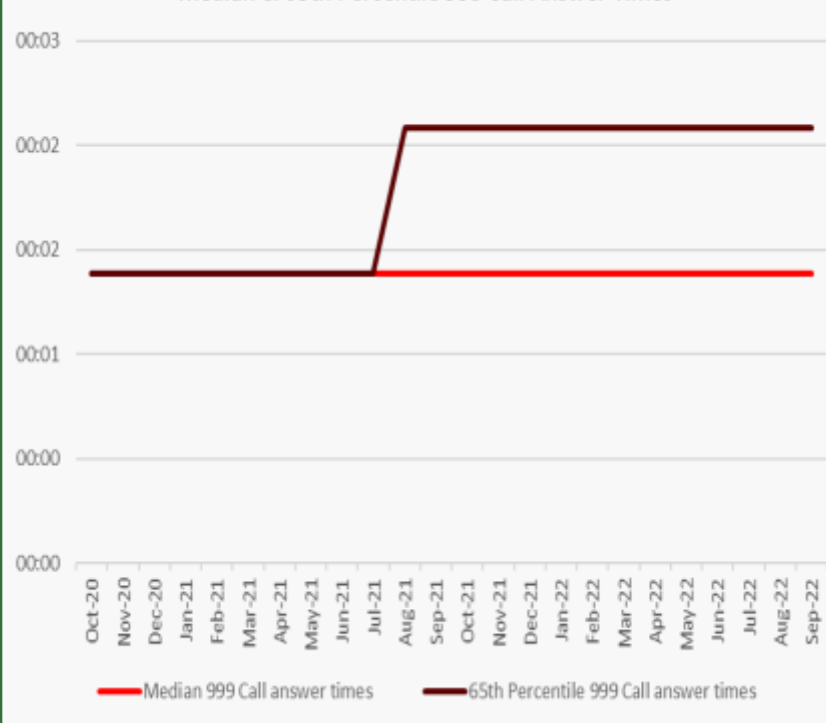
#### Expected Performance Trajectory

Performance is expected to continue to be difficult with call demand forecasted to increase throughout the fiscal year. EMS Coordination continue to focus on proactive recruitment to mitigate the impact of current attrition rates

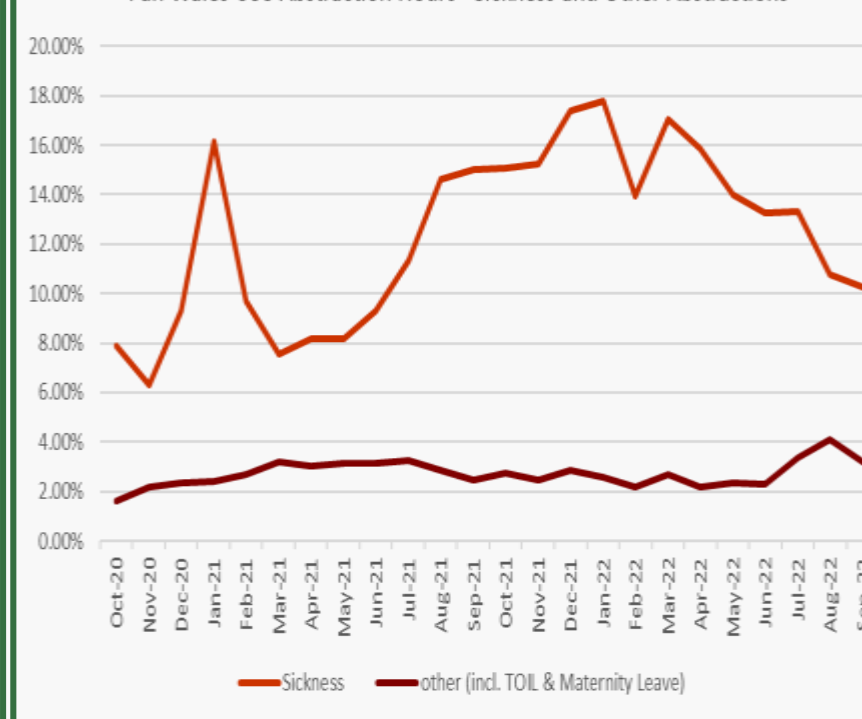
999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



Pan Wales CCC Abstraction Hours - Sickness and Other Abstractions



(Responsible Officer: Lee Brooks)

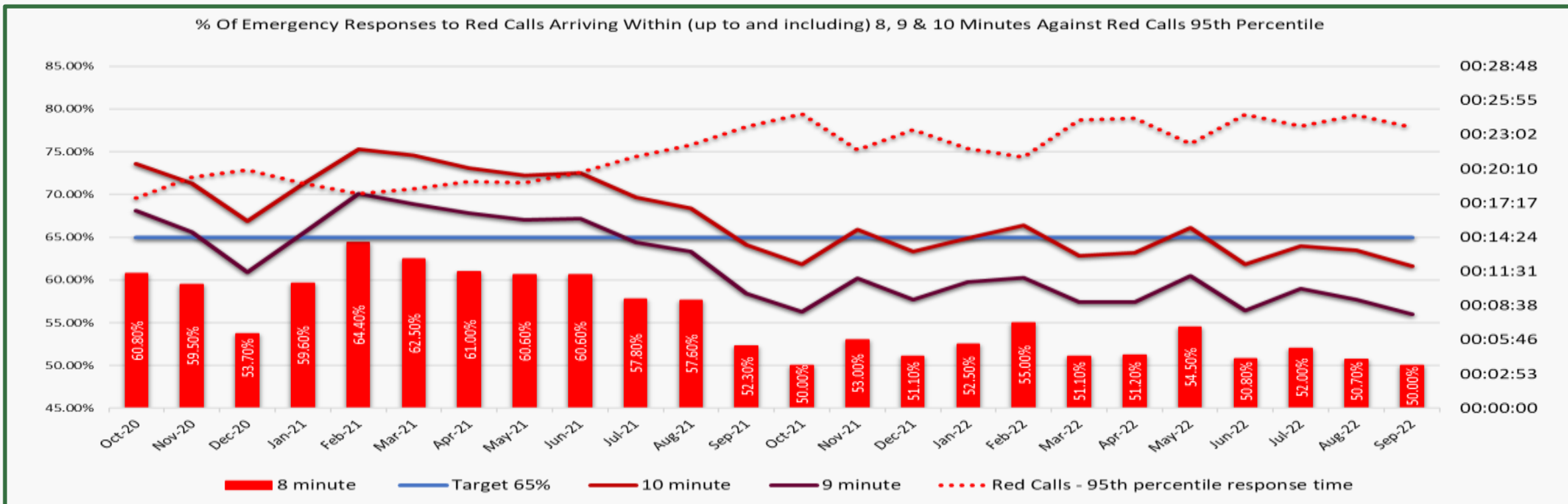
Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



### Analysis

Red performance declined in September 2022; remaining significantly lower than the 65% target; the target has not been achieved since July 2020. There was also significant health board level variation with none of the seven health board areas achieving the 65% target. A continuing level of poor performance was forecast in the spring plan based on predictions of demand, lost hours and hours produced. Red 10-minute performance was 61.6% in September 2022.

Three of the main determinants of Red performance are Red demand, unit hours produced, and handover lost hours.

Red demand in the last 2 years has seen a particular increase, outside of normal expected variation which is impacting on response times. Demand is not expected to decrease, and the current levels have been built into forecasting and modelling work.

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours, with extreme levels of losses continuing to be seen with 25,166 hours lost in September.

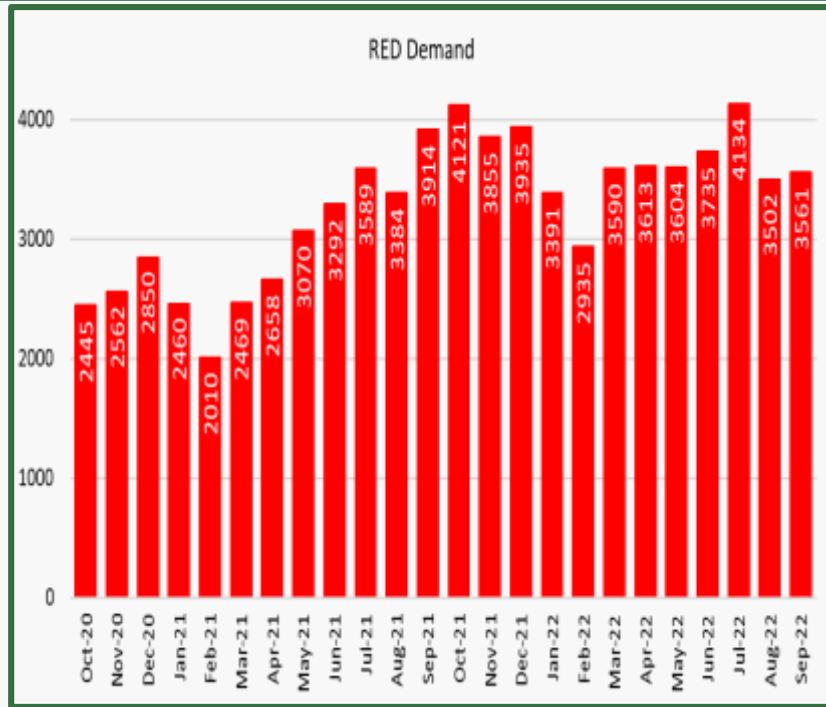
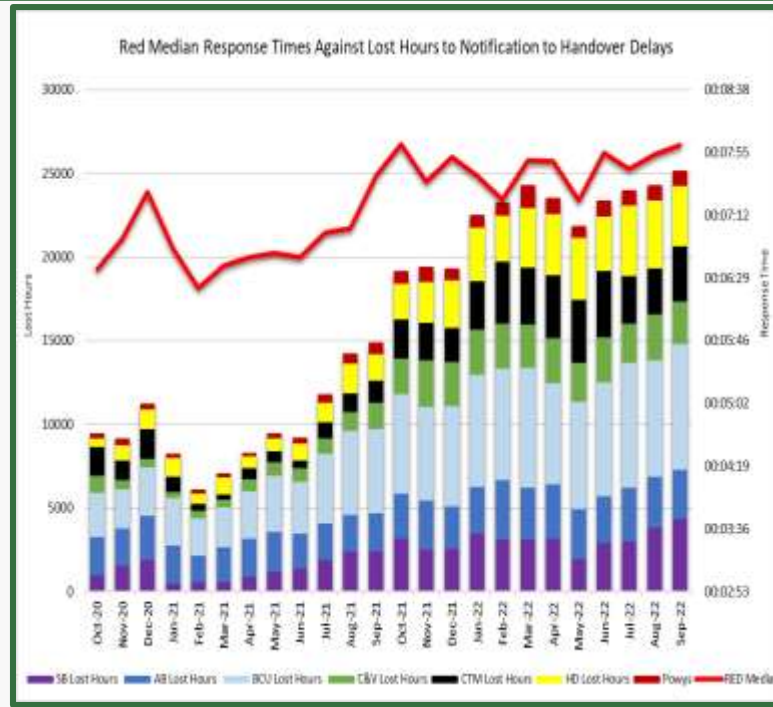
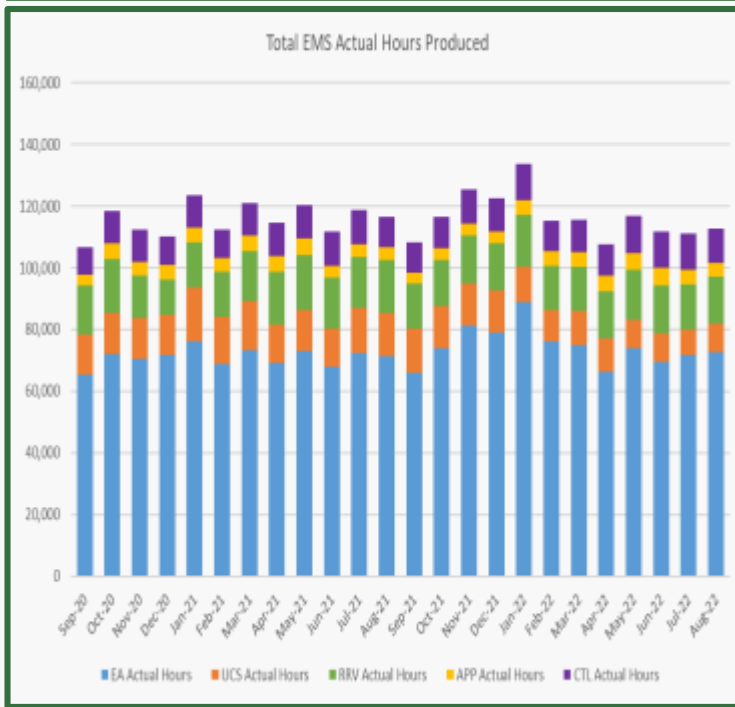
There are many other factors which affect Red, including additional time taken to don level 3 PPE to Red calls relating to some respiratory disease/issues (this requirement remains in place).

### Remedial Plans and Actions

- The main improvement actions are:
- Increase capacity where funded - recruitment of 100 FTEs, EMTs and ACA2s during 2022/23 (on target for all operational by end of Jan 2023)
  - Reduce hours lost through sickness absence through managing attendance programme – trajectory for improvement in place as part of IMTP.
  - Increasing capacity through modernisation of practices and supporting staff well-being. This is under discussion with TU partners currently.
  - Working with partners to reduce hours lost at hospital. Handover reduction plans and trajectories are currently being developed by health boards facilitated by the NCCU. Agreement on immediate release and fit to sit, together with commitment to no >4 hour waits and a reduction in 25% overall.
  - Improving efficiency – new rosters to be implemented September – November. Equivalent of 72 WTE additional staff. Plan on track
  - A deep dive of Red performance by Health Informatics has concluded with further actions to investigate increased time spent on scene and consideration of dispatch volumes and locations.
  - CSAM Optima have undertaken work to investigate Red variation summarising that Red variation on any given day can be difficult to impact due to the +20 factors that affect Red response times.

### Expected Performance Trajectory

Winter modelling (March 2023) indicates that without reductions in handover in line with the Welsh Government directives, the Trust can expect to see Red 8 minute performance reduce to below 40% without the application of the Clinical Safety Plan to levels 3 and above and the recruitment of the +100.



(Responsible Officer: Lee Brooks)

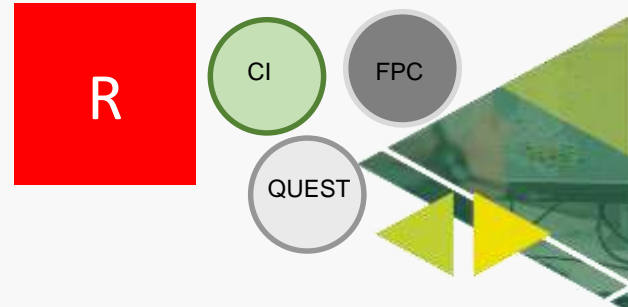
Welsh Ambulance Services NHS Trust



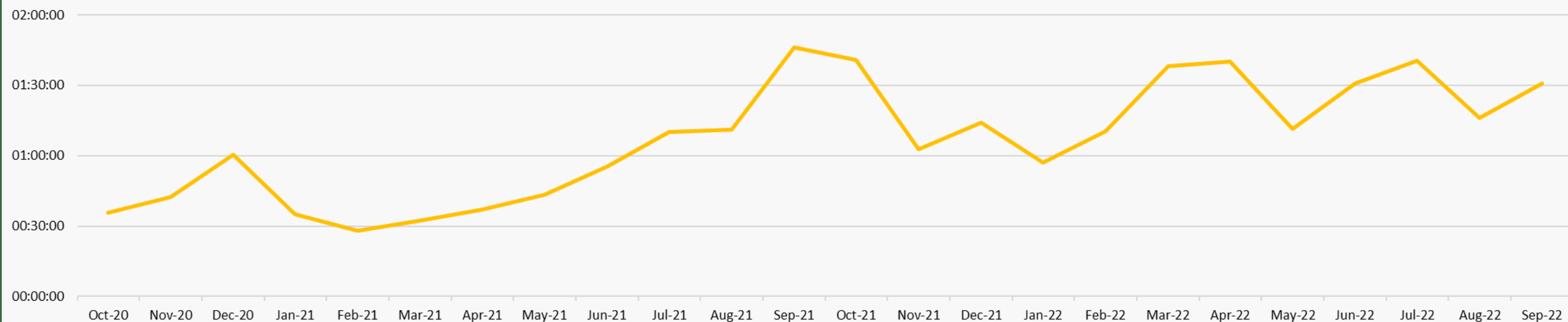
# Our Patients: Quality, Safety & Patient Experience

## Amber Performance Indicators

### Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 - Median Percentile



#### Analysis

Amber response times declined across the percentiles in September 2022. In addition, there were some very long patient waits (see below). The ideal Amber 1 median response time is 18 minutes, in September 2022 the Trust recorded median response times of 1 hour 30 minutes.

In September 2022, 892 patients (all categories, not just Amber) waited over 12 hours, an increase when compared to August 2022, continuing to represent a very poor quality and experience of service. 749 of these patients were in the Amber category.

Amber demand decreased again in September 2022 although has been broadly stable.

There is strong correlation between Amber performance and lost hours due to notification to handover delays. The number of hours lost to notification to handover delays in September 2022 increased to 25,166, higher than the worst recorded in March 2022 of 24,479, and higher than the Trust would like. Prior to August 2021 the worst handover levels recorded were in December 2019 (13,820).

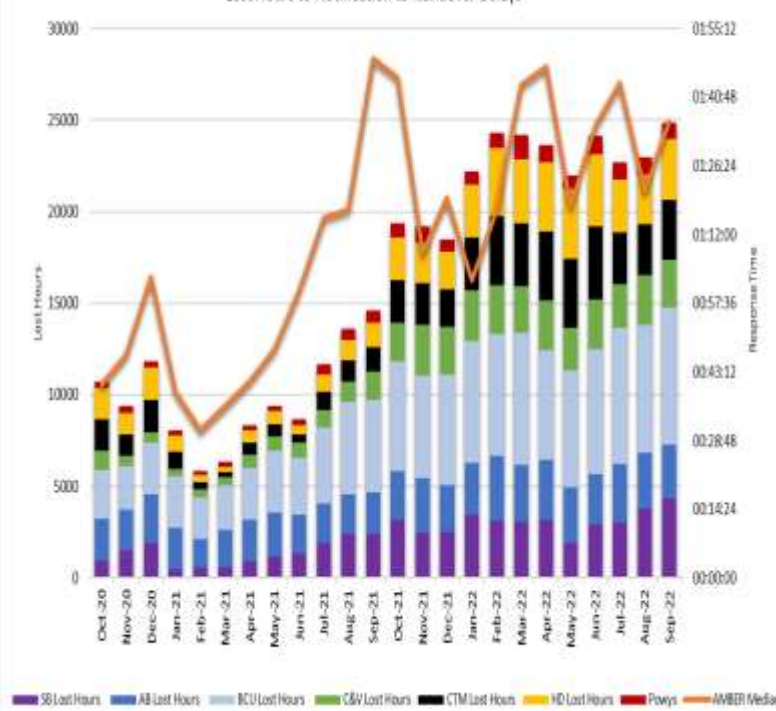
#### Remedial Plans and Actions

The Trust carefully monitors long response times and their impact on patient safety and outcomes. The Trust supplies regular information to the CASC and EASC; and from November 2020 the Trust began producing monthly quality, safety & patient experience (QSPE) reports for each health board. The actions being taken are largely the same as those related to Red performance on the previous slide.

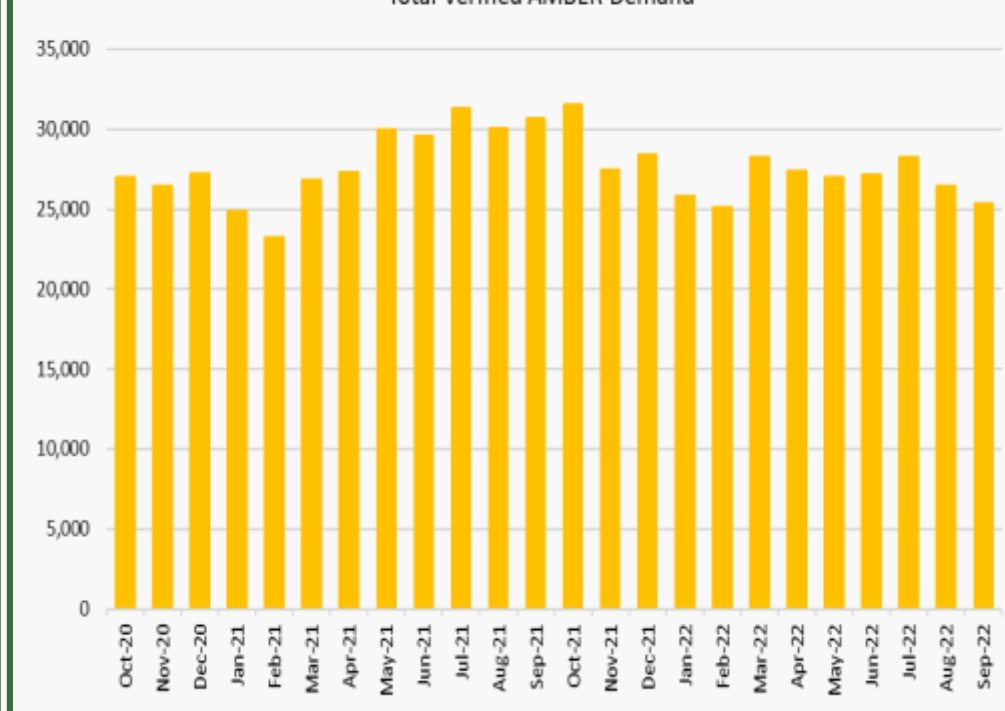
#### Expected Performance Trajectory

The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments, efficiencies and system efficiencies, not all of which are within the Trust's control, and which are unlikely to show improvement in the coming months.

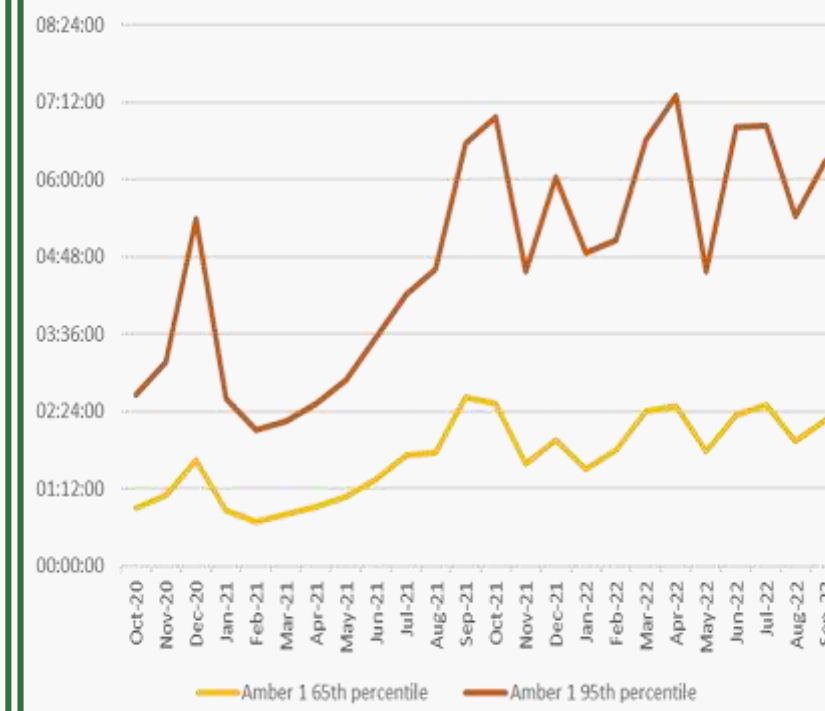
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 65th and 95th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Clinical Outcomes Indicators

Stroke/Hip Fracture/Hypo glycaemic. R

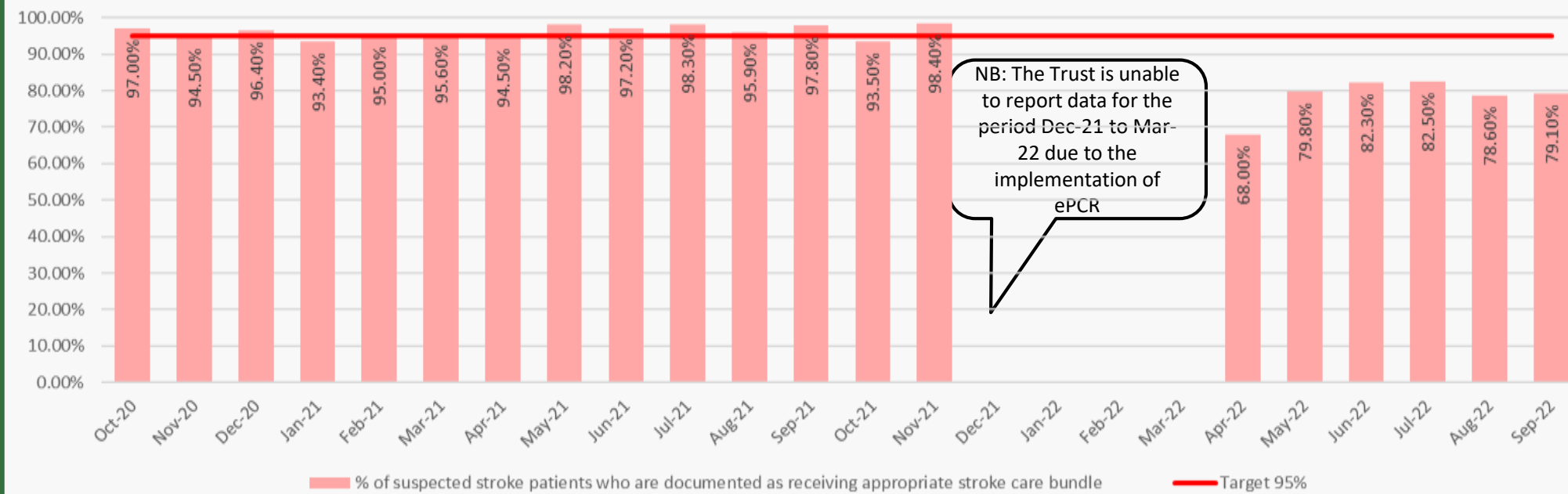
Self Assessment: Strength of Internal Control: Moderate

QUEST



### Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, Acute Coronary Syndrome Patients with Appropriate Care

% of suspected stroke patients who are documented as receiving appropriate stroke care bundle



NB: The Trust is unable to report data for the period Dec-21 to Mar-22 due to the implementation of ePCR

#### Analysis

**Clinical:** the Trust is unable to fully report on the performance of all clinical indicators whilst work continues to link ePCR with CAD and quality assure metrics.

Clinical Indicator for Stroke has seen a 0.5% improvement in September 2022 following a 3.9% drop in care bundle compliance in July and August 2022. From the chart, the key factor for improving care bundle compliance is the recording of a pre-alert, or a justified exception. In addition, the number of recorded (or with a documented justified exception) blood glucose reading has also dropped, which has contributed to the overall score.

It is likely that as the system continues to embed within clinical practice, that users are still getting used to an adjusted workflow and data points might be missed. An improvement approach has been taken and a series of 'Top Tips' posters have been circulated and specifically shared with Senior Paramedics to support their conversations with WAST clinicians as part of the ride-out process. This is based on a deep dive audit conducted and reported through the Clinical Intelligence Assurance Group. In addition, the deep dive audit is contributing to recommending improvements that can be made to the ePCR user interface to enable better data capture in future versions of the application. Each Clinical Indicator is subject to a deep dive audit owing to the changes in how data flows to generate the CI report.

**Mortality Review:** There remains a challenge in undertaking mortality reviews in a timely manner due to the inability to access Corpuls records to support individual cases.

The Delivery Unit has issued guidance to all NHS bodies in Wales on how mortality reviews should be undertaken moving forward. This aligns mortality reviews with requests for information from the Medical Examiner, this should then link with organisation Putting Things

#### Remedial Plans and Actions

**Clinical:** The introduction of ePCR enables the collection and sharing of information and data in a more timely and accurate manner. This will enable the Trust to better showcase clinical care provided to patients. The Clinical team are focussing on reporting of key clinical indicators and themes within reporting to ensure that good clinical practice is captured and reported.

The new agreed indicator for this year (commissioning intention) is the call to door time for STEMI and Stroke. There is a lot of work required to agree and then report on this indicator, with the following roll out plan:

- ✓ Q3 (Oct – Dec 2022) – a decision will be made on the criteria to define 'call to door' and a reporting dashboard will be developed.
- ✓ Q4 (Jan – Mar 2023) – The data will be tested internally to include data from April 2022.
- ✓ April 2023 – Approve for ASI reporting

The Trust cannot currently report on ROSC rates, a deep dive audit into ROSC at hospital will be completed for November CIAG meeting when decisions whether to approve reporting via EASC to the suite of indicators will be made. The Trust's introduction of the Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients. This will commence in October 2022 in some areas.

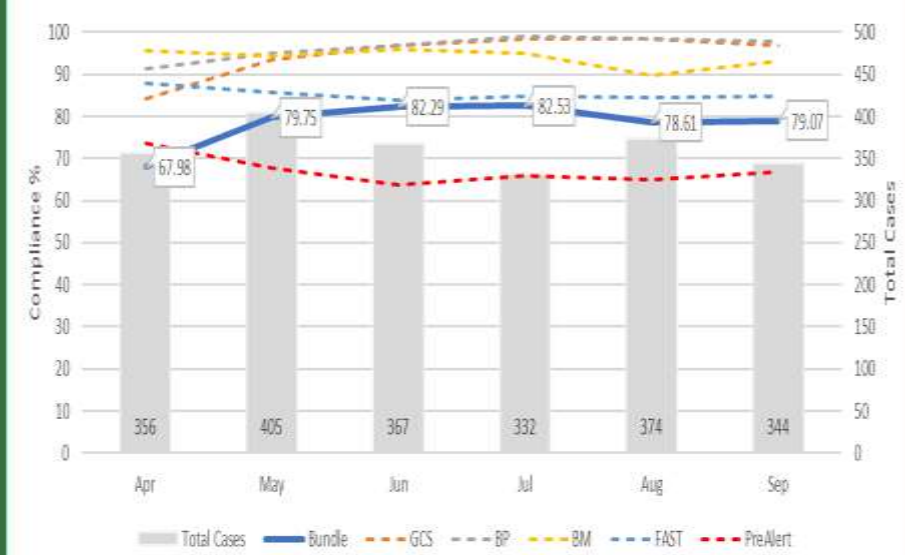
**Mortality Review:** The Trust has developed a 'Learning from Mortality Reviews Framework' which was approved at the Trust's Clinical Quality and Governance Group on 30 September 2022 and has been shared with the All-Wales Mortality Review Steering Group.

#### Expected Performance Trajectory

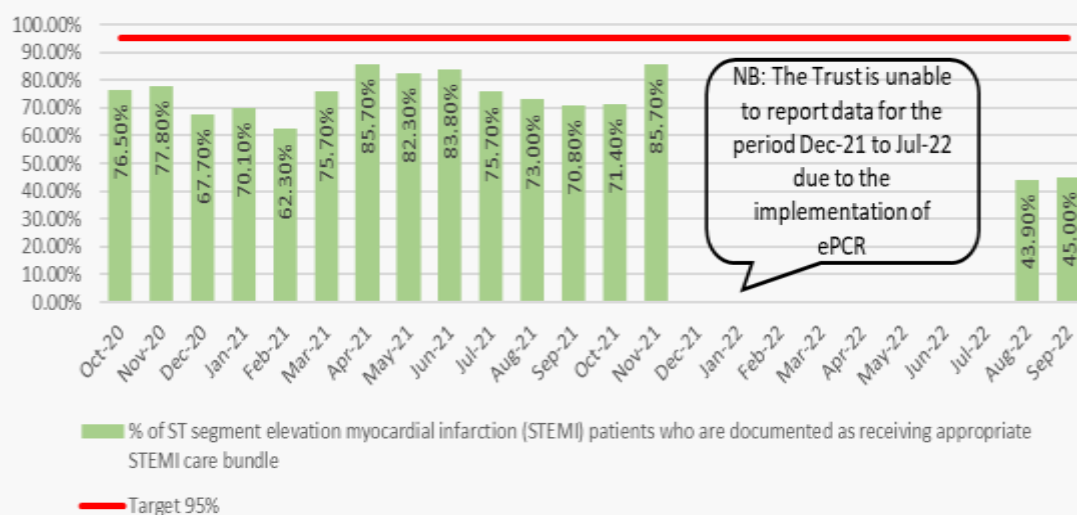
**Clinical:** As shown throughout the UK, the implementation of CHARUs will aid the Trust in successfully increasing ROSC rates. Once CHARU has been implemented it is anticipated that ROSC rates should increase.

**Mortality Review:** The Trust is in the process of developing the internal mechanisms in order to facilitate Mortality Reviews. The Medical Examiners have currently been referring cases relating to 'in hospital deaths'. The next stage will be to refer cases relating to community deaths (date not yet confirmed by the Medical Examiners). There is currently a backlog of cases being reviewed by the Trust. Once the Medical Examiners start to refer community cases then the workload is likely to increase significantly.

Stroke



% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle




NB: The Trust is unable to report data for the period Dec-21 to Jul-22 due to the implementation of ePCR

Mortality Reviews Data source: Internal Web Application



(Responsible Officer: Andy Swinburn)

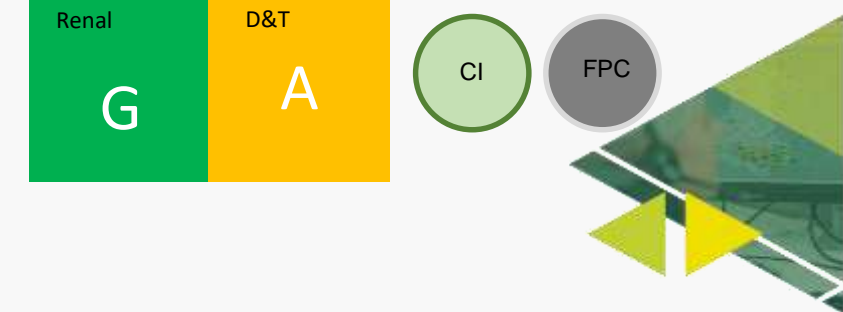
Welsh Ambulance Services NHS Trust



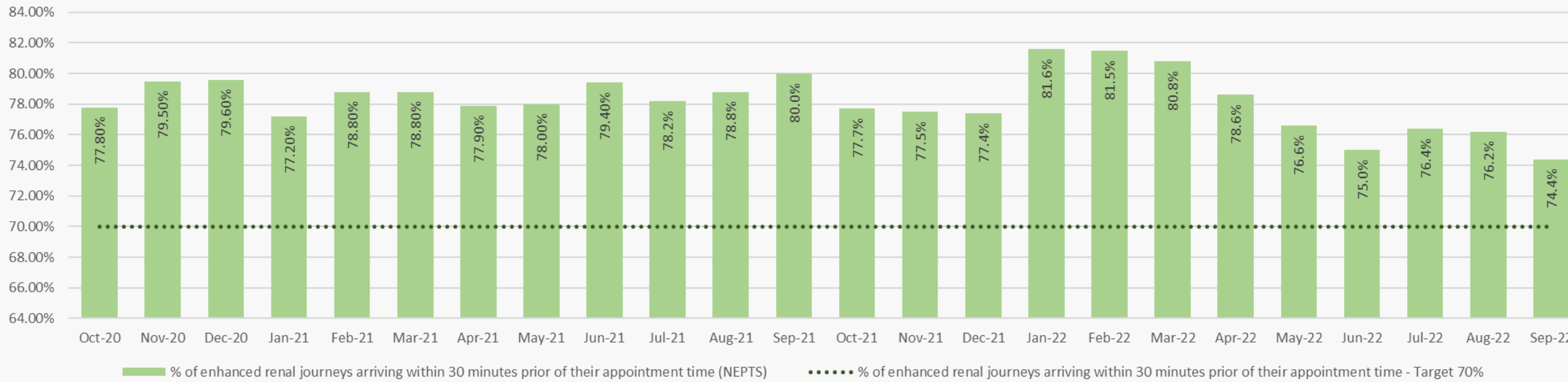
# Our Patients: Quality, Safety & Patient Experience

## Ambulance Care Indicators

### Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



#### Analysis

**Ambulance Care has seen a stabilisation of service delivery affecting patient experience.** 74.4% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target in September 2022.

87.7% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, therefore not achieving the 90% target, but an improvement compared to August 2022 (86.2%).

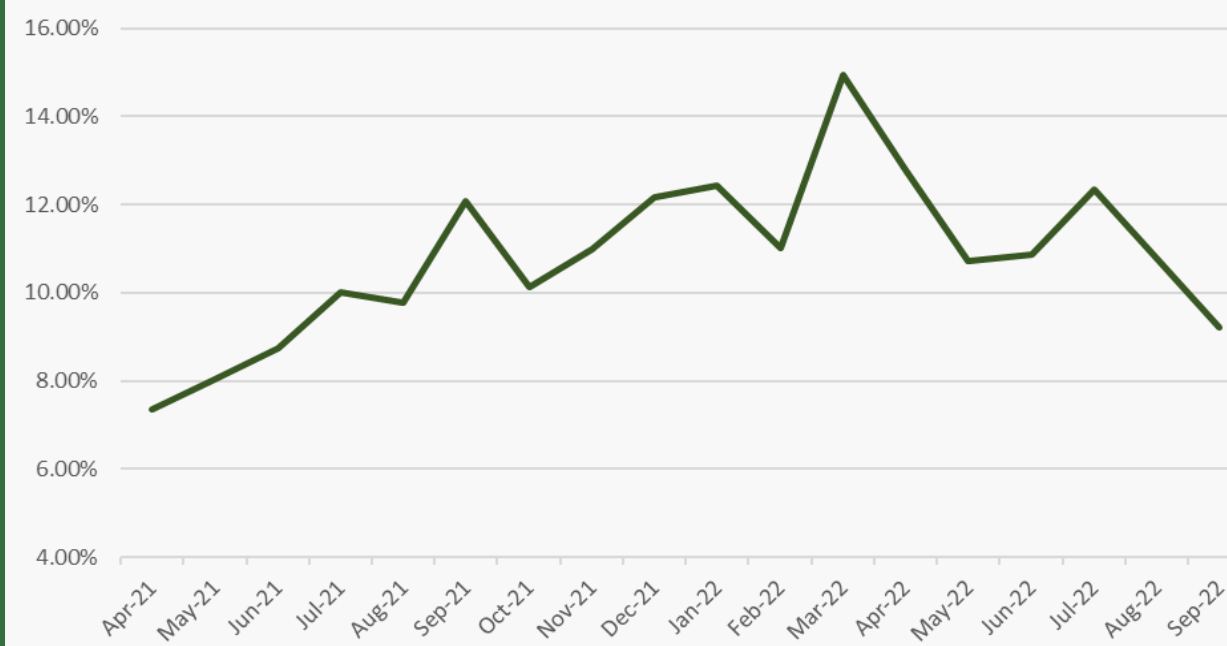
Key factors affecting these indicators are demand and capacity:

- **Capacity** continues to be adversely affected by other factors such as sickness absence levels, although these improved in September 2022 9.21% along with Annual Leave returning to levels below the 20% cap at 17.08%.
- Overall demand has been increasing since the initial reduction at the beginning of the pandemic, but overall it is still not quite at pre-pandemic levels.
- As the Trust emerges out of pandemic response and the health system is "re-set" it is anticipated that further demand increases could be experienced at which point capacity may be an issue. This has been modelled and mitigations put in place.

% of discharge & transfer journeys - collected less than 60 minutes after their booked ready time (NEPTS)



Pan Wales Ambulance Care Sickness (incl. COVID Sick) Abstractions



#### Remedial Plans and Actions

- **Re-rostering NEPTS Transport:** Service managers have attended meetings and an alternative to the ORH roster keys is being developed for testing v the ORH keys on Cleric Training Package. A business case/PID will be produced in Quarter 3. 2022/23
- **Demand:** Continue to work with health boards to understand and model the impact of their recovery plans;
- **Demand:** In the absence of additional funding, the service has implemented a capacity management plan to assist it in ensuring it remains within budget and prioritises resources for those most in need
- **Capacity:** discussions with EASC on options for balancing demand and capacity.

#### Expected Performance Trajectory

At present, the uncertainty around demand and future impacts of the pandemic and system recovery means that it is difficult to forecast performance; however, it is likely that the service will experience both positive and negative fluctuations of performance until activity normalises across the system.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Patient National Reportable Incidents & Patient Concerns Responses Indicators

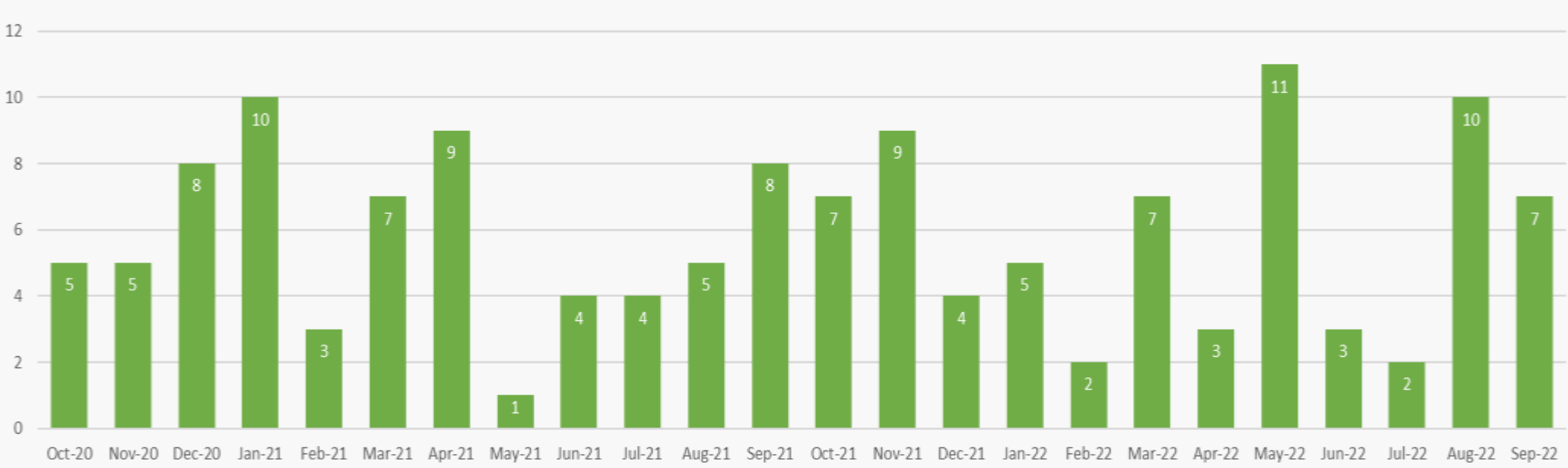
SCIF: **A**

Self Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard  
Health - Safe Care / Timely Care

Number of SCIF cases reported as National Reportable Incidents (NRI) By Date Reported to the Delivery Unit by WAST



### Analysis

The percentage of responses to concerns improved marginally in September 2022 to 28% against a 75% target. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of NRI's and timely response to requests for information from key parties. The number of total concerns decreased in September 2022 (105) when compared to August 2022 (110).

There were 7 SCIF forums held in September 2022, during which 39 cases were discussed, 7 of these cases were reported to the Delivery Unit and 15 were passed to Health Boards as National Reportable Incident Framework 'Appendix B' incident referrals.

Themes relating to incidents reported to the NHS Wales Delivery Unit as Nationally Reportable Incidents (NRIs) include call categorisation (e.g., ineffective breathing), vehicle allocation (missed allocation) and clinical aspects of care including misdiagnosis and subsequent management. Year on year the overall volumes of NRIs remains static with the same volume recorded in 2021-22 as 2020-21 (Oct-Sept). In September 2022 there were 0 NRIs relating to Red calls, 4 relating to Amber calls, there were none in relation to Green calls. There were 2 NRIs as a result of calls prioritised Amber which should have been Red.

As reported earlier, in September 2022, 890 patients waited over 12 hours for an ambulance response, an increase month on month, also an increase when compared to 586 in September 2021 and 275 in September 2020.

37 Compliments were received from patients and/or their families in September 2022, a decrease compared to the previous month (41).

### Remedial Plans and Actions

A range of actions are in place:-

- The general theme in relation to the Trust's concerns portfolio remains timeliness to respond. Additional resources for complaints handling administration has been agreed by the Executive Management Team.
- WAST is working closely with EASC, NHS Wales Delivery Unit and Health Boards to agree a new approach to joint investigations across the system ensuring a consistent approach. A number of workshops have been held, led by Nurse Directors and a revised joint investigation process has been proposed to be piloted initially.
- Immediate improvement actions following the SCIF include education and training for individual staff and circulation of bulletins to share learning and provide updates.
- Themes and trends from incidents are escalated to the relevant oversight group for review and action as necessary e.g. Clinical Prioritisation Assessment Software (CPAS) Group
- Health Board specific quality and safety reports are shared with each respective Health Board Directors of Nursing & Quality and regular meetings are held between the Trust and respective Health Boards on a monthly basis.
- The key strategic action is the EMS Operational Transformation Programme.

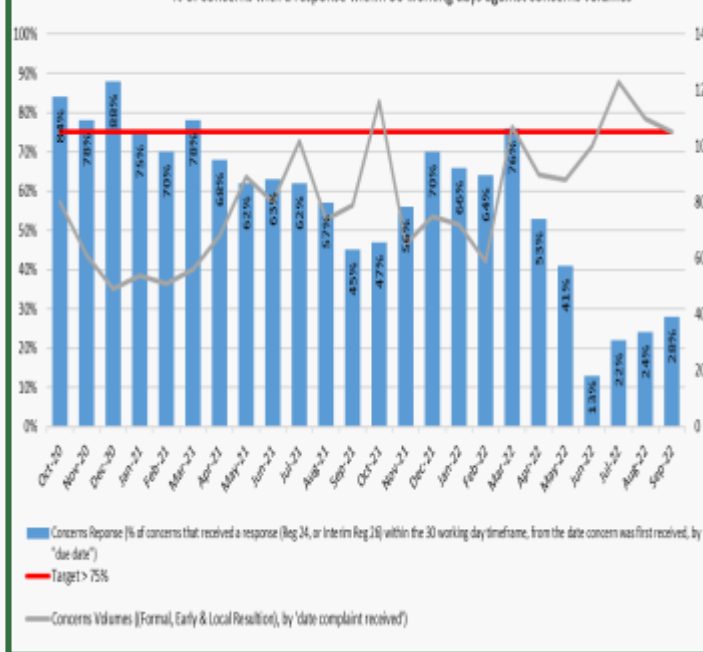
### Expected Performance Trajectory

The Trust is expecting continuing challenges with performance especially as hospital delays remain a significant challenge impacting on the quality and safety of care to patients in the community and those delayed outside of hospitals awaiting transfer to definitive care.

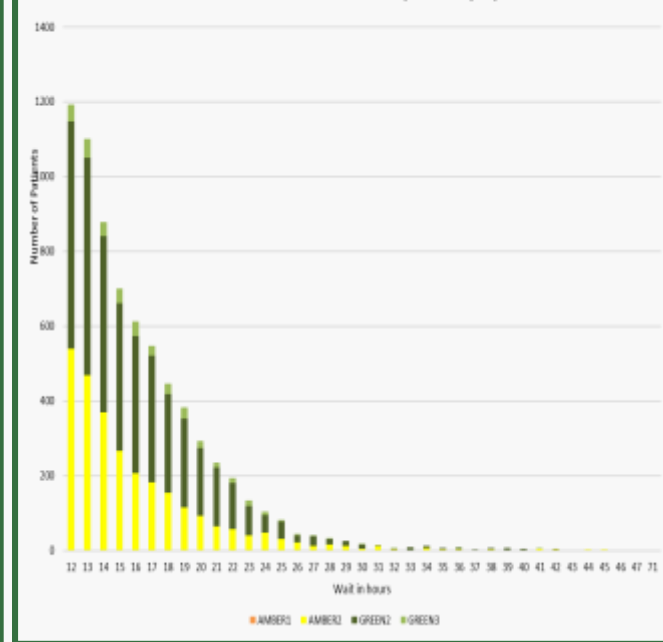
**\*NB: September 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change. At present reporting accurate data is not possible due to implementation of the Once For Wales Datix RL system.**

**\*\*NB: Complex Cases will always report one month in arrears**

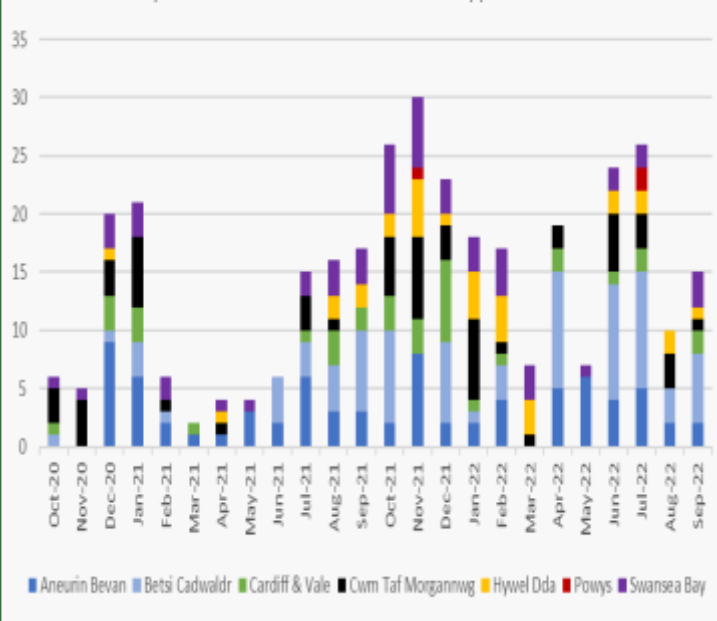
% of concerns with a response within 30 working days against concerns volumes



Number of Patient Waits over 12 hours by Priority Type Cumulative Position over last 12 months (Oct-21 to Sep-22)



Number of National Reportable Incident cases agreed to refer to Health Board reported as Serious Incident Framework 'Appendix B' HB referrals



NRI & Concerns Data source: Datix / Longest Waits Data Source: Report Manager



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Patient Safety Indicators

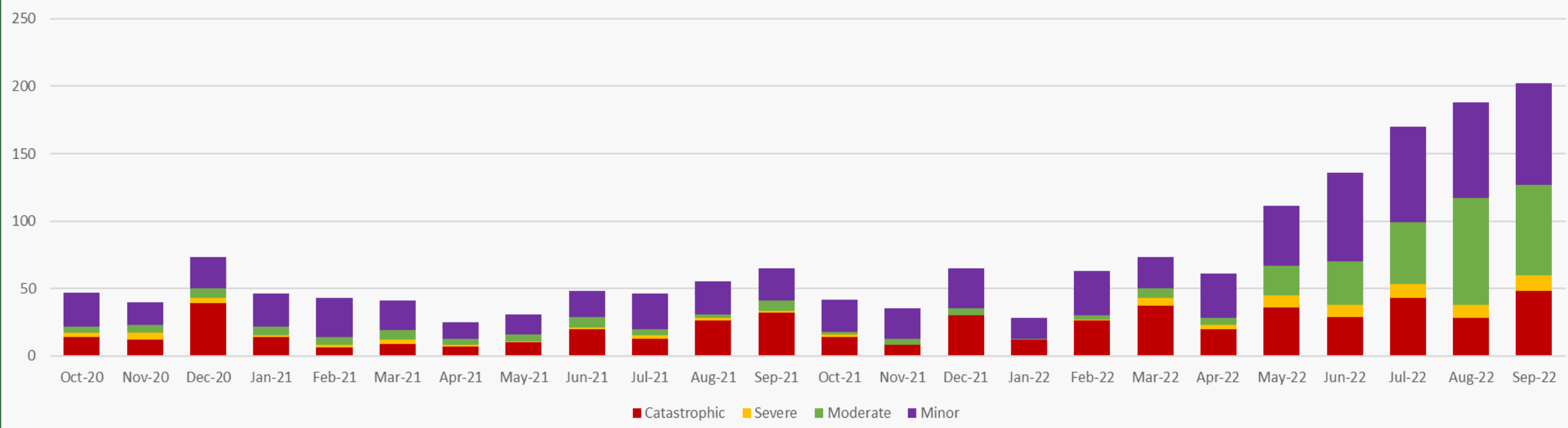
Self Assessment:  
Strength of Internal  
Control: Moderate

PCC

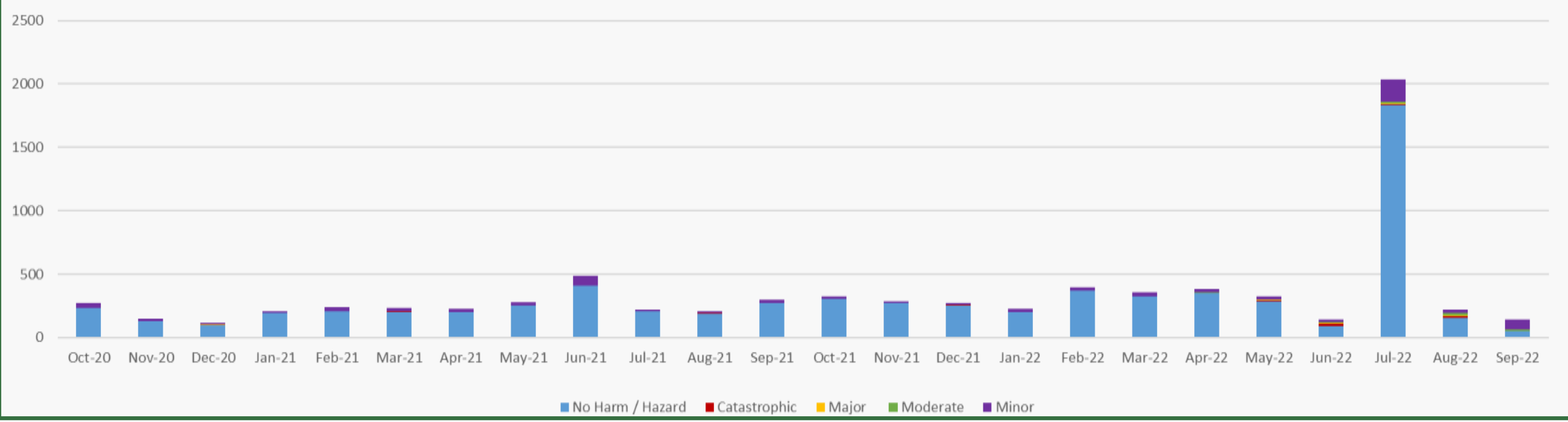
Health & Care  
Standard  
Health – Safe Care



Number of Incidents closed on Datix system within the reporting month, by harm grading (Volumes Received)



Number of Incidents closed on Datix system within the reporting month, by harm grading at point of closure (Volumes Closed)



### Analysis

**Patient Safety:** The number of patient safety adverse incidents volumes submitted on Datix Cymru via frontline crews, health boards, the Operational Delivery Unit (ODU) and CCC within September 2022 decreased to 303 when compared to 416 in August 2022. The 416 reports relate to incidents where the outcome for our patients was:

- No harm or hazard – 101
- Minor harm – 75
- Moderate harm - 67
- Severe Outcomes - 12
- Catastrophic - 48

Once cases are investigated by the Patient Safety or Clinical team, (or for instances where serious harm has occurred referred to SCIF for review) they are closed; 143 cases were closed in September 2022. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example; 2 crews submitting the same incident), however the increase in incident volumes is attributed to the current rise in hospital handovers.

The spike seen in the number of cases closed in July 2022 is as a result of significant work undertaken to manage processes for closure of all DATIX historical incidents (including COVID related incidents) and the transition to the new DATIX.

### Remedial Plans and Actions

**Patient Safety:** Capacity issues have impacted the ability of some teams in their ability to support investigations due to ongoing operational pressures related to the continued pandemic.

### Expected Performance Trajectory

The Trust will continue to ensure lessons are learnt from every case reviewed and best practice will be implemented to continue to ensure care is of the highest quality.

**\*\*NB: September 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change.**

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Coroners and Ombudsmen Indicators

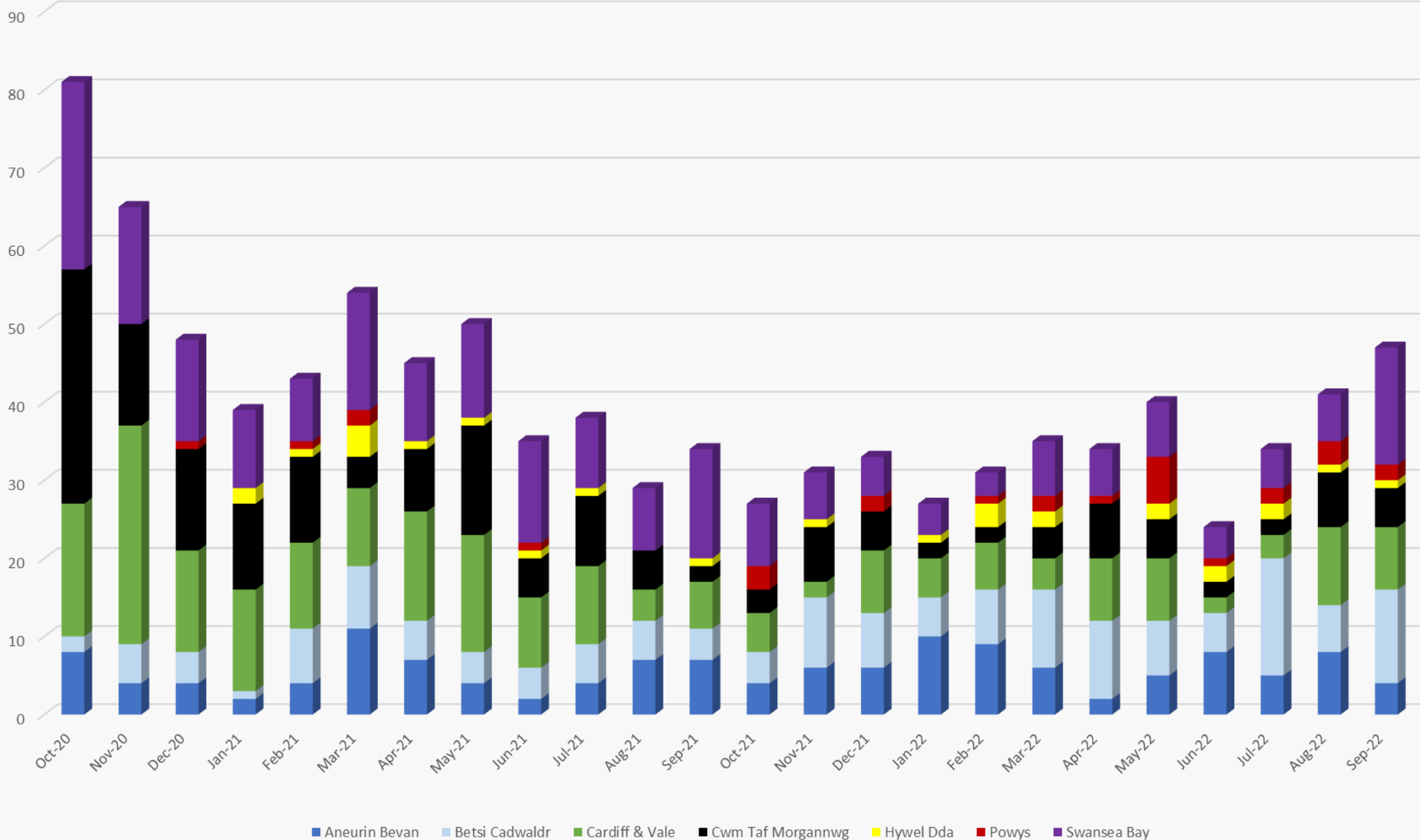
Self Assessment:  
Strength of Internal  
Control: Strong

QUEST

Health & Care  
Standard  
Health – Safe Care



Number of Coroner Requests by Health Board



### Analysis

**Coroners:** In September 2022, the number of in month requests is higher than the same month in the previous years. The timeliness of our response and unexpected deaths continues to be the main themes. There continues to be a marked increase in the BCUHB area.

At the end of September 2022 there are 413 claims open; these relate to Personal Injury (75 Claims); Personal Injury - Road Traffic Accidents (47 Claims), Clinical negligence (105 claims); Road Traffic Accident (163 claims) and Damage to Property (23 claims).

**Ombudsman:** There are currently 17 open Ombudsman cases in September 2022. At present cases are not being investigated, which supports the Trusts actions.

### Remedial Plans and Actions

**Coroners:** Cases continue to be registered and distributed in a timely manner. If there is likely to be a delay in responding the Trust ensures that the coroner is kept informed of the expected date of response. Inquests are being arranged for December and into 2023.

**Ombudsmen:** All cases are recorded and monitored on the Datix System.

### Expected Performance Trajectory

**Coroners:** The Trust continues to focus on the learning from our investigations and report these via the Patient Safety Highlight report, which is presented to the Executive Management Team and Trust Board.

In addition to this, learning from our investigations continues to be presented to the Patient Safety, Learning and Monitoring Group and our Scrutiny Panels.

Individual learning is also a huge focus across the organisation with significant attention on both clinical and CCC areas of business.

We also continue to engage with our Health Board colleagues where we have utilised the Joint Investigation Framework and/or where there is a focus on joint investigations and learning.

**Ombudsmen:** The Trust will continue to ensure lessons are learnt from every case reviewed and best practice will be implemented to continue to ensure care is of the highest quality.

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Safeguarding, Data Governance & Public Engagement Indicators

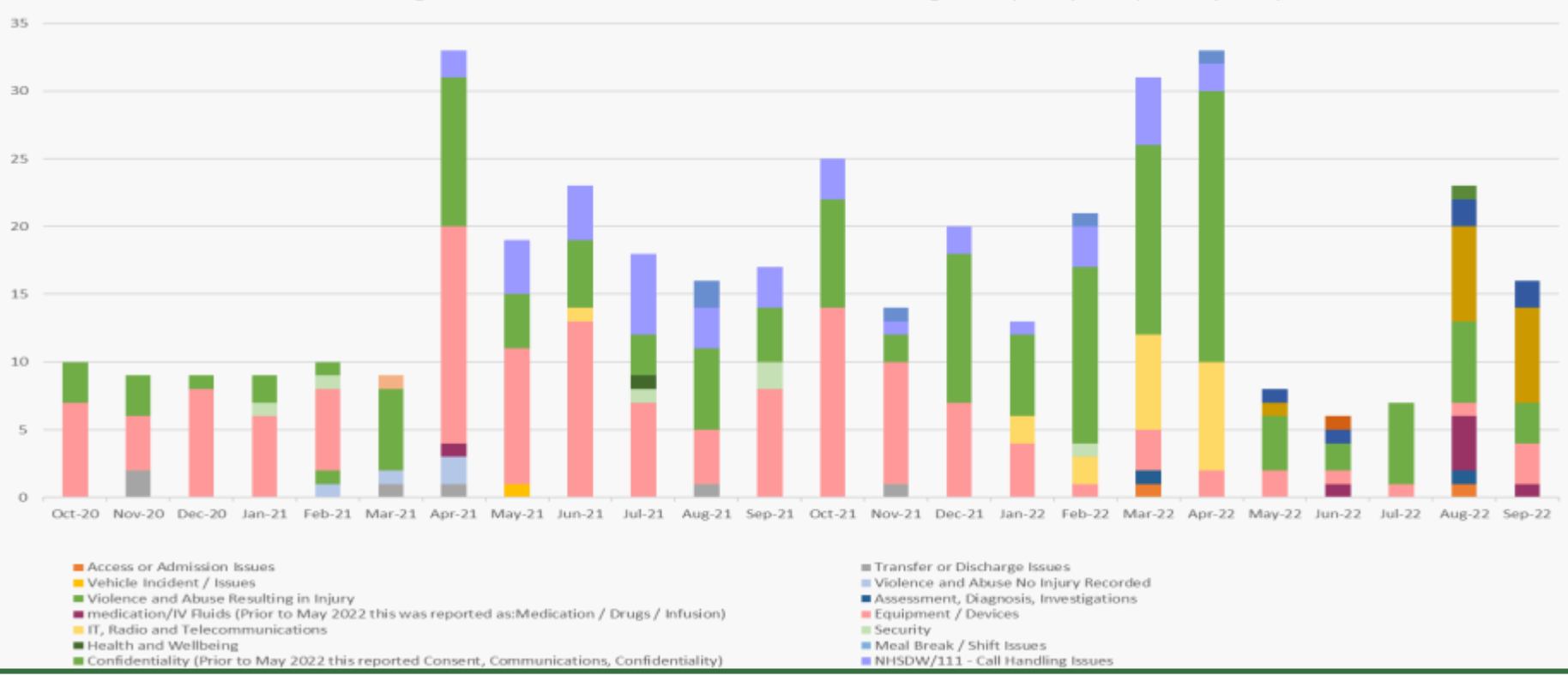
Health & Care Standard  
Health – Safe Care

Self Assessment:  
Strength of Internal Control: Strong

QUEST

NB: Next Public Engagement update (Jul-Sep 2022) Due October 2022

Volume of High Level Breaches of the UK General Data Protection Regulation (GDPR) 2018 (Date Reported)



### Analysis

**Safeguarding:** In September 2022 staff completed a total of 112 Adult at Risk Reports, a decrease compared to August 2022 when 114 were reported. 84% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 386 referrals were received during this reporting period.

There have been 160 Child Safeguarding Reports in September 2022, a decrease from August 2022 when 161 reports were made. In September 2022 93% were sent within 24 hours.

**Data Governance:** In September 2022 there were 22 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach, a decrease when compared to August 2022 but an increase compared to July 2022. Of these 22 breaches, 7 related to Information technology, 6 records/information, 3 Confidentiality, 3 equipment / Devices, 2 communication and 1 medication/IV Fluids.

**Public Engagement:** For the first time since 2019 the PECCI Team have re-started and proactively engage with people and communities in person, by attending community events, open days, school visits and other forums. This face-to-face engagement permits meaningful conversations with people about using the services we provide; helping communities feel listened to and empowered to drive change. There were 66 engagement events held in Quarter 1, allowing engagement with 2,472 people. 71 NHS 111 Wales website surveys were returned, 80 people completed a survey about their experience of calling NHS 111 Wales. We continue working with NEPTS colleagues to promote patient experience surveys for users, surveys are sent direct via post, text and online. 280 NEPTS surveys were completed in this quarter. In this quarter we made a 999-patient experience survey available for the first time, this was completed by 30 people who shared their views on recent experiences of calling 999. More work will be done to further promote these surveys and capture more patient feedback. 117 compliments were also logged and processed; these positive experiences are also celebrated every Thursday on our social media channels using the #ThankYouThursday hashtag.

### Remedial Plans and Actions

**Safeguarding:** The Trust primarily manages all safeguarding reports digitally via Docworks and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support staff with the use of the Docworks Scribe App and liaise with local authorities when or where required. Numbers of paper safeguarding reports have significantly reduced with the embedding of Docworks; however, they are used as a back-up and are sent directly to the Safeguarding Team for further action. Continued monitoring supports practice in this area which is seeing a steady improvement.

**Data Governance:** During the reporting period, of the 22-information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO).

**Public Engagement:** Though we continued to engage with communities across Wales throughout the coronavirus pandemic, this was done in a much more digital way, holding online events and joining online forums and meetings. Whilst this online engagement was crucial and allowed us to maintain connections, it was widely acknowledged that for many, online engagement was a barrier, and some felt excluded from participating in online activities in general. A return to in person community engagement is very welcome and allows to re-start having rich conversations with people about their experiences and expectations. It is acknowledged that coronavirus cases in the community are rising again, the PECCI Team will continue to take measures to ensure staff and communities safety during engagement events.

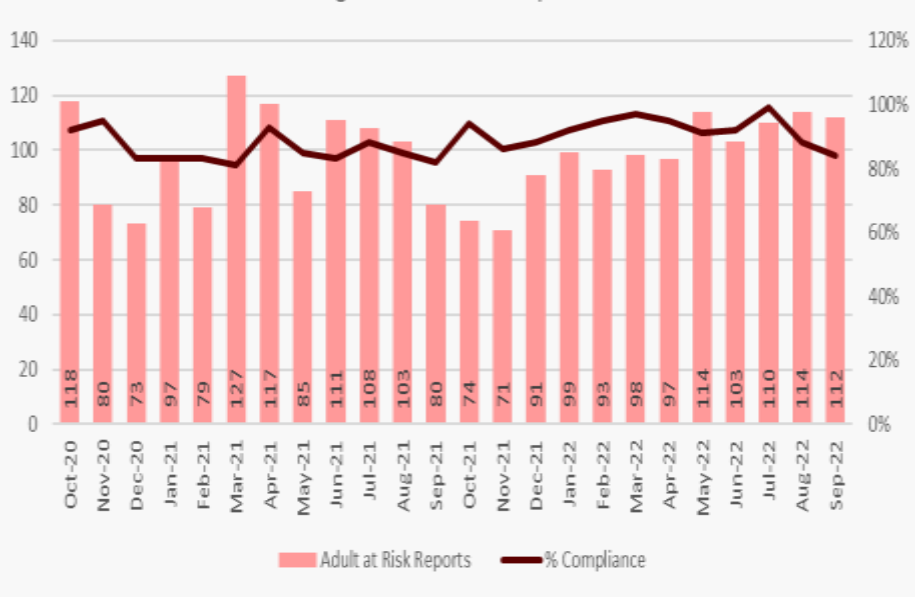
### Expected Performance Trajectory

**Safeguarding:** The Trust continues to aim to achieve 100% of Adult and Children at risk referrals within 24 hours.

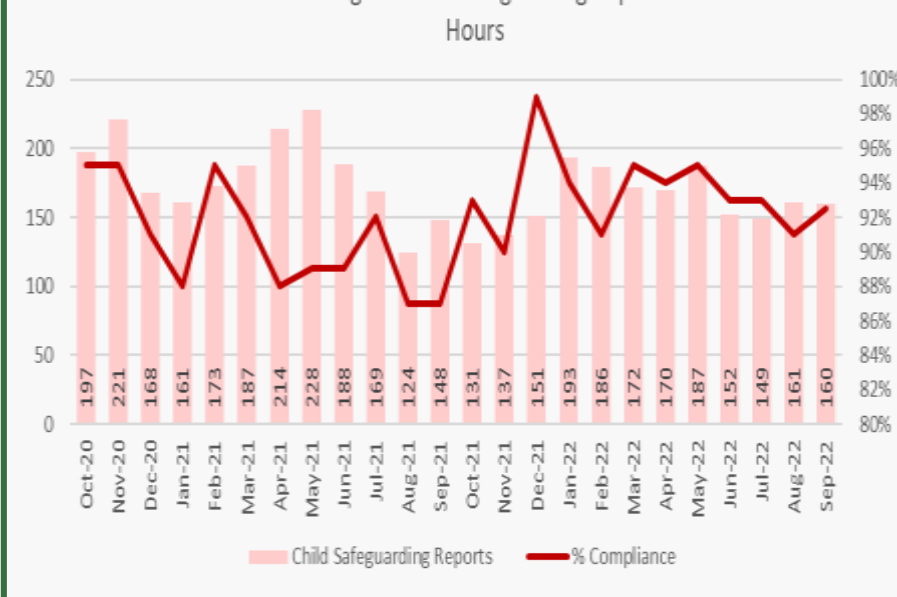
**Data Governance:** The next Information Governance Steering Group is arranged for October 2022 and will review the general IG assurance items, including the Welsh NHS IG Toolkit status and updates. The DHCW Welsh IG Toolkit Team are currently considering question sets for consultation for the next submission period.

**Public Engagement:** Outcomes of our engagement with people and communities across Wales remain consistent to those previously reported. With people continuing to tell us that long waits and delays remain their primary concern; though the transport, care or treatment they ultimately receive is good. This theme is repeated across all services delivered by the Welsh Ambulance Service - 999 emergency care, Non-Emergency Patient Transport and NHS 111 Wales. The PECCI Team will continue engaging with communities, proactively communicating with people and communities, sharing important information regarding Trust services and appropriate use of these during the current period of increased demand. Learning from our engagement will be shared with partners, stakeholders and colleagues and will be used to help influence quality improvement.

Number and Percentage of Adult at Risk Reports sent within 24 Hours



Number and Percentage of Child Safeguarding Reports sent within 24 Hours



Safeguarding Data source: Doc Works

NB: Data Governance Incidents are based on 'Date Reported' rather than 'Incident Date' as the process is currently manual until a dashboard is implemented and is therefore subject to change



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Health & Safety (RIDDORS) Indicators

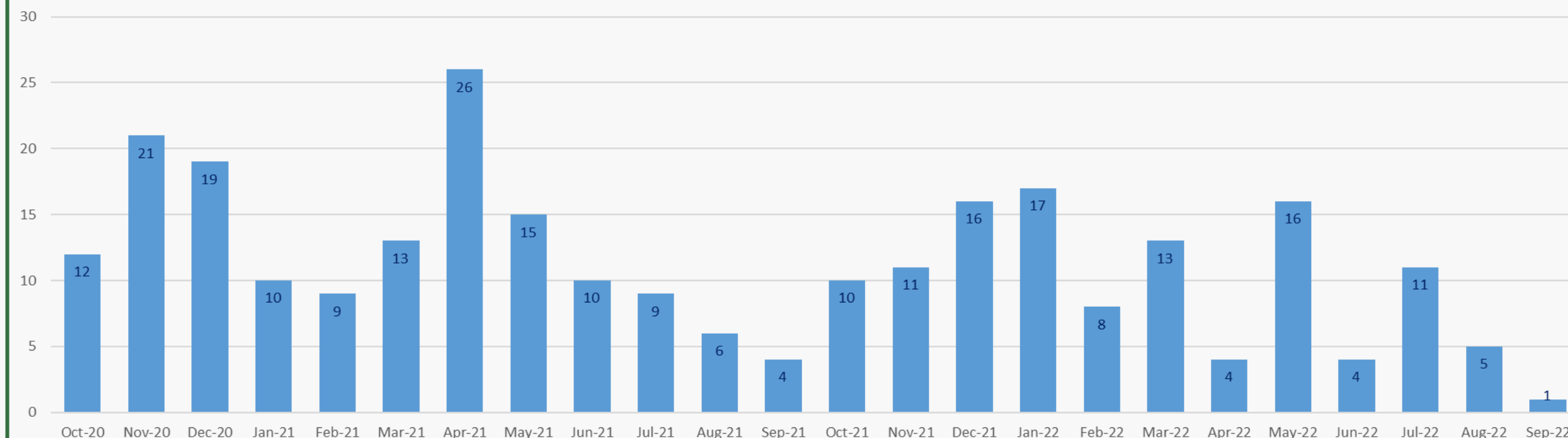
Self Assessment:  
Strength of Internal  
Control: Moderate

PCC

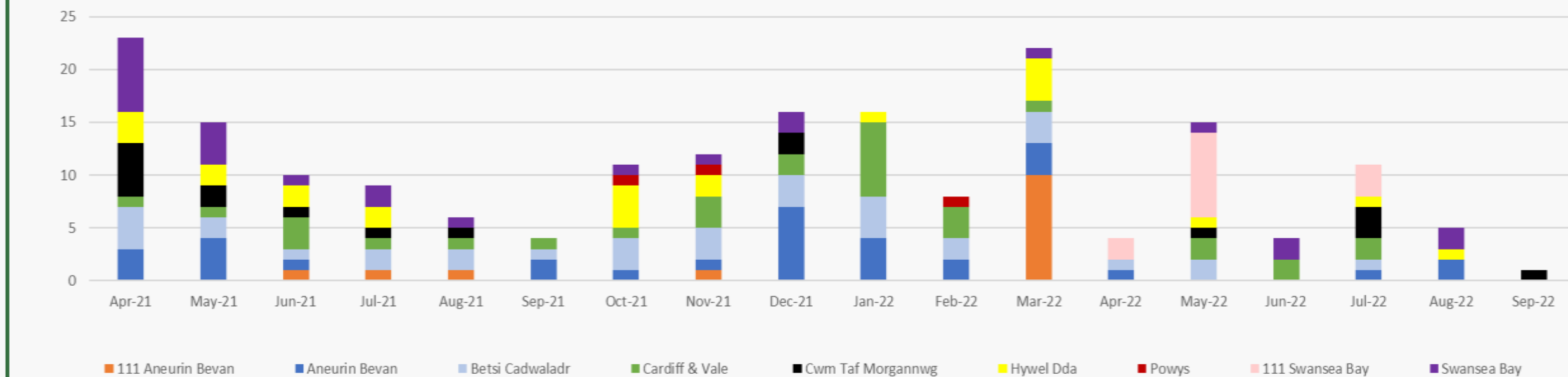
Health & Care  
Standard  
Health – Safe Care



Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



### Analysis

Whilst there is a strong level of internal control with respect to metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around incident reporting times or handlers confirming staff sickness absence to the H&S function are impacting on the timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE). In September 2022 there was 1 RIDDOR reported. As shown in the bottom graph this related to CTMUHB.

Risk 199 is currently rated as 15. This was reduced in Q2 as a result of work undertaken via the Working Safely Programme and funding secured for the Workforce review which commenced on 3rd October 2022.

### Remedial Plans and Actions

DATIX incident review meetings are held on a weekly basis to review non patient safety incidents to check for potential RIDDORS. RIDDOR performance is to be presented at EMS business meetings commencing in Q3.

The Working Safely Programme (IMPT deliverable) 'Pump Prime' phase ceased on 31 September 2022. A closure report is to be presented to the Working Safely Strategic Board in Q3 2022.

### Expected Performance Trajectory

The funding allocated to increase the H&S function with the new structure came into force on 3rd October 2022. This will allow for the transition from the Working Safely Pump Prime phase to Working Safely Programme. Additionally, the embedding of expertise within the organisation and operational structures will influence performance positively.

Increased focus by the Health and Safety Managers and presence of newly appointed Health and Safety should additionally improve the Trusts RIDDOR performance during Q3 2022.

**\*\*NB: September 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



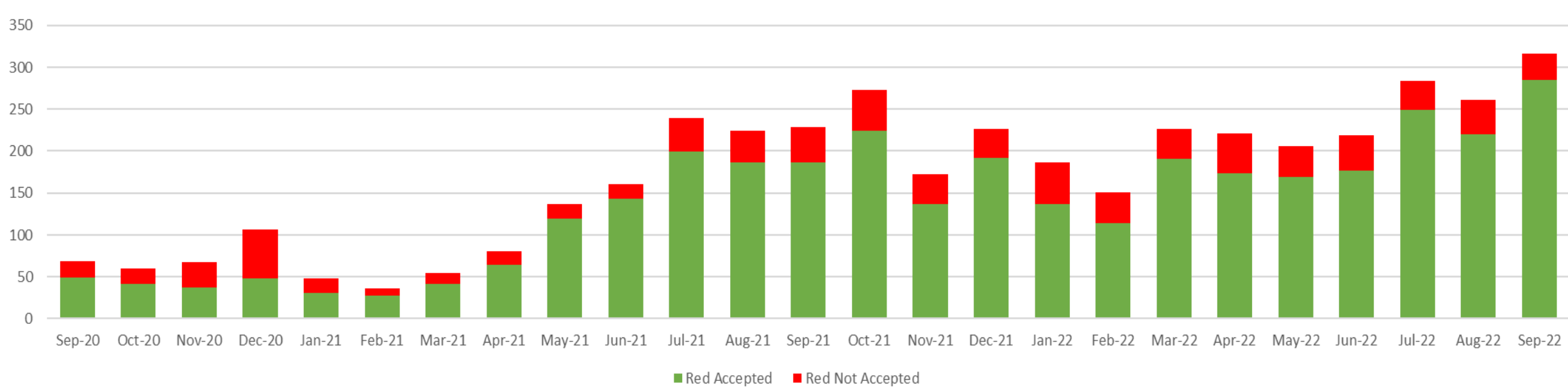
# Our Patients: Quality, Safety & Patient Experience

## Escalation and Patient Experience

TBD



Pan-Wales Immediate Red Release



### Analysis

There were 1,075 request made to Health Board EDs for immediate release of Red or Amber 1 calls in September. Of these 285 were accepted and released in the Red category, 31 were not accepted. In conjunction to this, 251 ambulances were released to respond to Amber 1 calls, but 508 were not.

During September 2022, the Trust has not seen any days at CSP level 1, Business as Usual (BAU) or CSP 2a, 5 days were spent at Clinical Safety Plan (CSP) level 4a, resulting in clinical screening of Amber 1 calls and the Trust being unable to respond to calls in the Amber 2 and Green categories advising these patients to contact their GP, 111 Online or make their own way to a Minor Injury Unit (MIU), those callers within the HCP category are advised to make their own way to hospital. 14 days were spent at CSP level 3b, therefore seeing the Trust only being able to respond to Red and with some exceptions, Amber 1 calls, with Amber 2 calls being clinically screened and the Trust unable to respond to Green and HCP calls. 10 Days were spent at CSP level 3a again resulting in the Trust only responding to Red calls and with some exceptions Amber 1 and 2 calls. 1 day was spent at CSP 2c seeing the Trust respond to Red calls and only those calls with exception in the remaining categories.

In September 2022, 380 ambulances were stopped due to CSP alternative transport and 348 were as a result of CSP Can't send options. In addition, 10,325 ambulances were cancelled by patients (including patients refusing treatment at scene) and 321 patients made their way to hospital using their own transport.

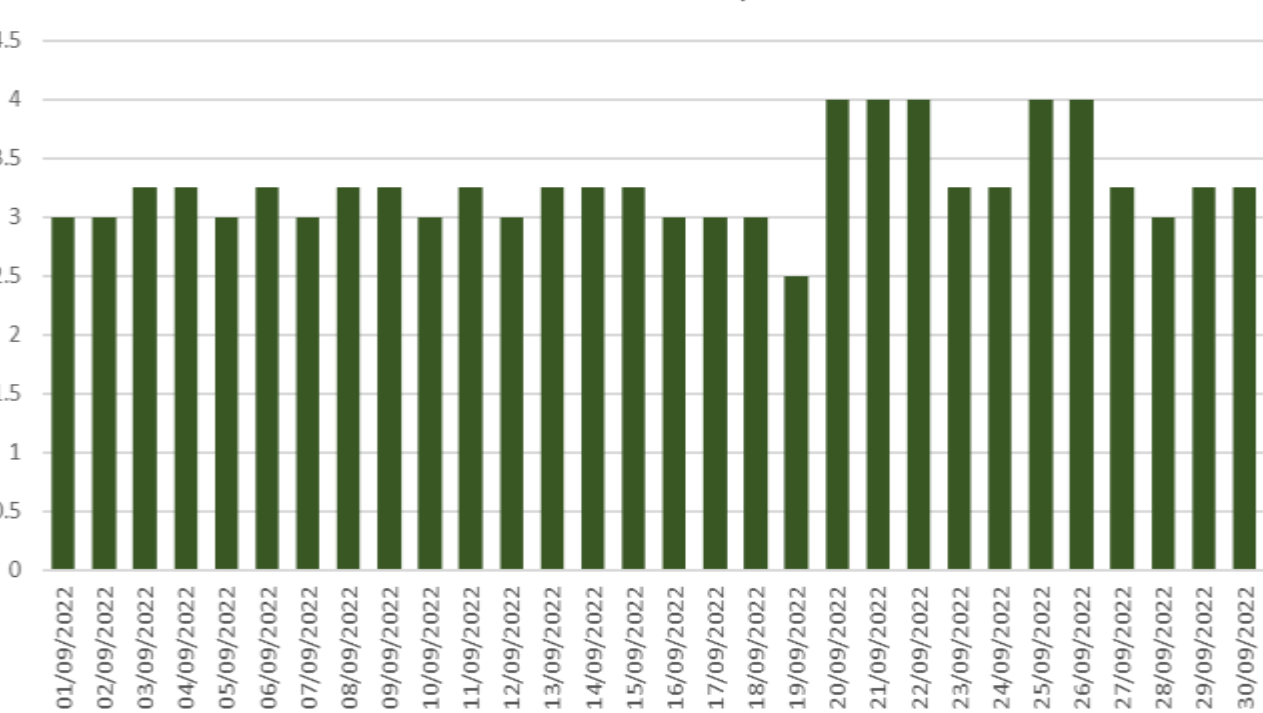
### Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure.

### Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand. Winter pressures will impact the Trust and seasonal planning is being used to prepare for this.

Maximum Daily CSP Level



Key	
CSP 1	1
CSP 2a	2
CSP 2b	2.25
CSP 2c	2.5
CSP 3a	3
CSP 3b	3.25
CSP 4a	4
CSP 4b	4.25

Numbers of Patients with No Send or Cancelling Ambulance



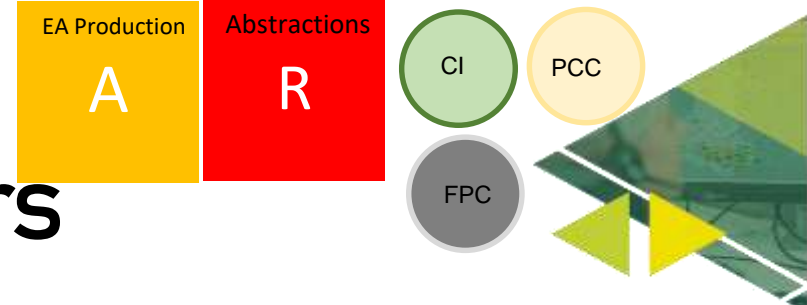
(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust

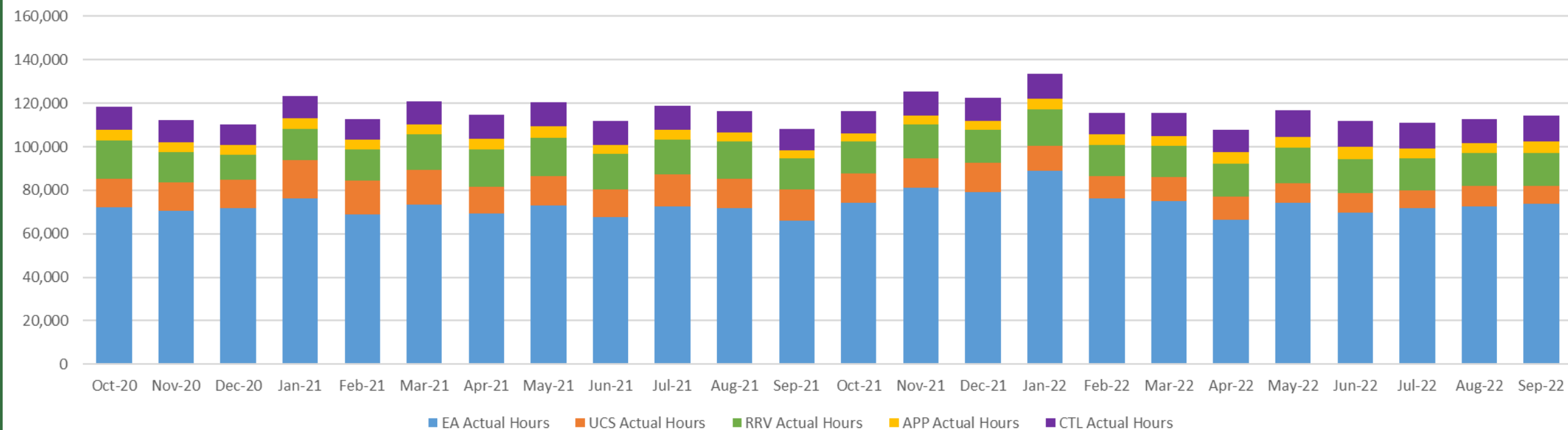


# Our People

# Capacity - Ambulance Abstractions and Production Indicators



Total EMS Actual Hours Produced



### Analysis

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In September 2022, total abstractions stood at 40.81%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-COVID-19. The highest proportion was Annual Leave at 15.05% and sickness at 9.26%. Sickness abstractions for September 2022 were lower when compared to the previous year (13.06%). COVID-19 (non-sickness) related abstractions increased in September 2022 when compared to the previous month but decreased when compared to the same period last year accounting for 0.28% of overall abstractions.

**Emergency Ambulance Unit Hours Production (UHP) was 96% in September 2022** (73,700 Actual Hours), therefore achieving the 95% benchmark. In comparison, RRV UHP achieved 76% (15,095 Actual Hours) compared to 75% in August 2022. The total hours produced is a key metric for patient safety. The Trust produced 114,353 hours in September 2022, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hours produced has not risen sustainably.

The Demand and Capacity Roster review for EMS has concluded and new rosters have begun rolling out across the Trust, commencing with Ceredigion on 25th September 2022.

### Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A new formal programme of work has commenced to review and take action to reduce sickness absence / alternative duties, which is reported into EMT every two weeks. In future months, we will include a graph in this pack of performance against the agreed trajectory.

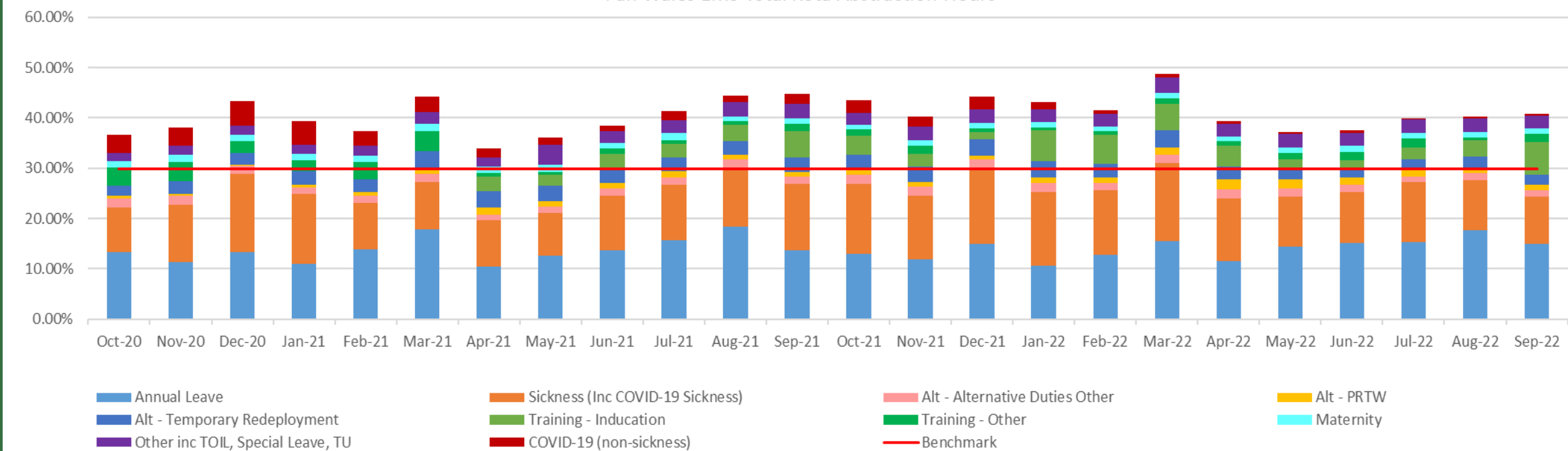
The Trust has a budgeted establishment of 1,661 FTEs for 2022-23. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 100 WTE to be recruited this year.

Following completion by localities of new roster rollout, the Trust will report 2 levels of UHP commissioned vs ORH demand key once all rosters are live; implementation of rosters commenced in September 2022

### Expected Performance Trajectory

Subject to the longer-term impact of COVID-19 the benchmark is a UHP of 95% across the Trust's three main resource types and an abstraction rate of 30%.

Pan Wales EMS Total Rota Abstraction Hours

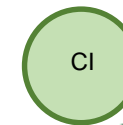


(Responsible Officer: Lee Brooks)

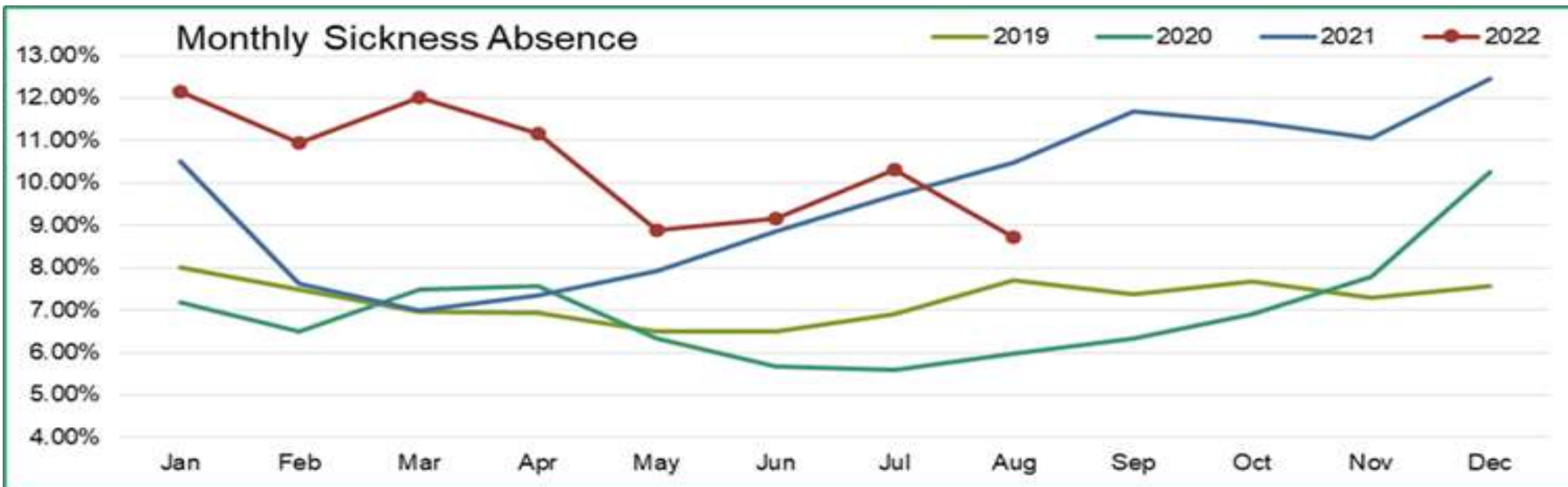
Welsh Ambulance Services NHS Trust



# Our People Health & Wellbeing - Sickness Absence Indicators



NB: Sickness data will always be reported one month in arrears (except for ESR reported Sickness Trajectory)



### Analysis

There has been a decrease in sickness absence in August, with a reduction in COVID absences to 1.04% FTE in August, down from 2.56% FTE in July.

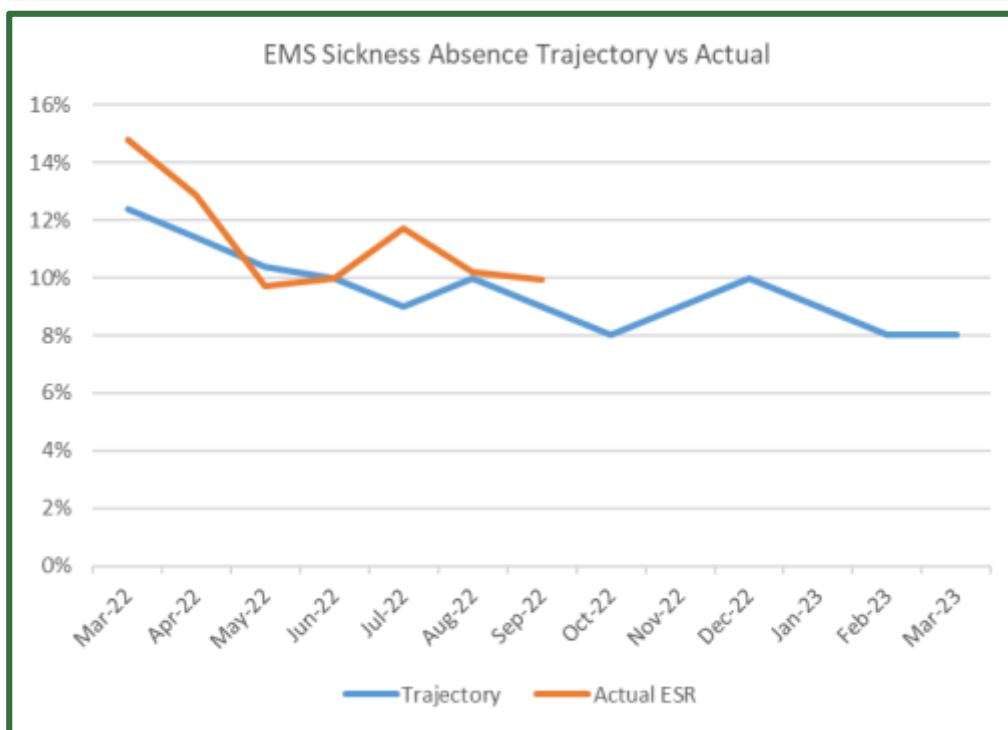
- Based on current intelligence, we are expecting September to remain static.
- The number of long COVID cases continues to decline.
- Physiotherapy: 39 referrals were received in August 2022. This was a 100% increase on referral received in August 2021.
- Average Length of Time from Referral to Clinical Assessment: 2.38 days.
- Average age of those referred is 48 years, with back and shoulder issues being the main reason for referral.
- Health Assured- EAP: Call summary - In August 2022 = 57calls
- Thrive App August 2022 – Total of 647 staff signed onto App with 57 Active Users in the month

### Remedial Plans and Actions

- Bitesize training is now live, with sessions planned throughout October 2022. Sessions are being well received, with attendance across all WAST directorates.
- The CCC sickness absence management programme has identified several training areas. Discussions are underway to support delivery for this.
- Focus remains on directing colleagues undertaking alternative roles as a direct result of sickness absence.
- STS audits have been completed in EMS – main themes identified show that RTWs are not being inputted into ESR; some reasons for absence are not being completed on ESR; no uniform means of identifying / recording which employees have prompted the MAAW policy and which stage of the policy an individual is on.
- Survey to managers re MAAW is drafted and due to go live in October 2022.
- Occupational Health continue to engage with Health Board colleagues to fast track appointments and treatment to reduce length of absences.
- Regular meetings continue to be held to discuss complex cases.
- Case reviews continue to be held to agree next steps for colleagues that are on LTS due to COVID so that comprehensive RTW plans are developed.

### Expected Performance Trajectory

The Trust is aware that some staff may need more time to recover due to Long-CoVID and may require a longer phased return to work alongside putting in place other supporting mechanisms. Work is also ongoing to consider the mental health aspects of COVID-19 and working from home and the Trust is actively seeking ways to consider the possibility of hidden health and wellbeing issues. It is therefore difficult to forecast or predict performance against this indicator, but the expectation is that the target is unlikely to be achieved in this financial year.



Average working days lost per FTE (Annual)

24.68 days

Single month Absence %

8.75%

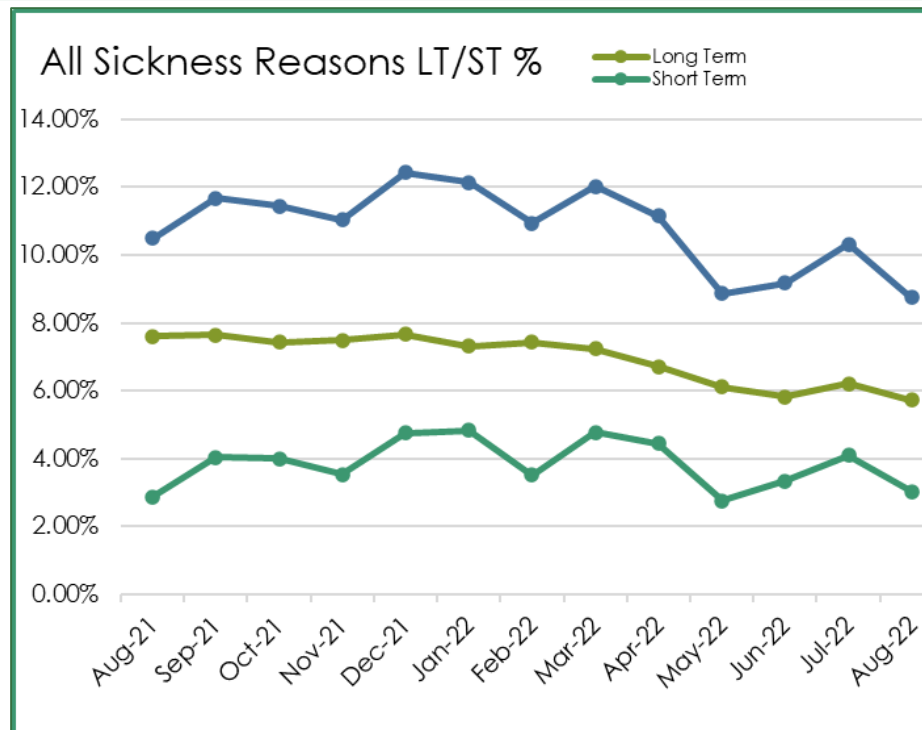
Long Term	Short Term
-----------	------------

5.72%	3.03%
-------	-------

Mental Health	Other MSK
---------------	-----------

(S10 Stress/Anxiety) 2.33%	(excluding Back) 1.09%
----------------------------	------------------------

August 2022



(Responsible Officer: Angela Lewis)

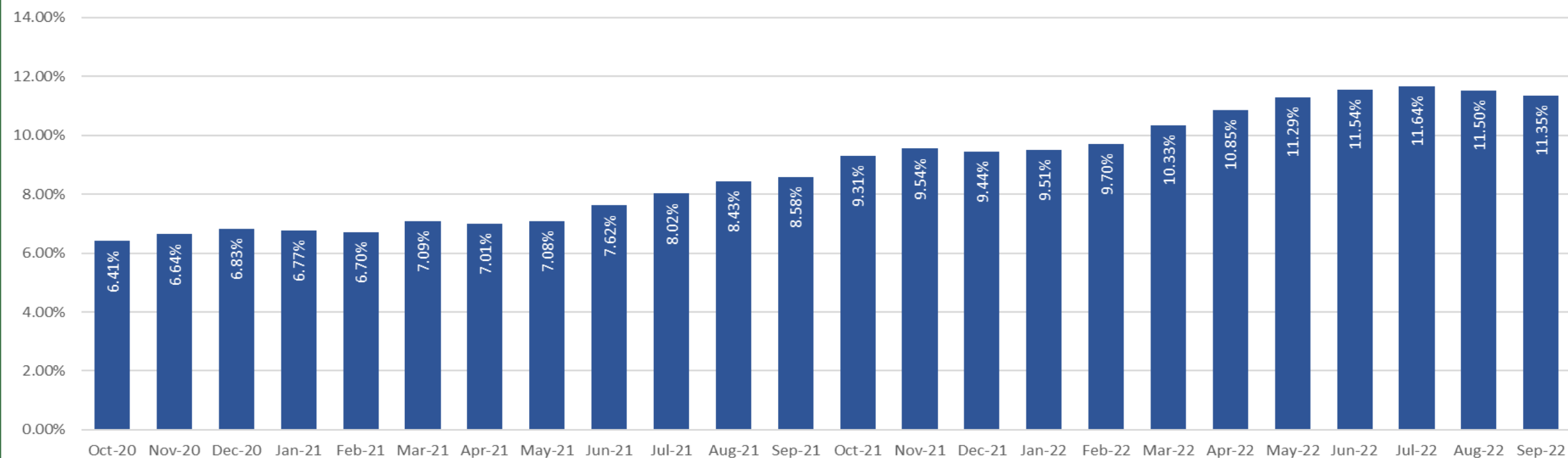
Welsh Ambulance Services NHS Trust



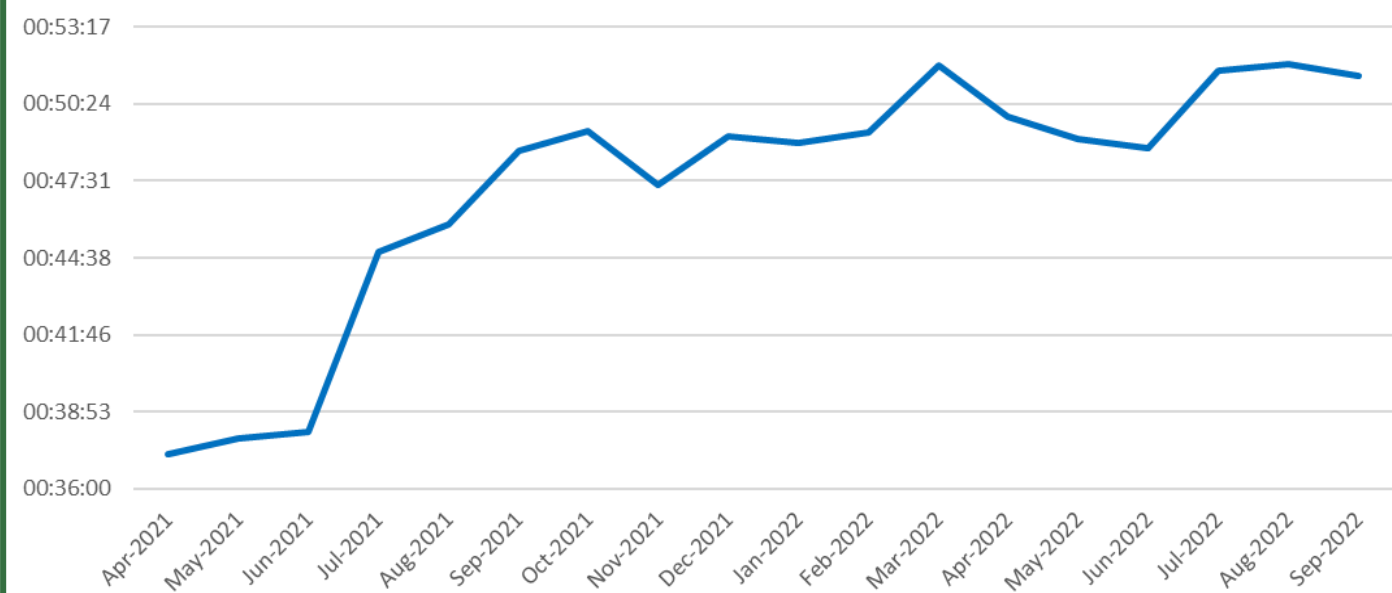
# Our People Health and Wellbeing - Turnover



Staff Turnover Rate FTE (12m)



Total Shift Overrun Time (All Resource Types)



Org L4	FTE by Month		
	2022 / 07	2022 / 08	2022 / 09
020 Ambulance Care L4 (NX10)	837.86	847.63	792.04
020 Emergency Medical Services L4 (DX04)	1,717.90	1,729.51	1,795.94
020 Integrated Care L4 (DX03)	438.72	437.38	436.81
020 National Operations & Support L4 (DX02)	162.89	157.77	157.77
020 Resourcing & EMS Coordination L4 (DX05)	342.01	346.19	333.08
<b>Grand Total</b>	<b>3,499.38</b>	<b>3,518.49</b>	<b>3,515.64</b>
<b>Ambulance Response:</b>			<b>1549.53</b>

## Analysis

Staff turnover rates in September 2022 were 11.35%, decreasing month on month. In comparison staff turnover rates were 8.58% in September 2021. As highlighted in the Staff & Wellbeing deep Dive presented to People and Culture Committee on 06<sup>th</sup> September 2022 the number of staff leavers has increased over the last 3 years and were lower pre-pandemic; staff leave the Trust for a variety of reasons including promotions, relocations and due to pressures of NHS working.

Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

Wellbeing levels remain low for a range of reasons such as wider system challenges, COVID and population issues (cost of living crisis), the Trust continues to address these circulating communication for wellbeing opportunities and groups, such as women's health, menopause and pensions presentations and through training, including Carers Wales Workplace Champion training in October 2022.

## Remedial Plans and Actions

Cost of living champions are being identified across the Trust to act as a support system over the winter months in relation to the cost of living crisis. This network will support colleagues in signposting to local services and events within their local areas

- A direct survey was undertaken with colleagues across the Trust in November 2020 which identified that colleagues would like to see improvements in:
- Improved training and development opportunities
- Managers who listen more
- More focus on staff wellbeing
- An end to bullying and harassment
- Increased professionalism and positive behaviours

## Expected Performance Trajectory

The situation regarding wellbeing of staff remains challenging, many of the difficulties and frustrations are difficult to influence and change. Management development will continue with a focus on people skills and support with robust wellbeing offers so colleagues know where to get support, financial advice and the Trust will work at a local level recruiting champions. The People and Culture Strategy will continue with its wellbeing focus.

Other key metrics will be determined for reporting in future iterations.



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust



# Our People Staff Vaccination Indicators

Self Assessment:  
Strength of Internal  
Control: Moderate

Flu  
R

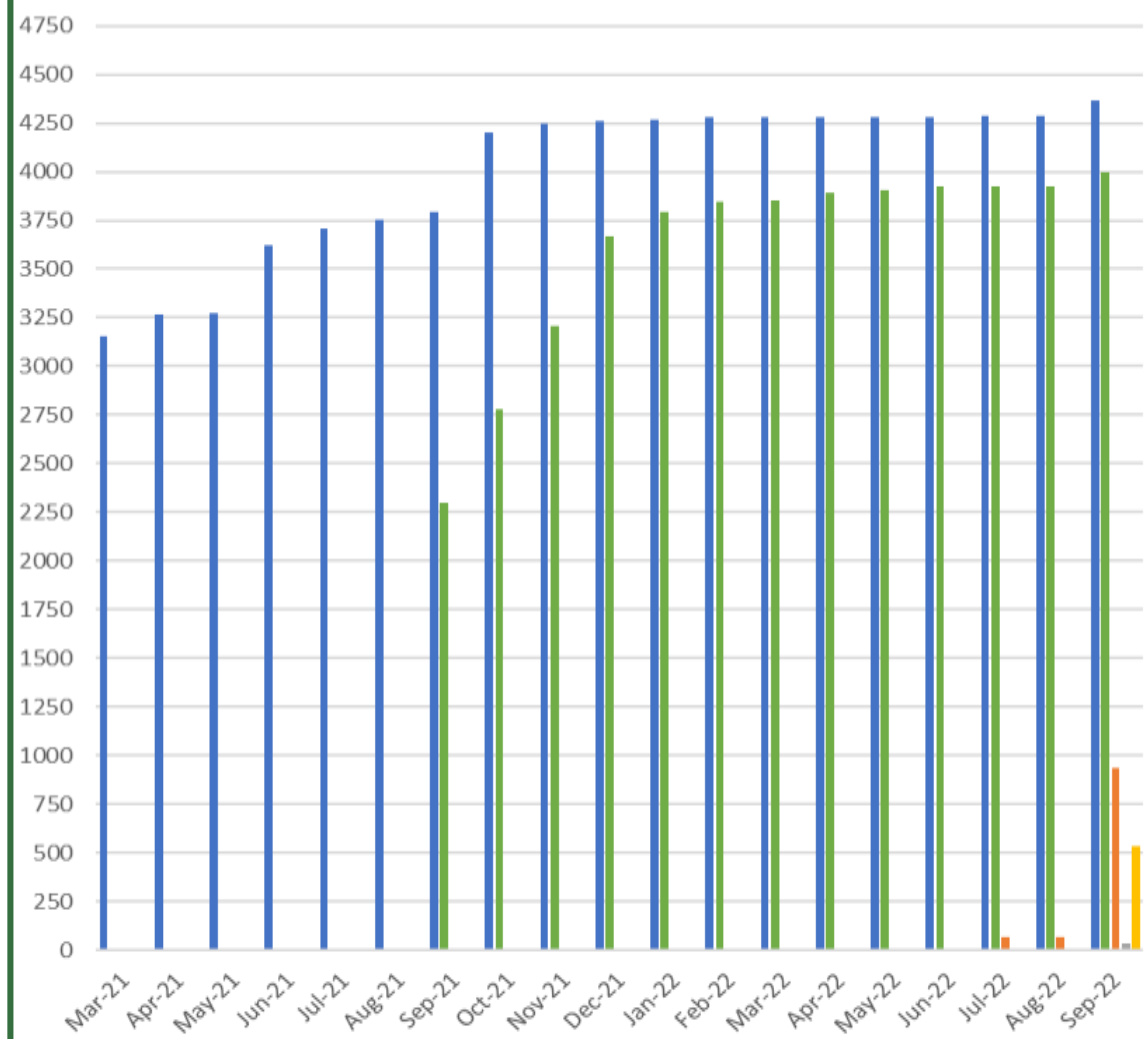
CI

PCC

Health & Care  
Standard  
- Health (PPI)

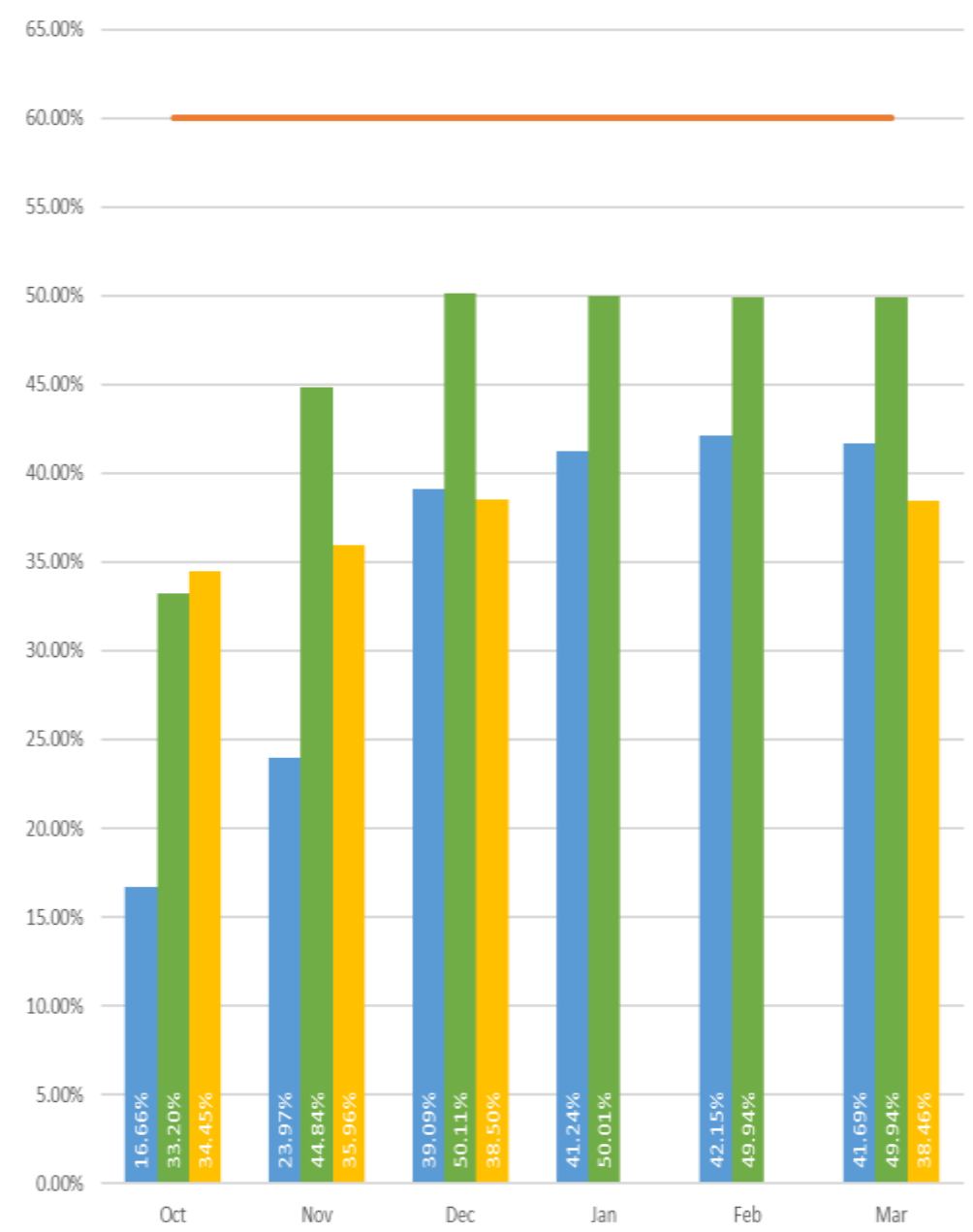
NB: Next Reporting Flu Campaign October 2022

### Uptake of the CoVID-19 Vaccination Programme Amongst Frontline Healthcare Workers (Cumulative)



- Uptake of the CoVID-19 Vaccination amongst Frontline Healthcare Workers (2nd Dose: Cumulative)
- Uptake of the CoVID-19 1st Dose Booster Vaccination amongst Frontline Healthcare Workers (Cumulative)
- Uptake of the CoVID-19 2nd Dose Booster Vaccination amongst Frontline Healthcare Workers (Cumulative)
- Uptake of the CoVID-19 3rd Dose Booster Vaccination amongst Frontline Healthcare Workers (Cumulative)
- Uptake of the CoVID-19 SPIKEVAX Booster Vaccination amongst Frontline Healthcare Workers (Cumulative)

### % Uptake of the Influenza Vaccination amongst Healthcare Workers who have Direct Patient Contact



- % uptake of the influenza vaccination (All Staff) 19-20
- % uptake of the influenza vaccination (All Staff) 20-21
- % uptake of the influenza vaccination (All Staff) 21-22
- Target

### Analysis

The 2022-23 flu campaign is now underway and will commence reporting from October 2022. Flu leads, and peer vaccinators have been identified. 2,000 vaccines have been received by the Trust.

In September 2022 an up-to-date staff list has been used to calculate , with extraction of 485 leavers and 619 new staff added, therefore there are 4,667 staff currently employed (All staff), 2,913 of these are front line. As of September 2022 front line (Patient Facing and Non-Patient Facing staff), 94% (4,391) of staff have received a first dose COVID-19 vaccination, 94% (4,366) have received a second dose and 17% (535 Staff) have received the SPIKEVAX booster vaccination

### Remedial Plans and Actions

- Staff are required to complete mandatory training for flu through Flu One e-learning modules via ESR.
- Planning has commenced earlier than ever for the 2022/23 campaign, with 48 Flu Leads (across all EMS localities and all Directorates, unlike previous years) being appointed in July 2022.
- Monthly Flu Update meetings (with Flu Leads) commenced earlier than ever too, with the first taking place on Monday 12<sup>th</sup> September to ensure all are ready for the delivery of the flu vaccines
- Vaccines are being delivered from 16<sup>th</sup> – 21<sup>st</sup> September all in a bulk order to 4 delivery points (Matrix One, Ty Elwy, Hensol and Caernarfon), as opposed to being delivered over several months and therefore, preventing vaccine supply issues that have occurred in previous years
- The Flu Siren page has launched, with all details of clinics, Flu Leads, Peer Vaccinators.
- The Digital Directorate is currently creating an online booking page for staff to directly book flu vaccinations with the Occupational Health Department (this is a new idea, as previously if staff wish to have their flu vaccine with OH, they have had to phone a booking line)
- The Trust aim to have 146 signed off and competent Peer Vaccinators for the 2022/23 campaign as opposed to (Approx.) 50 in previous years
- The flu consent / opt-out form has been simplified with fewer questions in a bid to encourage the staff who do not wish to have the flu vaccine or have had the vaccine elsewhere to let us know, which will hopefully increase engagement across the Trust.

### Expected Performance Trajectory

An evaluation of the 2021-22 flu campaign has concluded. Early indications from the southern hemisphere are that there has been more flu trough the winter of 2022. The Trust is currently developing forecasts for the winter period that build in CoVID-19 and flu.

NB: Due to a technical error in the downloading of data for the Trust are unable to report monthly flu data for January & February 2022.

NB: COVID Vaccinations are reported using the WAST definition of Frontline Facing employees and therefore includes those employed within Clinical Contact Centres.

Date source: Cohort Electronic System / Welsh Immunisation System (WIS)



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust



# Our People

## Health and Wellbeing - PADR and Training Rates Indicators

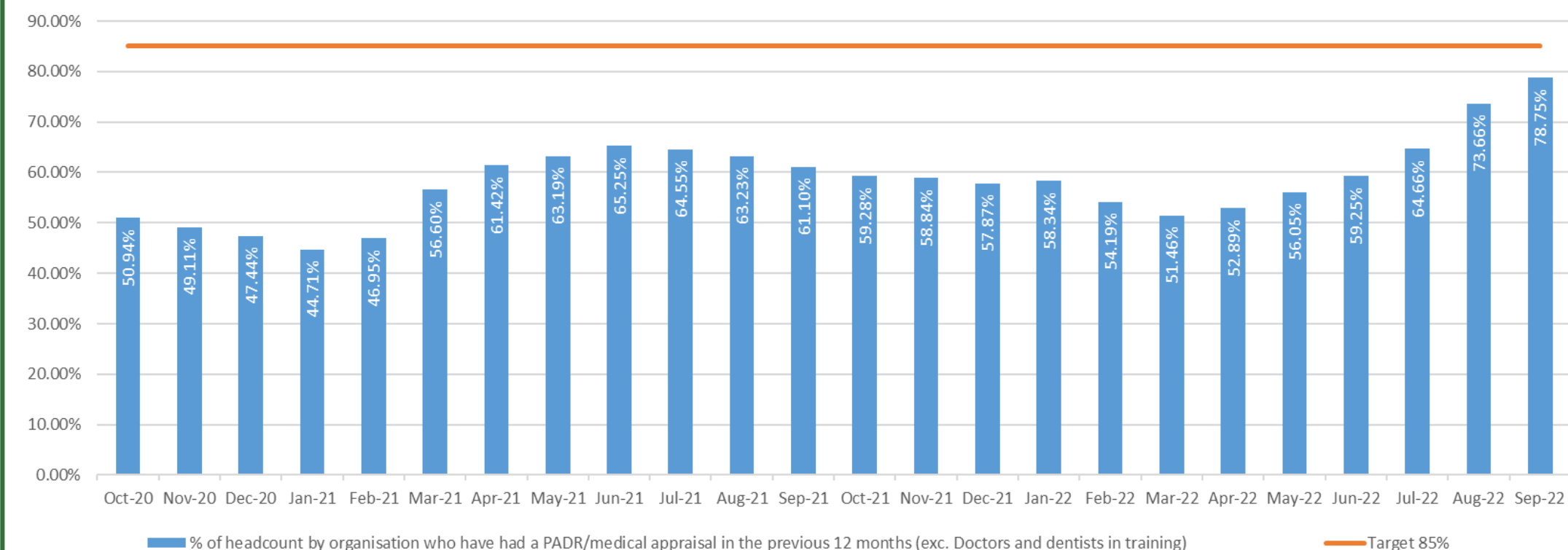
**A**

Self Assessment: Strength of Internal Control: Strong

CI PCC

Health & Care Standard  
Health - Staff & Resources

% of headcount by organisation who have had a PADR/medical appraisal in previous 12 months



### Analysis

PADR rates for September 2022 improved for the seventh consecutive month to 78.75% and are on an upward trajectory, however they continue to remain below the 85% target.

September 2022 Statutory & Mandatory Training rates increased by 0.16% from the August 2022 figure, once again achieving the 85% target for the fifth consecutive month. Fire Safety (68.41%) and Equality & Diversity (76.28%) failed to achieve the 85% target; however, Moving & Handling (84.88%), Information Governance (85.22%) Dementia Awareness (88.41%) and Safeguarding Adults (89.10%) achieved the target in September 2022.

There are currently 2 (13 for Admin & Clerical Staff) Statutory and Mandatory courses that all NHS employees must complete in their employment. These Are listed in the table to the right.

### Remedial Plans and Actions

Since the onset of CoVID the Learning and Development team have moved the Trust towards a more blended model of education. All staff are actively encouraged to take ownership of their e-learning through self-identification of topics they are required to update. This is done through logging into ESR and reviewing individual compliance. Where e-learning is appropriate staff log in and complete this in a timely manner. This then negates the need for colleagues to attend classroom based CPD days where it is not necessary. CPD is supported by the ESR Team and user guides, and other supportive information is available through the WAST intranet and via Yammer.

Skills and Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection Prevention & Control - Level 1	3 years
Information Governance (Wales)	2 years
Moving and Handling - Level 1	2 years
Resuscitation - Level 1	3 years
Safeguarding Adults - Level 1	3 years
Safeguarding Children - Level 1	3 years
Violence & Aggression (Wales) - Module A	No renewal
<b>Mandatory Courses</b>	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No renewal
Environment, Waste and Energy (Admin & Clerical staff Only)	Yearly

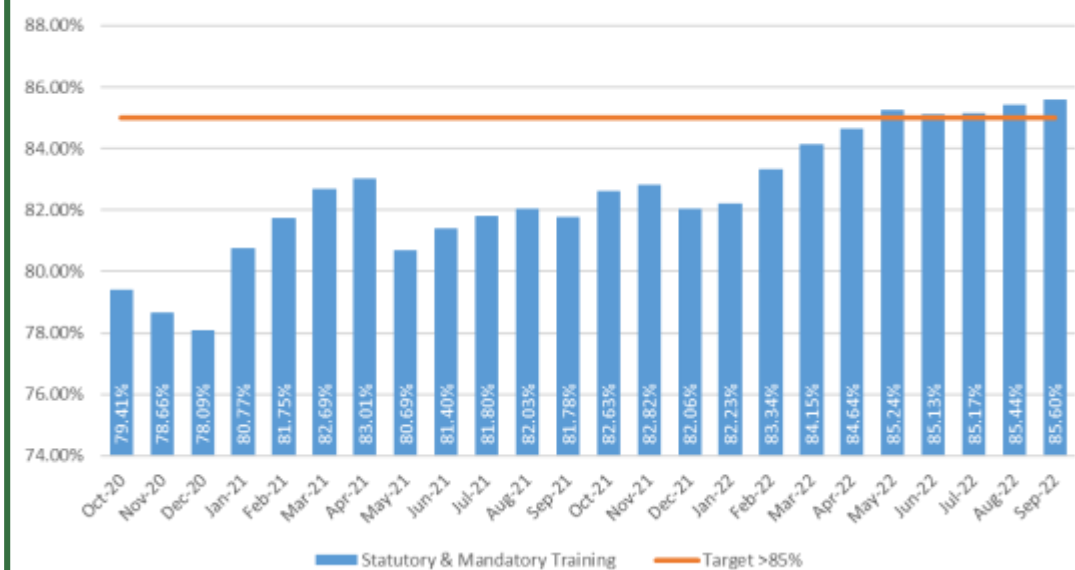
A campaign is underway to 'mop up' last years non-compliance and is due for completion shortly. A presentation to SOT and SESG in July 2022 outlined proposals for 22-23 CPD topics and structure. In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline staff and continue to monitor.

A series of deep dives into PADR rates resulted in a refresh process, phase 1 of which is now complete. Phase 2 involves development and launch of a manager toolkit to support colleagues and managers through the PADR process and subsequently improve completion rates. Phase 3 will involve transfer of this form to ESR, enabling PADR data and information to be fully reportable to inform organisational training and intervention plans. It is envisaged that the ESR version of the form will be live by November 2022.

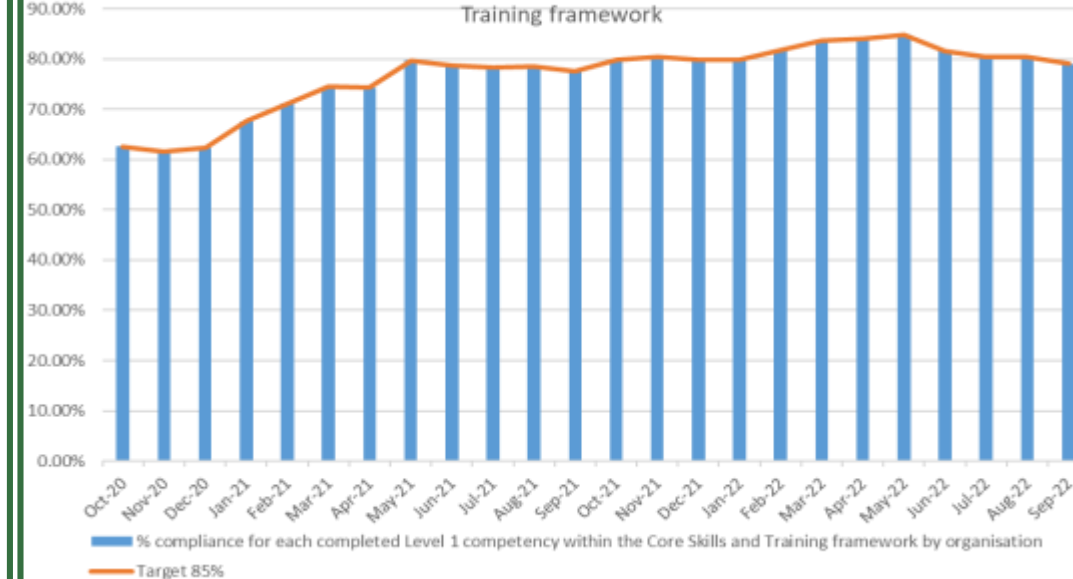
### Expected Performance Trajectory

Uptake in the e-learning based topics continues to be very positive and staff of all grades have embraced the concept and are engaged with this new concept. Staff seem to have bought into the "new normal" and the Trust expects to continue to see improving compliance figures across the Trust.

% Compliance Statutory and Mandatory Training (10 CSTF Modules)



% compliance for each completed Level 1 competency within Core Skills & Training framework



Data source: ESR



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust

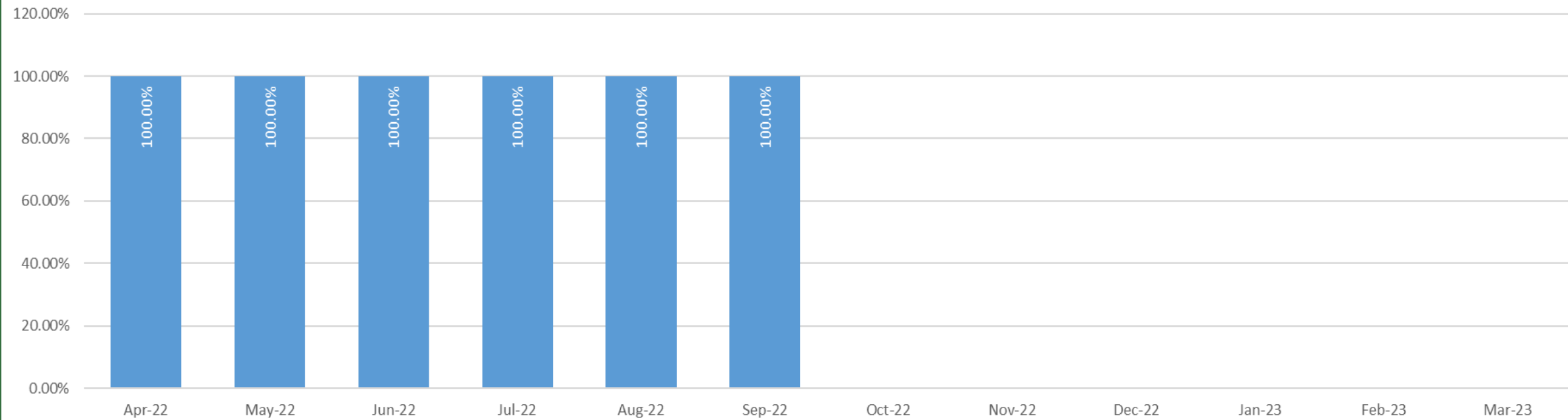


# Finance, Resources and Value

## Finance Indicators



Financial balance - annual expenditure YTD as % of budget expenditure YTD



### Analysis

The reported outturn performance at month 6 is a surplus of £1,000, with a forecast to the yearend of breakeven.

For month 6 the Trust is reporting planned savings of £2.158m and actual savings of £2.233m, an achievement rate of 103.5%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of September 2022 was 97.2% against a target of 95%.

As of September 2022, the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

### Remedial Plans and Actions

The Trust's financial plan for 2022-25 will build on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2022-25 financial plan was submitted to WG following Board sign off on 31<sup>st</sup> March 2022.

No financial plan is risk free. Financial risk management forms a key element of the project plans which underpin both the Trust's ambitions and savings targets. The Trust continues to seek to strengthen where it can its financial capacity and corporate focus on finance, and as an organisation have structures in place to drive through the delivery of our financial plan.

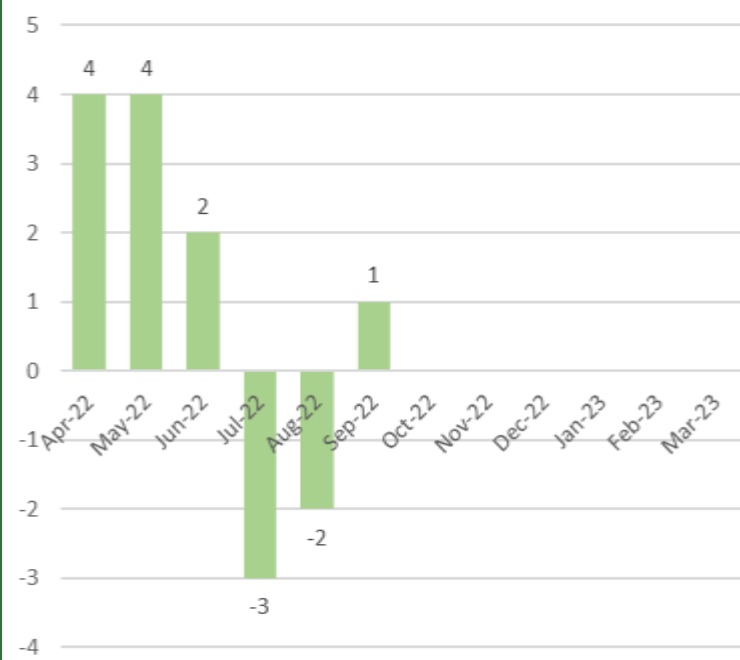
Key specific risks to the delivery of the 2022/23 financial plan include:

- Continuing financial support from Welsh Government in relation to Covid costs;
- Availability of capital funding to support the infrastructure investment required to implement service change, and the ability of the Trust to deliver the revenue consequences of capital schemes within stated resource envelope;
- Financial impact of EASC Commissioning Intentions, and confirmation of the EMS financial resource envelope as assumed within our financial plan;
- Ensuring additional avoidable costs that impact on the Trust as a result of service changes elsewhere in the NHS Wales system are fully recognised and funded;
- Ensuring any further developments are only implemented once additional funding to support these is confirmed;
- Delivery of cash releasing savings and efficiencies;

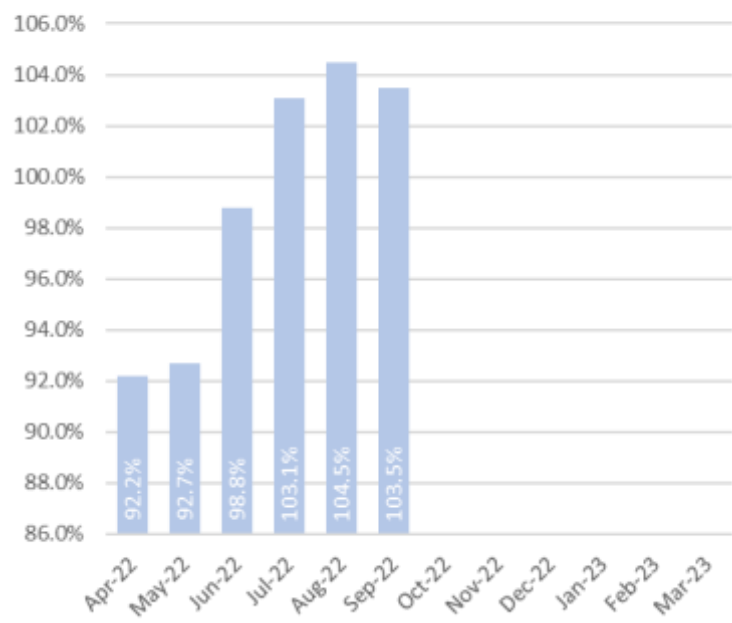
### Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to continue to deliver further planned savings into 2022/23.

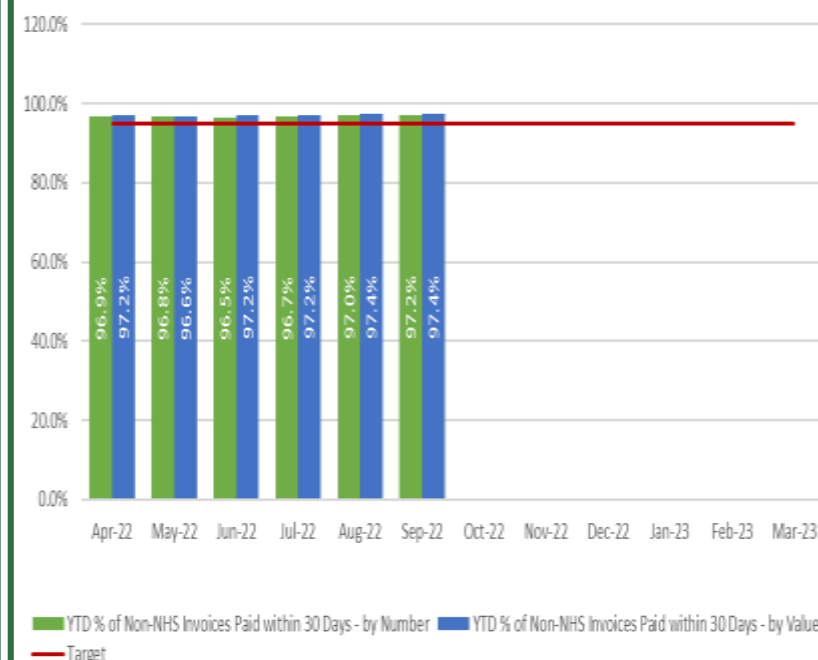
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



YTD % of Non NHS Invoices Paid Within 30 Days - By Number & Value





# Finance, Resources and Value Resource and Value Indicators



Slide under Development: Future iterations of the report will include emissions data

### Analysis

The Trust has deployed 23 plug in hybrid Rapid Response Electric Vehicles (EV) across Wales as part of the 2022/23 fleet replacement programme in an ongoing commitment to decarbonisation and in line with actions identified in the Decarbonisation Action Plan.

As demonstrated in the bottom left graph, average job cycle decreased in August 2022 for UCS, but increased for Advanced Paramedic Practitioners (APP), UCS and EA calls. EA calls averaged 2 hours and 15 minutes in September 2022 and have been on an increasing trajectory.

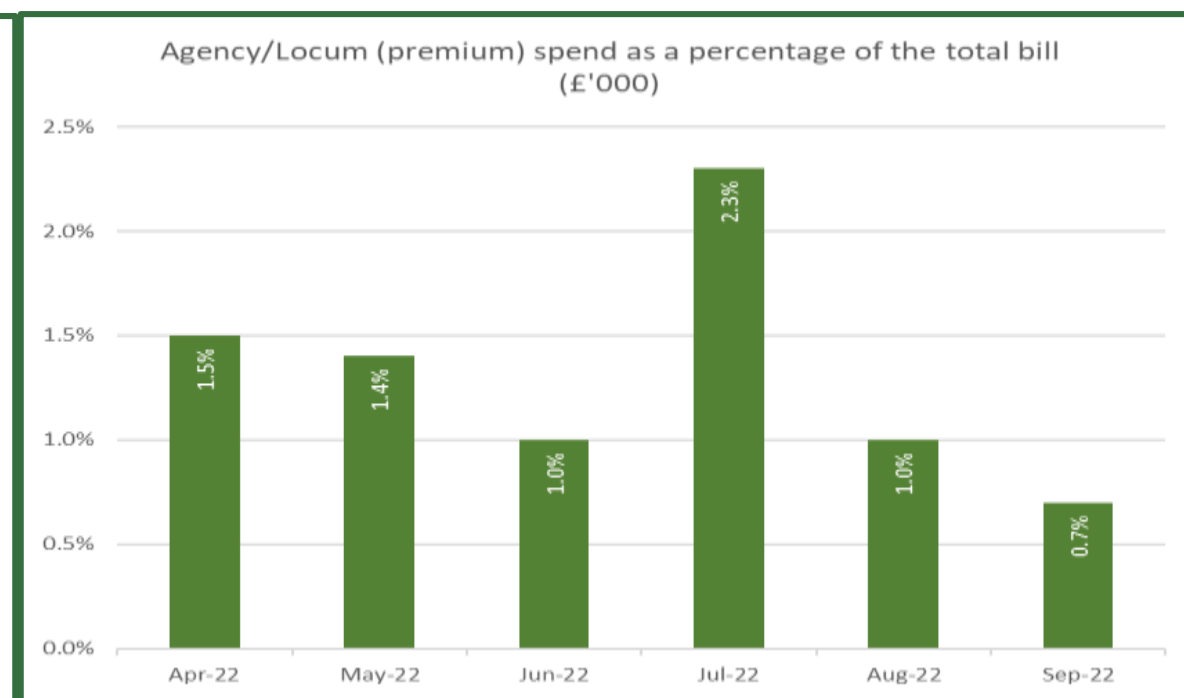
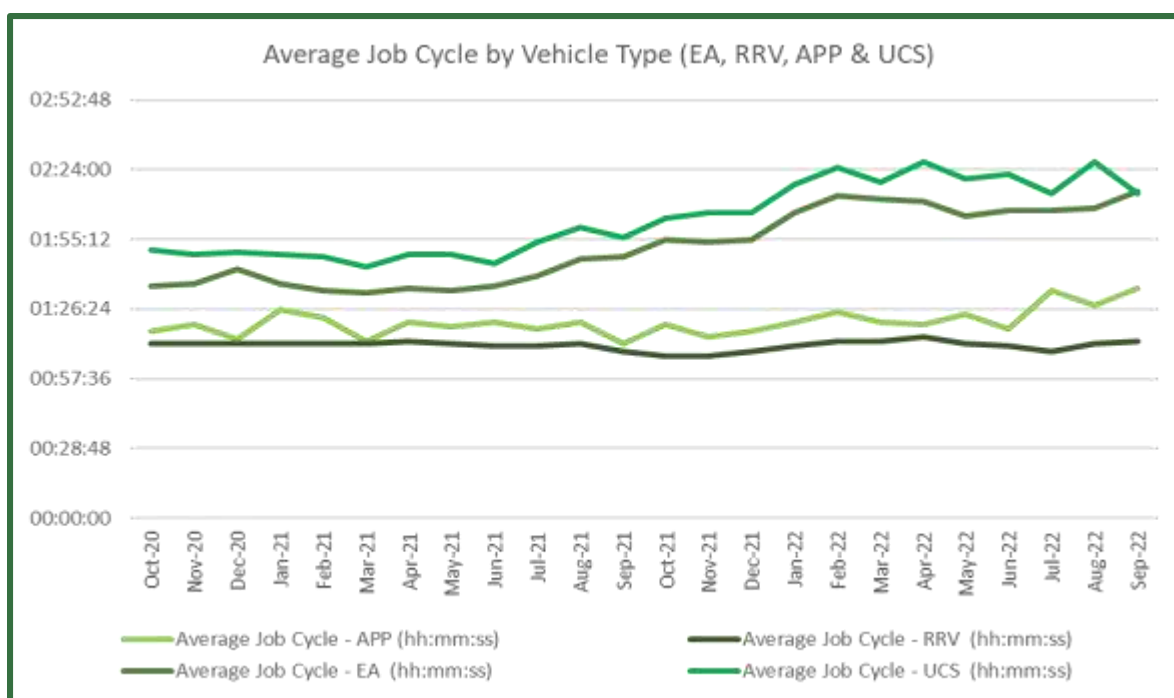
There was a decrease seen in agency spend again in September 2022 from the August 2022 position.

### Remedial Plans and Actions

In terms of physical infrastructure, WAST Information Communications Technology (ICT) is heavily involved in both the expansion of Fleet and Estates. All new buildings require fitting out with the latest ICT equipment, networking, and audio-visual equipment to enable hybrid working, whilst the Trust continues to modernise the digital offer within both EMS and NEPTS fleet to provide connected workspaces wherever our people need to be. In terms of digital infrastructure, there is also a constant requirement to ensure that our critical services are supported by modern, resilient, and secure technology.

### Expected Performance Trajectory

The Welsh Government targets of a net-zero position by 2030 pose real and complex challenges for WAST. In response to this, a key action over the next year will be to develop our Sustainability and Infrastructure Strategic Outline Programme, which will outline the financial and resource implications for the move to a carbon-neutral ambulance Trust. This will need significant input from our colleagues across the Trust and will require additional investment within the Finance and Corporate Resources Directorate to manage this. The relevant business cases in support of Estates and Fleet developments will continue to reinforce the importance of this agenda, and to push us towards a position of carbon neutrality, maximising our use of new technology and responding in a flexible and agile way to the changing external environment.



(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust

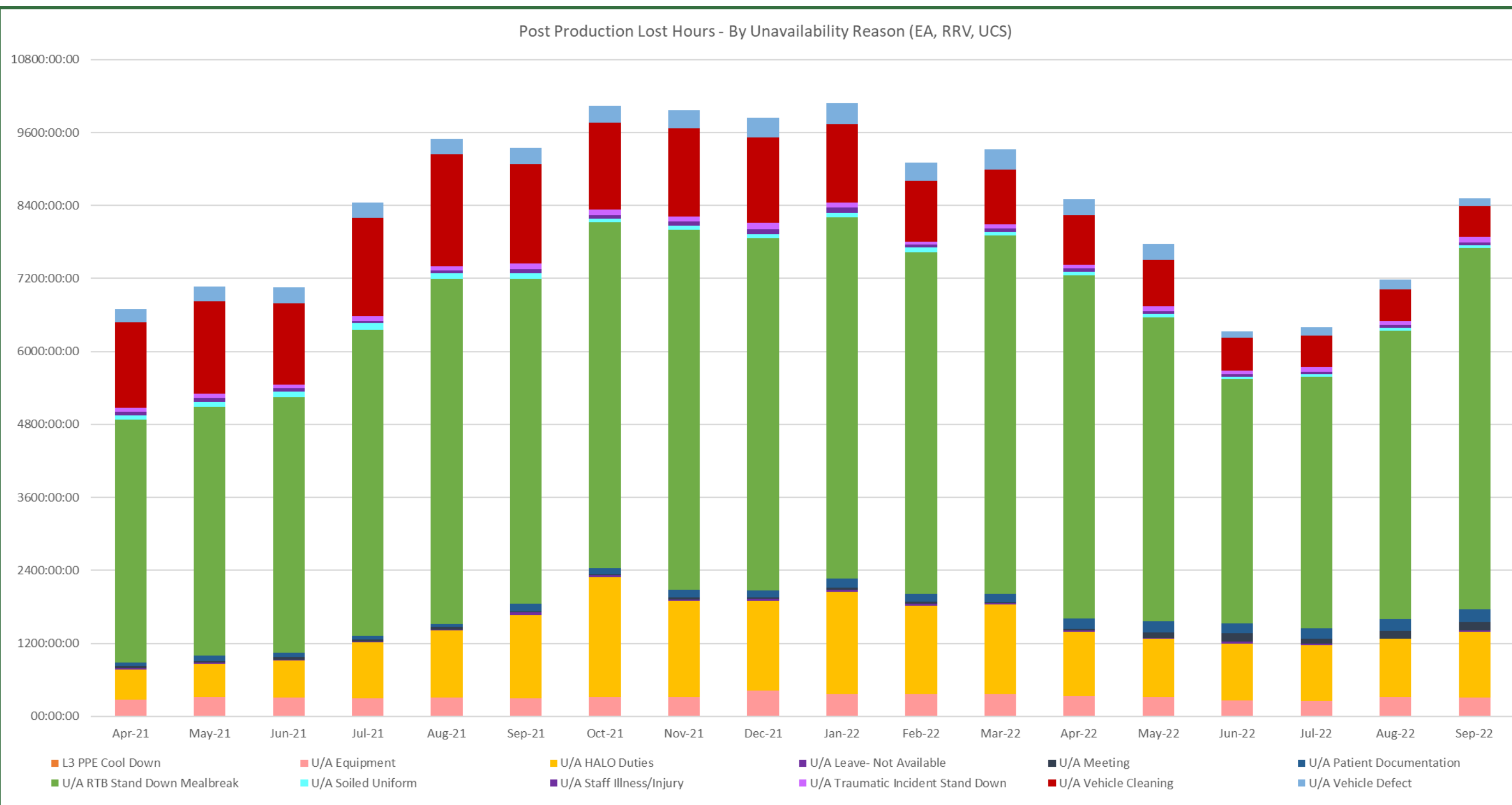


# Value / Partnerships & System Contribution

## EMS Utilisation & Postproduction Lost Hours Indicators



Post Production Lost Hours - By Unavailability Reason (EA, RRV, UCS)



### Analysis

There were 8,520 postproduction lost hours (PPLH) across EA, RRV & UCS vehicles in September 2022; an increase when compared to August 2022 (7,175).

In September 2022 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (5,934 Hours), HALO duties (1,083 hours) and Vehicle Cleaning (505 Hours). It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

### Remedial Plans and Actions

This continues to be an area of focus via a series of workshops with TU Partners and is scrutinized weekly at Operation Performance Meetings.

### Expected Performance Trajectory

The current data needs to be treated with a degree of caution, for example, there are good reasons for some post production lost hours, plus there are issues of data entry. The Trust has recently undertaken more benchmarking on PPLHs which suggests that it compares favorably with two other ambulance services, but less so with a third. Contact is being sought with this third service. A deep dive on was presented to May-22 F&P Committee.

**\*\*NB: PPLH Data correct at time of extract**



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



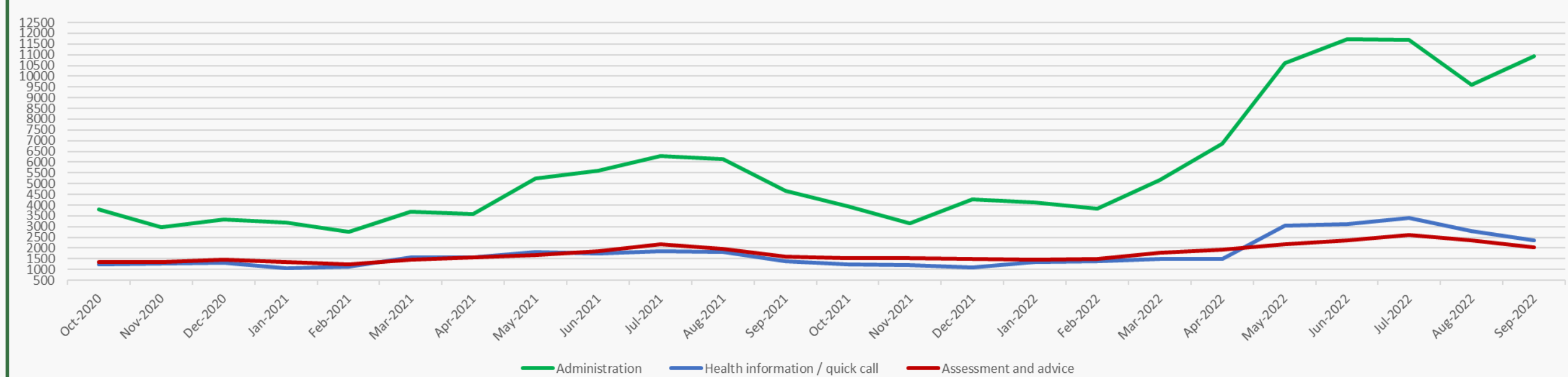
# Partnerships / System Contribution

## NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

### Influencing Factors – Demand and Clinical Hours Produced



111 Consult and Close



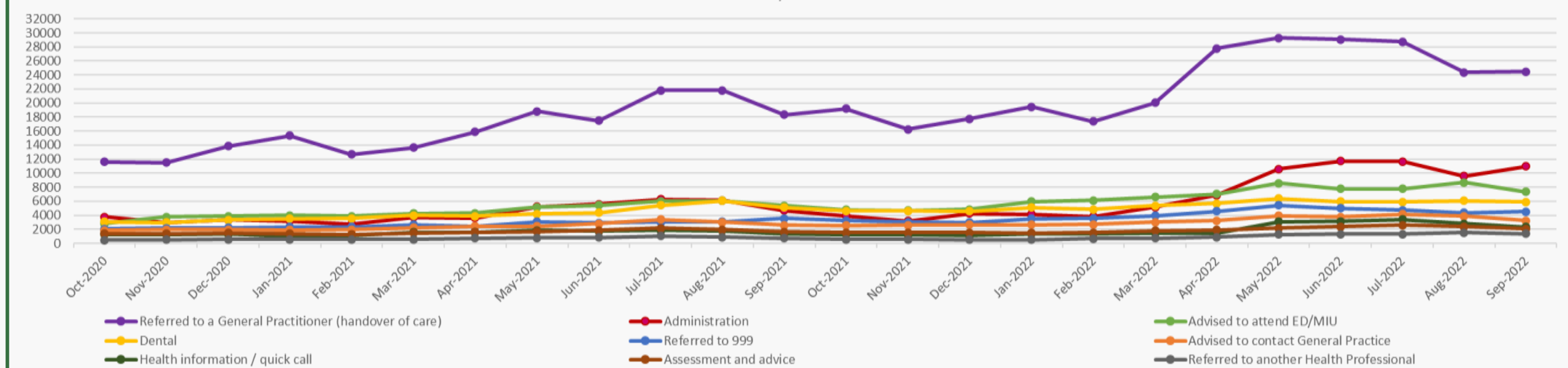
#### Analysis

The top graph depicts the outcomes for calls handled through NHS111 Consult and Close with administration calls (those calls resulting in no action) accounting for the highest volume (10,947 calls); callers requiring health information accounted for 2,347 calls and callers requiring assessment and advice accounted for 2,048 calls.

**In September 2022 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 39% of calls.**

In September 2022 62,208 calls were received in the 9 categories displayed in the bottom graph, a decrease when compared to 63,553 in August 2022; but a significant increase when compared to 26,778 in September 2020 and 43,350 in September 2021.

111 Calls By Final outcome



#### Remedial Plans and Actions

Work is underway to develop live informatics which provide real time information on clinician availability to allow improved understanding and management; this will enable the Trust to report more meaningful metrics and accurately monitor patient outcomes.

A new NHS111 Consult and Close dashboard is in development to report more accurate and specific data in relation to calls ending in alternative transport, referral and self care.

#### Expected Performance Trajectory

A Contract Analyst is currently undertaking work to improve 111 data metrics available; this will allow us to report more meaningful and relevant data in relation to whether patients are directed to the most appropriate and best outcomes.

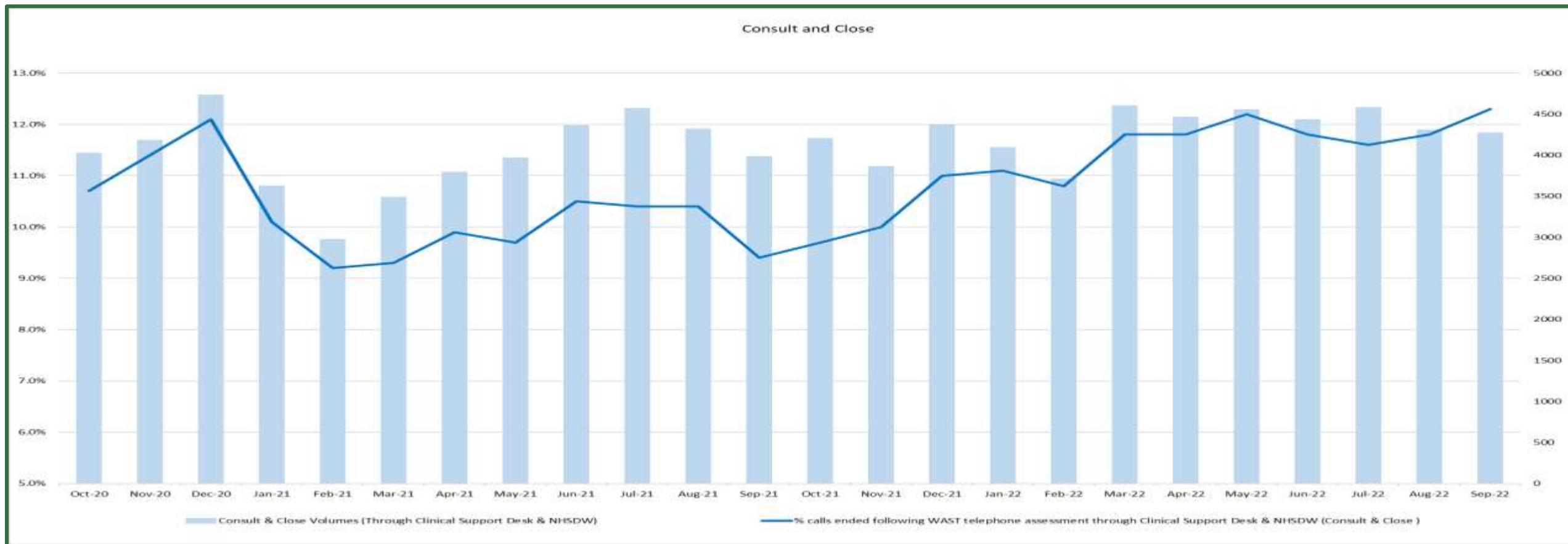
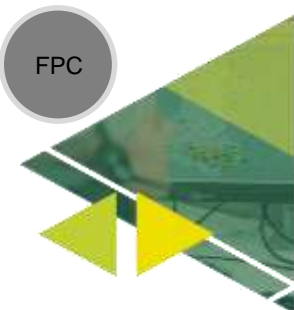


(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution Consult & Close Indicators



**Analysis**  
The **Clinical Service Desk (CSD) and NHS111 (Consult & Close)** achieved 12.3% performance in September 2022, therefore continuing to achieve the historical 10.2% benchmark and working towards the new benchmark of 5%.

8.8% of consult & close volumes were achieved by the CSD in September 2022. In comparison, 3.5% of consult & close was by NHS111.

The percentage of re-contacts within 24 hours of telephone hear and treat has fluctuated over the last two years, peaking in Jun-20 to 15.7%.

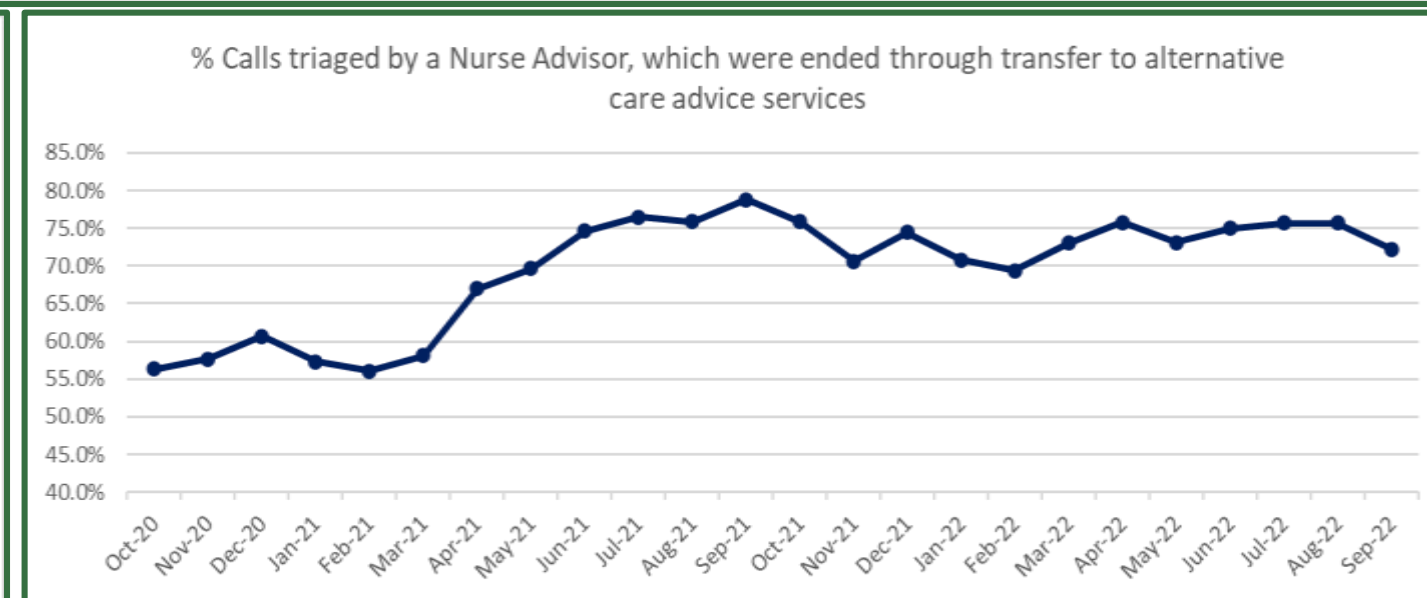
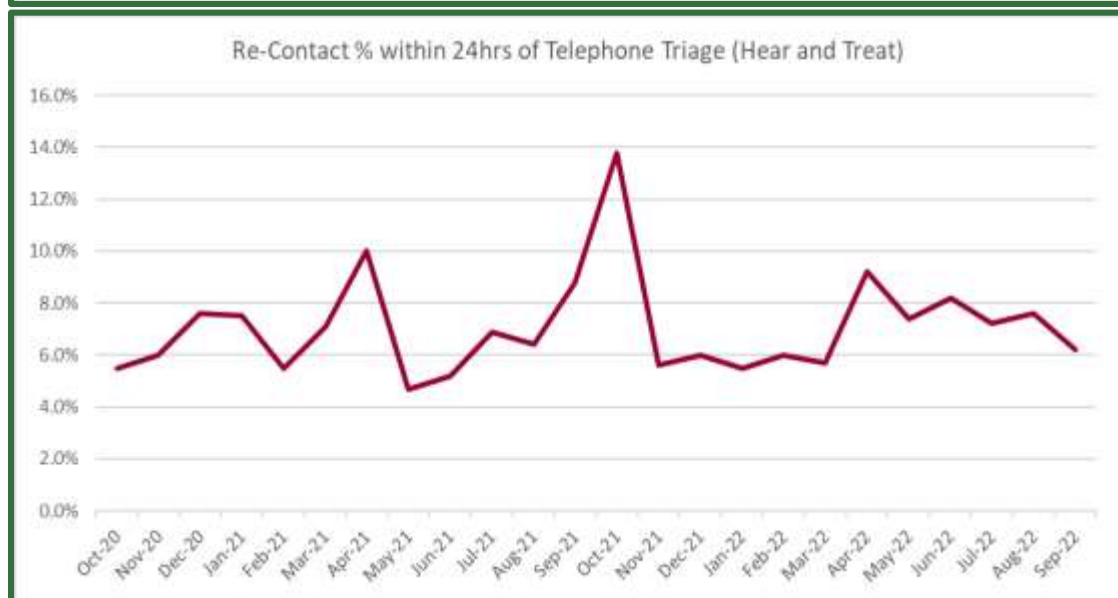
**Re-contact rates in September 2022 were 6.2%** a decrease compared to 7.6% in August 2022, this is also a decrease compared to 8.8% in September 2021.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services increased month on month to 72.2% in September 2022; by comparison, this figure was higher in September 2021 at 78.8%.

**Remedial Plans and Actions**

- Funding has been agreed to double the size of the CSD, including introduction of 5 mental health practitioners. These staff are now in place.
- The team are also undertaking detailed process maps of the work that they do in order to identify where improvements can be made
- The revised establishment is 96 FTEs with current in post 90 FTEs.

**Expected Performance Trajectory**  
The current target for this year is 15% hear and treat rate for 2022/23 as part of the development of the 2022-25 IMTP and associated forecasting and modelling. We would hope to be achieving this in the second half of the year.



(Responsible Officer: Lee Brooks)

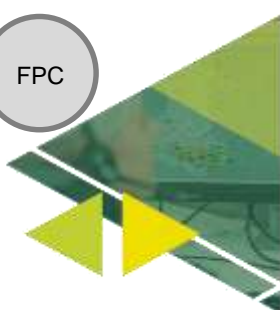
Welsh Ambulance Services NHS Trust



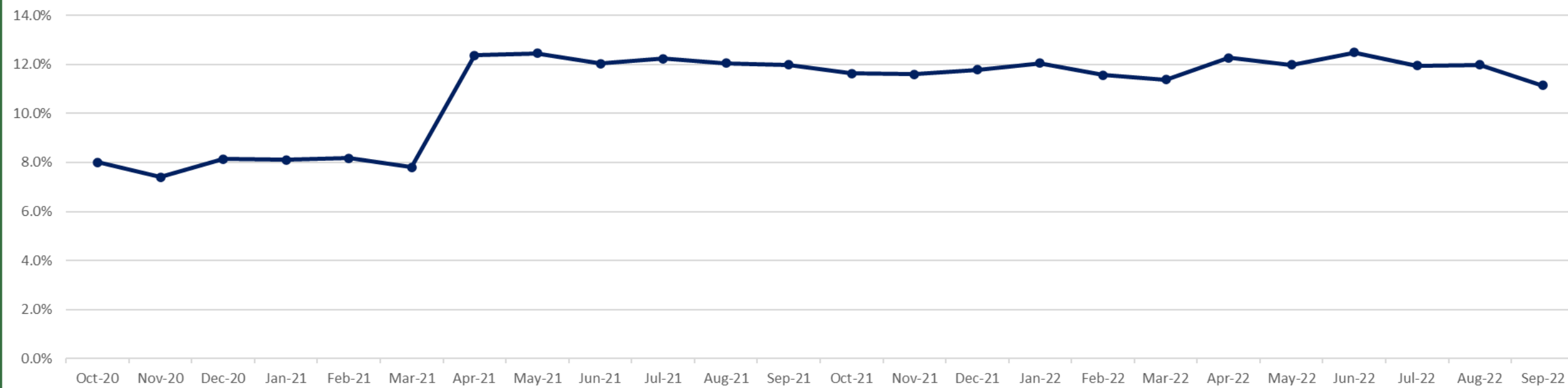
# Partnerships / System Contribution Conveyance to ED Indicators



Ministerial Measure



% of Total Conveyances taken to a service other than a Type One Emergency Department



### Analysis

In September 2022 11.14% of patients (1,417) were conveyed to a service other than a Type One ED. Although not shown here, the percentage of patients conveyed to EDs increased (i.e. declined) compared to the same period last year. In September 2022 conveyance to EDs as a proportion of total verified incidents was 32.33% (compared to 29.80% in September 2021).

The combined number of incidents treated at scene and referred to alternate providers decreased for the fourth consecutive month in September 2022. 1,682 incidents were referred to alternative providers in September 2022 and 2,152 incidents were treated at scene; however, a review of other outcomes (see graph) shows that there are a number of incidents where there was a no send due to escalation of the Clinical Safety Plan (CSP).

### Remedial Plans and Actions

The Head of Strategic Development has been appointed to lead on the “inverting the triangle” strategic transformation. Key actions include: formal consultation with stakeholders, a new strategic demand & capacity review, evaluating the results of various pilots e.g. Swansea Bay APP, prescribing etc.

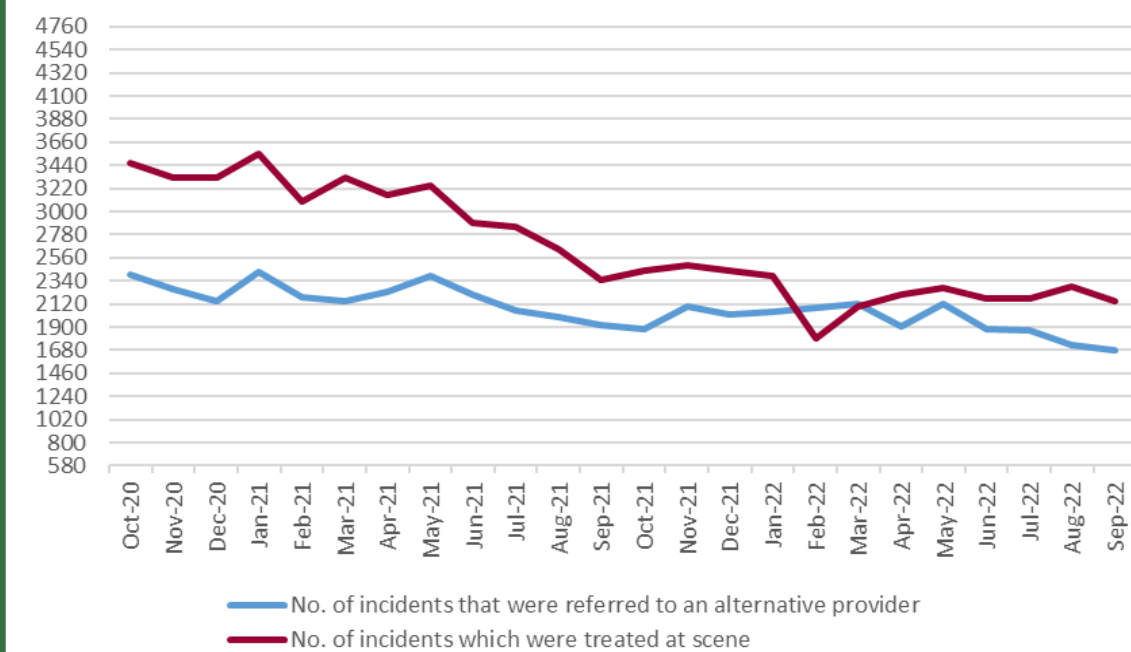
One of the Trust’s commissioning intentions is to develop an optimising conveyance strategy, which will bring forward clearer proposals linked to further work on the EMS Demand & Capacity Review.

Additional same day emergency care (SDEC) services are due to go live however inclusion/exclusion for SDEC may be limiting appropriate patients and opening hours vary amongst the units available. Work is underway to ensure appropriate use Of SDEC services by clinicians, missed opportunities and better use of ePCR.

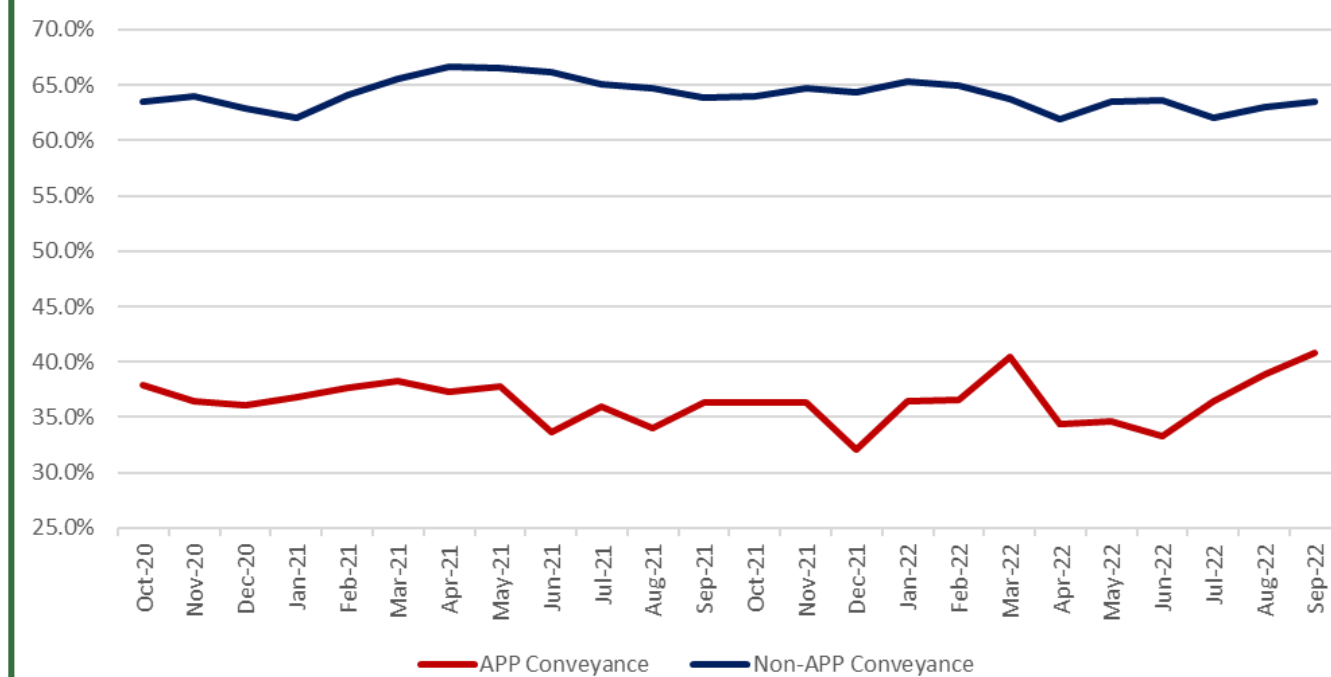
### Expected Performance Trajectory

The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes are required as well. This modelling indicates a reduction in patients conveyed of 1,165 per week, but is predicated on large scale investment in APPs (470 v a starting position of 67).

Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



APP vs Non-APP Conveyance Rates

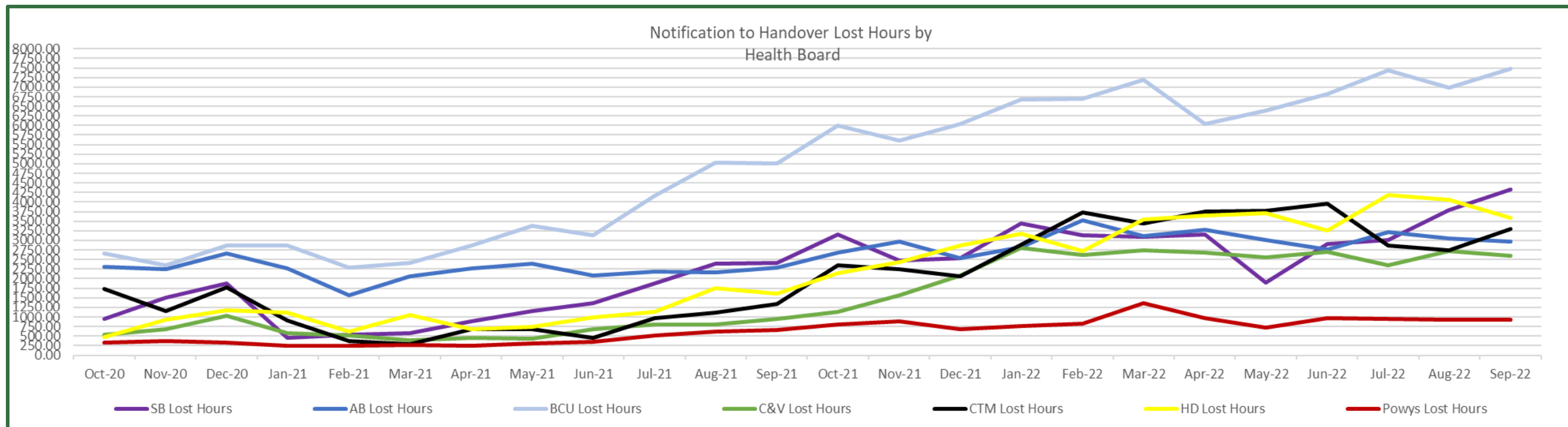
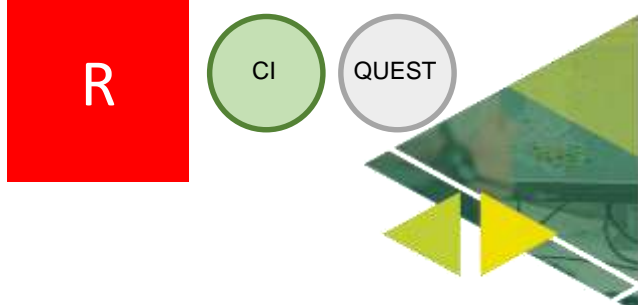


(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution Handover Indicators

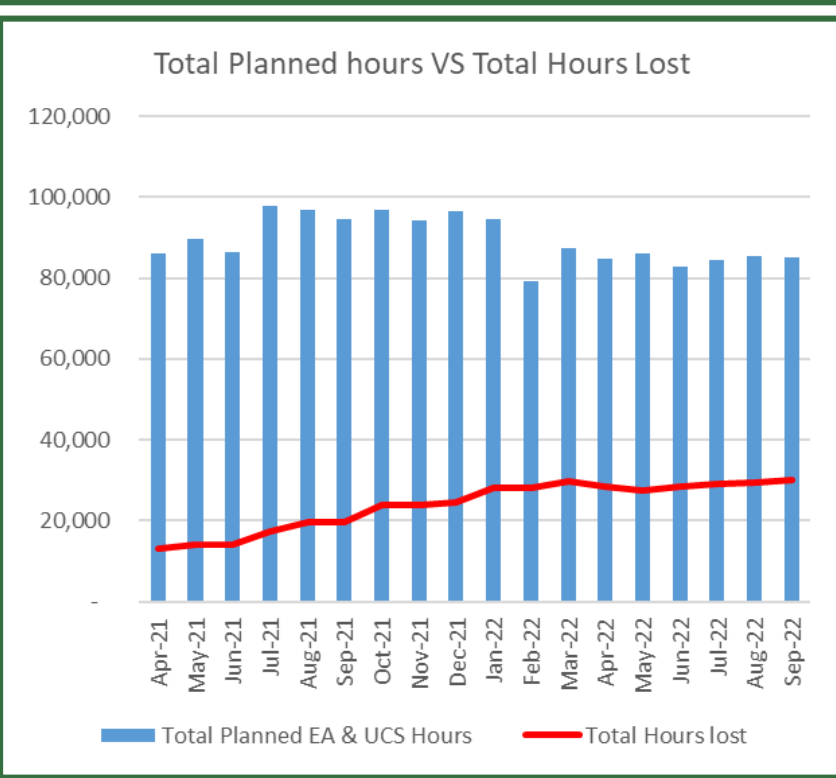
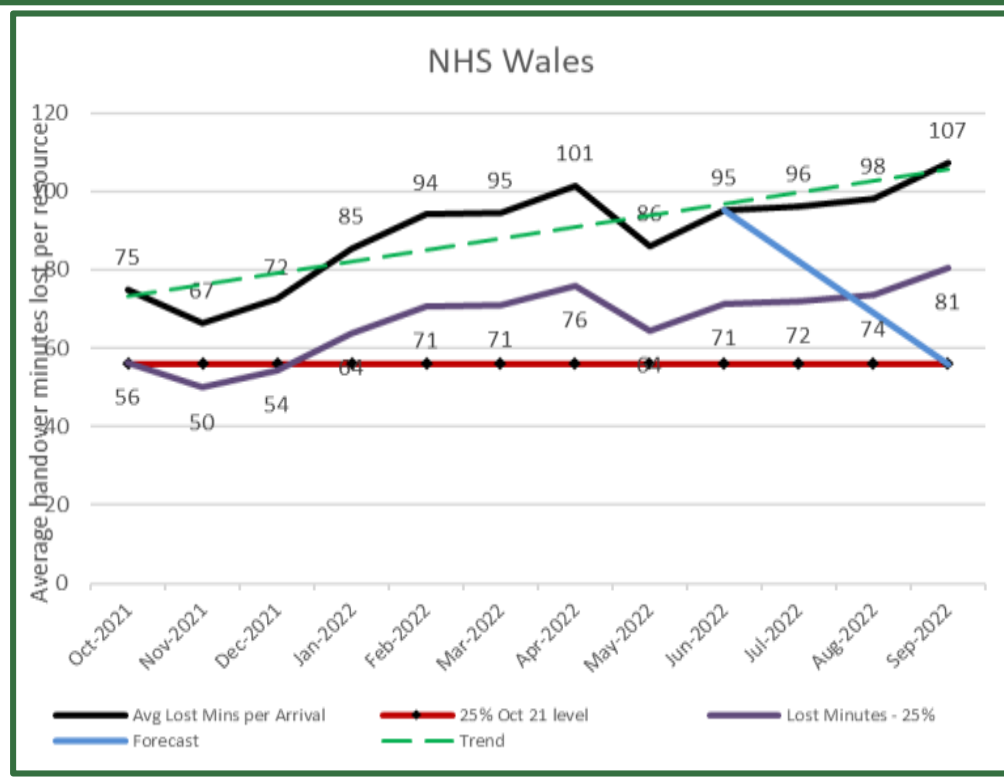
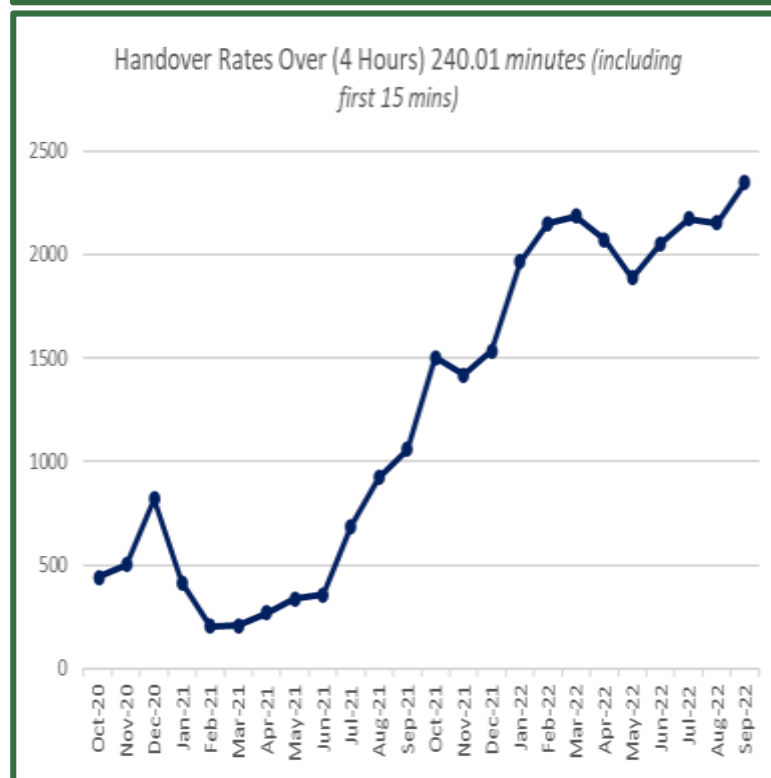


**Analysis**  
**267,766 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 117,600 in same period a year ago (October 2020 to September 2021).** 25,167 hours were lost in September 2022, a 43% increase compared to 14,202 lost hours in September 2021. The hospitals with highest levels of handover delays during September 2022 were:

- Morrison Hospital (SBUHB) at 4,331 lost hours
- Glan Clwyd Hospital Bodelwyddan (BCUHB) at 3,496 lost hours
- The Grange University Hospital (ABUHB) at 2,664 lost hours
- University Hospital of Wales (CVUHB) at 2,570 lost hours.

Notification to handover lost hours averaged 838 hours a day in September 2022.

In September 2022 the Trust could have responded to approximately 7,939 more patients if handovers were reduced.



**Remedial Plans and Actions**  
 Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve.

Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR). 60 ideas have been received through the WIIN platform from staff in August 2022.

**Expected Performance Trajectory**  
 The direction is that handover lost hours should return to 25% of their Oct-21 levels, just under 14,000 hours, that there should be no waits over 4 hours and non-release for Immediate Release Requests should become a Never Event.



(Responsible Officer: Health Boards)

Welsh Ambulance Services NHS Trust

# Definition of Indicators

Indicator	Definition	Indicator	Definition
<b>111 Abandoned Calls</b>	An offered call is one which has been through the Interactive Voice Response messages and has continued to speak to a Call Handler. There are several options for the caller to self serve from the options presented in the IVR and a proportion of callers choose these options. An example is to guide the caller to 119 if they wish to speak to someone about a Coronavirus test. Once the caller is placed in the queue for the Call Handler if they hang up they are counted as “abandoned” as we did not answer the call. The threshold starts at 60 seconds after being placed into the queue as this allows the callers to respond to the messages and options presented as it often takes a short while for the caller to react. Starting the count at 60 seconds provides a picture of abandonment where the caller has chosen not to wait, despite wanting to speak to a Call Handler	<b>Hours Produced for Emergency Ambulances</b>	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
<b>111 Patients Called back within 1 hours (P1)</b>	(Welsh Government performance target) which prescribes that 111 has up to 1 hour (longer for lower priory callers) for a 111 Clinician to call the patient to discuss their medical issue. These callers will already have been screened by Call Handlers and received an outcome which needs a conversation with a 111 Clinician. WAST operates a queue and call back method for all Clinical Calls.	<b>Sickness Absence (all staff)</b>	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
<b>999 Call Answer Times 95<sup>th</sup> Percentile</b>	Time taken (in Minutes) to answer 999 emergency calls by call handlers. A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.	<b>Frontline COVID-19 Vaccination Rates</b>	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
<b>999 Red Response within 8 Minutes</b>	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	<b>Statutory and Mandatory Training</b>	Combined percentage of staff who are compliant with required statutory training undertaken by staff where a statutory body has dictated that an organisation must provide training based on legislation and mandatory training which relates to trade-specific training that the employer considers essential or compulsory for a specific job. (A detailed list of these can be found on slide 20).
<b>Red 95<sup>th</sup> Percentile</b>	Time taken (in minutes) for emergency response to arrive at scene for Red (immediately life-threatening) calls (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	<b>PADR/Medical Appraisal</b>	Proportion of staff who have undertaken their annual Performance Appraisal & Development Review (PADR) or Medical Appraisal. This is a process of self-review supported by information gathered from an employees work to reflect on achievements and challenges and identify aspirations and learning needs. It is protected time once a year.
<b>999 Amber 1 95<sup>th</sup> Percentile</b>	Time taken (in minutes) for emergency response to arrive at scene for Amber 1 calls (other life-threatening emergencies – including cardiac chest pains or stroke). (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	<b>Ambulance Response FTEs in Post</b>	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
<b>Return of Spontaneous Circulation (ROSC)</b>	Percentage of patients for whom Return Of Spontaneous Circulation occurs. This refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure.	<b>Ambulance Care, Integrated Care, Resourcing &amp; EMS Coordination FTEs in Post</b>	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
<b>Stroke Patients with Appropriate Care</b>	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of care that have a greater effect on patient outcomes if done together in a time-limited way, rather than separately).	<b>Financial Balance – Annual Expenditure YTD as % of budget Expenditure</b>	Annual expenditure (Year to Date) as a proportion of budget expenditure.
<b>Acute Coronary Syndrome Patients with Appropriate Care</b>	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.	<b>Post Production Lost Hours</b>	Number of hours lost due to ambulance vehicles being unavailable due to a variety of reasons (A detailed list of these is show in the graph on slide 22).
<b>Renal Journeys arriving within 30 minutes of their appointment (NEPTS)</b>	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	<b>111 Consult and Close</b>	Consult and Close refers to the response to 999 callers where an alternative to a scene response has been provided. A cohort of 999 calls are passed to 111 where they are low acuity and the Clinicians in 111 may be able to help the caller with self-care, referral, etc. This is similar to the work of the Clinical Support Desk but for a lower acuity of caller. Where the outcome from the 111 clinical consultation ends in a Consult and Close outcome (self-care, referral, alternative transport) this is captured and forms part of the Trust’s Consult and Close reporting. Over 50% of calls passed to 111 in this way are successfully closed without an ambulance response.
<b>Discharge &amp; Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)</b>	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	<b>999 / 111 Hear and Treat</b>	Proportion of 999/111 calls which are successfully completed (closed) without dispatching an ambulance vehicle response. This may include advice, self-care or referral to other urgent care services.
<b>National reportable Incidents (NRI)</b>	Volume of patient safety incidents reported in the month which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.	<b>% Incidents Conveyed to Major EDs</b>	Proportion of patients transported to a hospital Emergency Department following initial assessment at scene by a Welsh Ambulance Services NHS Trust Clinician, as a proportion of total verified incidents. (NB: An ED provides a wide range of acute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions, and which usually has an Accident and Emergency Department).
<b>Concerns Response within 30 Days</b>	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	<b>Number of Handover Lost hours</b>	Number of hours lost due to turnaround times at EDs taking more than 15 minutes. Transferring the care of a patient from an ambulance to an ED is expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make their vehicle ready for the next call.
<b>EMS Abstraction Rate</b>	The percentage of Emergency Medical Services (EMS) staff unavailable for rostered duties due to reasons, such as: annual leave, sickness, alternative duties, training, other and COVID-19.	<b>Immediate Release requests</b>	The number of requests submitted to Health Boards for the immediate release of vehicles at Emergency Departments to release them back into the community to respond to other urgent and life-threatening calls



Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations Manager	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	D&T	Discharge & Transfer	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	DU	Delivery Unit	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	EASC	Emergency Ambulance Service Committee	HR	Human resources	NRI	Nationally Reportable Incident	SPT	Senior Pandemic Team
CASC	Chief Ambulance Services Commissioner	EAP	Employee Assistance Provider	HSE	Heath and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CC	Consultant Connect	ED	Emergency Department	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	EMD		IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	UCA	Unscheduled Care Assistant
CCP	Complex Case Panel	EMS	Emergency Medical services	IPR	Integrated Performance Report	OH	Occupational Health	UCS	Unscheduled Care System
CEO	Chief Executive Officer	EMT	Executive Management Team	KPI	Key Performance Indicator	P / PHB	Powys / Powys Health Board	UFH	Uniformed First Responder
CFR	Community First Responder	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	PCR / PCRs	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	EPT	Executive Pandemic Team	MACA	Military Aid to the Civil Authority	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	FTE	Full Time Equivalent	MIU	Minor Injury Unit	PECI	Patient Engagement & community Involvement	WAST	Welsh Ambulance Services NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	POD	Patient Offload department	WG	Welsh Government
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PPLH	Post Production Lost Hours	WIIN	WAST Improvement & Innovation Network
CSD	Clinical Service Desk	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	PSPP	Public Sector Purchase Programme		
CSP	Clinical Safety Plan	HCP	Health Care Professional	NEWS	National Early Warning Score	QPSE	Quality, Patient Safety & Experience		








GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust



Welsh Ambulance Services NHS Trust  
Integrated Performance Report  
2020/21

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	2 Year Trend	RAG
<b>Our Patients - Quality, Safety and Patient Experience</b>																
NHS111 Abandoned Calls	< 5%	18.60%	36.3%	21.5%	19.3%	10.8%	4.6%	9.2%	10.2%	5.4%	14.0%	14.6%	12.6%	10.6%		R
999 Call Answer Times 95th Percentile	95% in 00:00:05	0:52	1:39	0:37	1:43	0:54	0:59	1:35	1:19	0:22	0:50	0:57	0:36	0:52		R
999 Red Response within 8 minutes	65%	55.2%	50.0%	53.0%	51.1%	52.5%	55.0%	51.1%	51.2%	54.5%	50.8%	52.0%	50.7%	50.0%		R
999 Amber 1 Median	0:18	1:10	1:40	1:02	1:14	0:57	1:10	1:38	1:40	1:11	1:30	1:40	1:16	1:30		R
Stroke Patients with Appropriate Care	95%	TBD	93.50%	98.40%	-	-	-	-	68.00%	79.80%	82.30%	82.50%	78.60%	79.10%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	TBD	71.40%	85.70%	-	-	-	-	-	-	-	-	43.90%	45.00%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	78%	78%	77%	82%	82%	81%	79%	77%	75%	76%	76%	74%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	89%	86%	88%	87%	88%	88%	91%	90%	87%	85%	86%	88%		A
National Reportable Incidents reports (NRI)	Reduction Trend	5	7	9	4	5	2	7	3	11	3	2	10	7		R
Concerns Response within 30 Days	75%	61%	47%	56%	70%	66%	64%	76%	53%	41%	13%	22%	24%	28%		R
<b>Our People</b>																
<b>Capacity</b>																
EMS Abstraction Rate	29.92%	42.00%	43%	40%	44%	43%	42%	49%	39%	37%	37%	40%	40%	41%		R
Hours Produced for Emergency Ambulances	95%	95.0%	90%	103%	96%	109%	110%	98%	90%	96%	94%	94%	95%	96%		G
<b>Health and Wellbeing</b>																
Sickness Absence (all staff)	8.00%	10.48%	11.45%	11.05%	12.44%	12.14%	10.93%	12.04%	11.18%	8.88%	9.15%	10.33%	8.72%	-		R
EMS Operations Sickness Rates	8.00%	7.76%	13.92%	12.71%	15.04%	14.89%	12.76%	15.47%	12.54%	9.90%	10.07%	11.98%	9.87%	9.26%		R
Staff Turnover Rate	TBD	8.71%	9.31%	9.54%	9.44%	9.51%	9.70%	10.33%	10.85%	11.29%	11.54%	11.64%	11.50%	11.35%		R
Statutory & Mandatory Training	>85%	82.3%	82.63%	82.82%	82.06%	82.23%	83.34%	84.15%	84.64%	85.24%	85.13%	85.17%	85.44%	85.60%		G
PADR/Medical Appraisal	>85%	60%	59.28%	58.84%	57.87%	58.34%	54.19%	51.46%	52.89%	56.05%	59.25%	64.66%	73.66%	78.75%		A
<b>Value</b>																
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		G
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	8,582	10033:24	9970:00	9845:16	10077:49:44	9110:03	9322:46	8508:42	7766:22	6355:05	6399:49	7175:52	8520:31		A
<b>Partnerships / System Contribution</b>																
NHS111 Consult and Close	Improve	7,843	6,722	5,915	6,875	6,943	6,699	8,432	10,295	15,819	17,208	17,694	14,729	15,342		G

Combined 999 & NHS111 Consult & Close	15.0%	10.4%	9.7%	10.0%	11.0%	11.1%	10.8%	11.8%	11.8%	12.2%	11.8%	11.6%	11.8%	12.3%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	TBD	11.63%	11.59%	11.79%	12.05%	11.55%	11.37%	12.27%	11.99%	12.48%	11.95%	11.99%	11.14%		TBD
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	18,234	18,160	18,773	22,563	23,232	24,479	23,382	22,080	23,380	24,021	24,295	25,167		R



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	7
<b>OPEN or CLOSED</b>	OPEN
<b>No of ANNEXES ATTACHED</b>	-

## QUALITY & PERFORMANCE MANAGEMENT FRAMEWORK 2022-2025 - Update

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	14 November-22
<b>EXECUTIVE</b>	Rachel Marsh – Executive Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Hugh Bennett – Assistant Director of Commissioning and Performance
<b>CONTACT</b>	<a href="mailto:Hugh.bennett2@wales.nhs.uk">Hugh.bennett2@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. The Quality & Performance Management Framework 2022-25 was approved by Trust Board in March 2022.
2. As part of its scrutiny of the draft Framework, Finance & Performance Committee requested a six month update on progress.
3. The Quality & Performance Management Steering Group has been established including an associated work programme. The initial focus has been on a detailed review of the monthly integrated quality & performance report (MIQ&PR), which has been completed. A draft easy read version of the Framework has also been developed.
4. A key area of focus for the Framework was the development of “local frameworks” e.g. quality and performance management arrangements in each directorate/service area. Two areas have been reviewed as pilots of the Framework; plus an initial assessment of the Trust’s corporate arrangements against the Framework’s “organisational requirements” has been undertaken.
5. The lead officer within the Commissioning & Performance team left the Trust in April 2022 with a replacement not due to start until 30 January 2023. There has been significant progress recruiting into a new structure for the Commissioning & Performance Team, which includes some increased capacity, which will conclude with the starting of the Commissioning & Performance Manager on 30 January 2023. The changes within the team mean that progress has been slightly slower than initially anticipated.

## RECOMMENDATION

Finance & Performance Committee is asked to:-

- **Consider** the progress made to date.

## KEY ISSUES/IMPLICATIONS

1. The main issue in the first six months of 2022/23 has been the capacity to work on the Framework, as a result of having to recruit to every post in the Commissioning & Performance Team. This recruitment is expected to conclude on the 30 January 2023.
2. Initial work on assessing two service areas (EMS Co-ordination and the Resource function) indicates that the approach of using the “organisational requirements” to assess a service, linked to the development of local quality & performance governance maps & cycles works. In both cases the initial work indicates areas for improvement, but also established arrangements.
3. A workshop is planned for December 2022 to undertake a self-assessment of the organisational wide arrangements with three members of the Executive team due to be present.

## REPORT APPROVAL ROUTE

Date	Meeting
07 Nov-22	Executive Director of Strategy, Planning & Performance approval
14 Nov-22	Finance & Performance Committee

## REPORT APPENDICES

-

## REPORT CHECKLIST

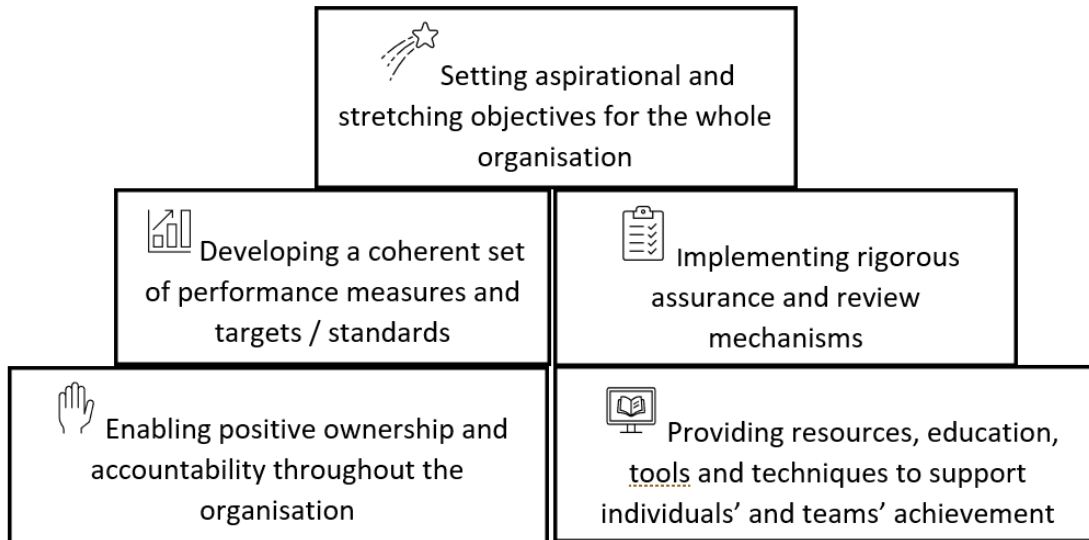
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	y	Financial Implications	y
Environmental/Sustainability	y	Legal Implications	y
Estate	y	Patient Safety/Safeguarding	y
Ethical Matters	y	Risks (Inc. Reputational)	y
Health Improvement	y	Socio Economic Duty	y
Health and Safety	y	TU Partner Consultation	y

## SITUATION

1. Finance & Performance Committee requested a six month update on the Trust Board approved Quality & Performance Framework.

## BACKGROUND

2. The Framework has five building blocks:-



3. Each block has “organisational requirements” i.e. the organisational expectations for each part of the Framework.

## ASSESSMENT

4. The Quality & Performance Management Steering Group has been established with three executives attending: Executive Director of Strategy, Planning & Performance, Executive Director of Nursing & Quality and the Board Secretary; TU partners are also represented. It meets monthly and has met every month with one exception since 01 April 2022.
5. The initial work on the Framework indicated that the corporate arrangements were robust, but it was much less clear what arrangements existed between the corporate ones and individual PADR's.
6. The Framework identified the need for “local frameworks” which would be slimmed down versions of the organisational one which would a) assess (in collaboration with the service manager) the service area against the “organisational requirements” b) map the local quality and performance arrangements, in particular, the various meetings and c) map the cycle of quality and performance reporting. The outputs from these will be short action plans for each service area, supported by other parts of the Trust as appropriate.
7. The two areas chosen for piloting were EMS Co-ordination and Resource. The initial findings indicate that EMS Co-ordination has developed quality & performance arrangements, in fact, there may be opportunities for making these arrangements leaner, but that there needs to be a greater connection between

Trust wide strategy, as set out in the IMTP and local deliverables. For Resource the initial findings were that whilst Resource undertakes a lot of reporting, on unit hours production (UHP), which is a responsibility of Heads of Service and Locality Managers in Operations (EMS) there are less developed metrics for the Resource service itself e.g. responsiveness of service to change requests, annual leave, toil etc.

8. In the last six months, there has been an overhaul of the structure of the Commissioning & Performance Team and a number of vacancies which in effect has meant that every post in the team has had to be recruited into. As a result, and as per the executive summary, progress has been slower than originally anticipated due to the lead officer for the Framework leaving in April 2022 and the structure of the small Commissioning & Performance team being overhauled, with new appointments into every post in the team.
9. The two managers from EMS Co-ordination and Resource engaged with the process of “local frameworks” and the approach worked.
10. The Executive Director of Strategy, Planning & Performance has also requested that there is a self-assessment against the “organisational requirements”. An initial assessment has been completed, with a workshop arranged for December 2022 to conclude this work.

## **RECOMMENDATION**

Committee is asked to: -

- **NOTE** that a Quality & Performance Management Steering Group has been established.
- **NOTE** two pilot assessments for the development of “local frameworks” have been conducted.
- **NOTE** that a self-assessment against the “organisational requirements” at a corporate level has been undertaken with the expectation that this will be concluded in December 2022.
- **NOTE** that the recruitment into the new structure of the Commissioning & Performance Team will be concluded by 30 January 2023.

## REPORT APPROVAL ROUTE

Date	Meeting
07 Nov-22	Director of Strategy, Planning & Performance approval.
14 Nov-22	Finance & Performance Committee

## REPORT APPENDICES

--

## REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x
Estate	x	Patient Safety/Safeguarding	x
Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	x	TU Partner Consultation	x



<b>AGENDA ITEM No</b>	<b>9</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	14 <sup>th</sup> November 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk, Deputy Board Secretary
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the 10 risks that are relevant to Committee's remit and additionally the Trust's 2 highest scoring risks which are assigned to QuEST for oversight; however, are included in each Board Committee report for information and discussion.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 2.
3. The BAF, in Annex 2, provides the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those control where applicable. This will assist Members in evaluating current risk ratings.
4. The gaps in controls and assurance are set out on the BAF, as are the actions planned to address any gaps. This detail provides Members with an insight into the planned activity, as much as can be anticipated from time to time, to reduce the risk to a level of tolerance set by the target score. This format will continue to evolve as part of the risk transformation programme.
5. Risks are allocated to appropriate Directors to drive the reviews and actions to mitigate the risks. In addition to directorate reviews there are formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) in relation to risk escalation, changes in ratings, and any new risks for inclusion on the Corporate Risk Register.

### RECOMMENDATION:

6. **Members are asked to consider the contents of the report and:**
  - a. **Discuss the risks relevant to Committee.**
  - b. **Review the Board Assurance Framework.**

--

<b>KEY ISSUES/IMPLICATIONS</b>
--------------------------------

7. The key issues are set out in the Executive Summary above.
---

<b>REPORT APPROVAL ROUTE</b>
------------------------------

8. The report has been considered by: <ul style="list-style-type: none"> <li>• ADLT – 16th October 2022</li> <li>• ADLT – 31st October 2022</li> <li>• EMT – 9th November 2022</li> </ul>
---

<b>REPORT ANNEXES</b>
-----------------------

9. SBAR report.
10. Annex 1 - Summary table describing the Trust's Corporate Risks.
11. Annex 2 - Board Assurance Framework

<b>REPORT CHECKLIST</b>
-------------------------

<b>Confirm that the issues below have been considered and addressed</b>		<b>Confirm that the issues below have been considered and addressed</b>	
EQIA (Inc. Welsh language)	NA	Financial Implications	NA
Environmental/Sustainability	NA	Legal Implications	NA
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	NA	Risks (Inc. Reputational)	NA
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA

## **RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT**

### **SITUATION**

1. The purpose of this report is to provide an activity update in relation to the Trust's Corporate Risks, relevant to Committee.
2. A summary report describing each of the corporate risks as of 31<sup>st</sup> October 2022 is detailed in Annex 1 as an extract from the Corporate Risk Register (CRR).
3. The risk owners have updated progress against the risks in accordance with the review schedule in place across the Trust, with the highest scoring risks reviewed monthly.
4. The Board Assurance Framework (BAF) report is included in the paper in Annex 2.

### **BACKGROUND**

5. The Risk Management Transformation Programme was included in the IMTP (2022/2) with the immediate priority to undertake a detailed review of the Trust's 5 highest scoring risks initially with the remaining corporate risks to follow. The programme of work has been completed to strengthen the articulation of the corporate risks and any new risks including title, summary descriptions, controls, assurances and any gaps or additional actions required.
6. The Assistant Directors Leadership Team (ADLT) continue to review the risk assessments, which have been approved by the Risk Owner, on all new risks in addition to reviewing any changes to existing risks and mitigating actions, reporting activity to the Executive Management Team (EMT), Board Committees and Trust Board.

### **ASSESSMENT**

7. There are currently 17 Corporate Risks on the register, 10 of which are assigned to Committee for oversight, and these are described in the summary table in Annex 1. The table sets out the rearticulation of each of the Corporate Risks including new titles and summary descriptions, utilising an '*if, then, resulting in*' approach, the Executive Owner of the Risk and the Risk score with any changes that have occurred during the period.
8. The EMT has approved the Corporate Risks described in this paper.

#### Corporate Risks

9. The full detail of each Corporate Risk, including controls, assurances, gaps and mitigating actions form part of the improved Board Assurance Framework (BAF) detailed in Annex 2.

10. In addition, Members are asked to note that the actions, which were contained in the July 2022 Board paper on avoidable harm and outlined at the last meeting, are included in the action section of the BAF for the Trust's highest scoring risks 223 and 224 which are both rated 25. These actions seek to mitigate in real time, avoidable harm in the context of extreme and sustained pressure across the urgent and emergency care service.

#### Closure and De-Escalation of Risks

11. No risks have been closed from the CRR or de-escalated to Directorate Registers since the last meeting relevant to this Committee.

#### Transfer of Risks

12. No risks relevant to Committee's remit have transferred during this reporting period.

#### Changes to Risk Scores

13. There have been no changes to the risk scores since the last meeting in September 2022.

#### New Corporate Risks

14. No new risks have been assessed or recommended for the CRR during this reporting period.

#### Development of New Risks

15. **Risk 538** - A risk has been developed to reflect the possible consequence of a further delay to the implementation of the new Integrated Information System (Salus); however, due to ongoing commercial discussions and a delay to some delivery milestones, the detail of this risk will need to be reviewed and finalised to capture the emerging position and differentiate it from any realised issues. An update is expected for presentation to Trust Board in January 2023.
16. **Risk 542** - *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan*

This risk has been fully articulated and is navigating Trust risk governance processes. It is expected that this will be included on the CRR during the next reporting cycle.

#### Further Review of Risks

17. Work continues to consider and develop potential new Risks for inclusion on the CRR in the following areas:
  - *Patient Safety/Putting Things Right Team*
  - *NHS Decarbonisation*
  - *Supply Chain Issues – Digital Equipment*
  - *Business Continuity Risks*

- *Securing Stakeholder Support to Deliver the Strategy and IMTP*
- *Capacity to deliver change (IMTP)*
- *Ongoing Impact of CoVID and Increasing Demand for Services (IMTP)*




#### Board Assurance Framework

18. The BAF is included at annex 2 which focusses the Board on the key risks that are mapped to the IMTP deliverables and that might compromise the achievement of the Trust's strategic objectives. Until such time as the more mature and strategic BAF is developed during 2023/24 as part of the risk transformational programme, these key risks are the corporate risks due to their relationship to the IMTP delivery and their risk ratings.

#### **RECOMMENDED:**

19. **Members are asked to consider and discuss the contents of the report and:**
- a) Discuss the risks relevant to Committee.**
  - b) Review the Board Assurance Framework.**

## Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death	<p><b>IF</b> significant internal and external system pressures continue</p> <p><b>THEN</b> there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p><b>RESULTING IN</b> patient harm and death</p>	Director of Operations	<p><b>25</b> <b>(5x5)</b></p> 
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	<p><b>IF</b> patients are significantly delayed in ambulances outside A&amp;E departments</p> <p><b>THEN</b> there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised</p> <p><b>RESULTING IN</b> patients potentially coming to harm and a poor patient experience</p>	Director of Quality & Nursing	<p><b>25</b> <b>(5x5)</b></p> 
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	<p><b>IF</b> the Trust does:</p> <ul style="list-style-type: none"> <li>not achieve financial breakeven and/or</li> <li>does not meet the planning framework requirements and/or</li> <li>does not work within the EFL and/or</li> <li>fails to meet the 95% PSPP target and/or</li> <li>does not receive an agreement with commissioners on funding (linked to 458)</li> </ul> <p><b>THEN</b> there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)</p> <p><b>RESULTING IN</b> potential interventions by the regulators,</p>	Director of Finance & Corporate Resources	<p><b>16</b> <b>(4x4)</b></p> 

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		qualified accounts and impact on delivery of services and reputational damage		
244 FPC	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service	<p><b>IF</b> the Trust is unable to increase accommodation capacity</p> <p><b>THEN</b> there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives</p> <p><b>RESULTING IN</b> EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience</p>	Director of Operations	<b>16</b> <b>(4x4)</b> 
245 FPC	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations	<p><b>IF</b> CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident</p> <p><b>THEN</b> there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities</p> <p><b>RESULTING IN</b> potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)</p>	Director of Operations	<b>16</b> <b>(4x4)</b> 
458 FPC	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for	<b>IF</b> sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only	Director of Finance & Corporate Resources	<b>16</b> <b>(4x4)</b> 

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
	recurrent costs of commissioning	<p>recognised by commissioners on a cost recovery basis</p> <p><b>THEN</b> there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.</p> <p><b>RESULTING IN</b> patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage</p>		
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	<p><b>IF</b> there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p> <p><b>THEN</b> there is a risk of a significant information security incident</p> <p><b>RESULTING IN</b> a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>	Director of Digital Services	<b>15</b> <b>(3x5)</b> 
543 FPC	Major disruptive incident resulting in a loss of critical IT systems	<p><b>IF</b> there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems</p> <p><b>THEN</b> there is a risk of a loss of critical IT systems</p>	Director of Digital Services	<b>15</b> <b>(3x5)</b> 

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		<b>RESULTING IN</b> a partial or total interruption in WAST's effective ability to deliver essential services		12 (3x4)
100  FPC	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	<p><b>IF</b> WAST fails to persuade EASC/Health Boards about WAST ambitions</p> <p><b>THEN</b> there is a risk of a delay or failure to receive funding and support</p> <p><b>RESULTING IN</b> a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>	Director of Strategy Planning & Performance	12 (3x4) 
283  FPC	Failure to implement the EMS Operational Transformation Programme	<p><b>IF</b> there are issues and delays in the planning and organisation of the EMS Demand &amp; Capacity Review Implementation Programme</p> <p><b>THEN</b> there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters</p> <p><b>RESULTING IN</b> potential patient harm, deterioration in staff wellbeing and reputational damage</p>	Director of Strategy Planning & Performance	12 (3x4) 
311  FPC	Inability of the Estate to cope with the increase in FTEs	<p><b>IF</b> the cumulative impact on the estate of the EMS Demand &amp; Capacity Review and the NEPTS Review is not adequately managed</p> <p><b>THEN</b> there is a risk that the Estate will not be able to cope with the increase in FTEs</p> <p><b>RESULTING IN</b> potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust</p>	Director of Finance & Corporate Resources	12 (3x4) 

## CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
424 FPC	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	<p><b>IF</b> resources are not forthcoming within the funding envelope available to WAST (link to risk 139)</p> <p><b>THEN</b> there is a risk that there is insufficient capacity to deliver the IMTP</p> <p><b>RESULTING IN</b> delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing</p>	Director of Strategy Planning and Performance	<p style="text-align: center;"><b>12</b> (3x4) ➔</p>

Annex 2 – Board Assurance Framework

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death			Date of Review:	18/10/2022	TREND	25 (5x5)
				Date of Next Review:	18/11/2022		
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
				Inherent	4	5	20
				Current	5	5	25
				Target	2	5	10
IMTP Deliverable Numbers: 3, 7,9,11, 12, 14,16, 18, 21, 22, 26							
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee	
CONTROLS				ASSURANCES			
1. Patient Flow Co-Ordination based in the Grange University Hospital				Internal Management (1 <sup>st</sup> Line of Assurance)			
2. Regional Escalation Protocol				1. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU			
3. Immediate release protocol				2. Daily conference calls to agree RE levels in conjunction with Health Boards			
4. Resource Escalation Action Plan (REAP)				3. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)			
5. 24/7 Operational Delivery Unit (ODU)				4. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.			
6. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans				5. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.			
7. Limited Alternative Care Pathways in place				6. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.			
8. Consult and Close (previously Hear and Treat)				7. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.			
9. Advanced Paramedic Practitioner (APP) deployment model				8. Monitoring CSD rates through AQIs. Consult and Close volumes form part of EMS CCC weekly reports to SLT. Regular reporting of incident volumes to Operational Review Groups. Summary level information about Consult and Close volumes, targets, trends and recontact rates reported to TB and sub-committees. Metrics relating to Ambulance Quality Indicators (AQI) published on a quarterly basis by EASC. Bi-monthly EASC Provider reports. Consult and Close performance reported in Joint Executive Team meeting every 6 months with Welsh Government. NWSSP Information Management Internal Audit report February 2022 (External Assurance)			
10. Clinical Safety Plan				9. Qlik sense APP dashboard monitors performance and provides assurance that APPs are flowing patients into alternatives to emergency department. Qlik sense is a national report and can drill down into regional, local and individual performance as required			
11. Recruitment and deployment of CFRs				10. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group			
12. ETA scripting				11. Volunteers are another resource for response, Volunteer			
13. Clinical Contact Centre (CCC) emergency rule				12. The ETA Dashboard is a tactic that was signed off by EMT – there is a dashboard that supports scripting analysed by comparing with real time data			
14. National Risk Huddle				13. CCC Emergency Rule is policy that has been signed off by Execs.			
15. Handover Improvement Plans agreed between Health Boards and WAST				14. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.			
16. Summer/Winter initiatives				15. Improvement plans are reviewed by EAST			
				16. Monitoring through SLT and STB			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	18/10/2022	TREND	25 (5x5)
			Date of Next Review:	18/11/2022	➔	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	5	5	25
			Target	2	5	10
17. CHARU implementation		17. Monitored via the EMS project Board				
18. National Transfer & Discharge Model		18. Task and Finish Group established				
19. Conveyance Reduction		19. This is part of the weekly performance review and aligned to Care Closer to Home Programme				
20. Access to Same Day Emergency Care (SDEC) for paramedic referrals		20. This forms part of the handover improvement plans in place with Health Boards				
21. Mental Health Practitioners in cars		21. Part of the Care Closer to Home workstream				
22. Roll out of ECNS		22. Reported through QuEST				
23. Clinical Model and clinical review of code sets		23. Reported through QuEST				
24. Remote Clinical Support Strategy		24. Strategic Transformation Board – IMTP deliverable				
25. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)		25. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)				
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system		None immediately identified but subject to continual review				
2. Blockages in system e.g. internal capacity within Health Boards which affect patient flow						
3. Covid capacity streaming						
4. Transition Plan/Inverted Triangle – bid for transition plan has been put in and is now subject to funding						
5. Local delivery units mirroring WAST ODU						
6. Handover delays link to risk 224						
7. Tolerance in Health Boards has become the norm. As delays have increased, there appears to be no visible appetite to address these issues						
8. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 6 months there is a low confidence in attaining this.						
9. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration						
<i>Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST</i>						
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.		Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	31.12.22	Rural model options are being explored. Discussions have been opened up with one workshop held another scheduled for 28 <sup>th</sup> October 2022 with the aim of producing a set of recommendations for consideration by SLT and EMT.		
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)		ADLT Sub-Group	30.09.22 - Paused			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	18/10/2022	TREND	25 (5x5)
			Date of Next Review:	18/11/2022	➔	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	5	5	25
			Target	2	5	10
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters		Assistant Director of Operations EMS	Extended from 30.09.22 to 31.12.22		On schedule to implement all EA and UCS rosters by the end of November 2022. CHARU rosters may drift into December 2022 due to recruitment and training.	
4. Transition arrangements post pandemic		Executive Pandemic Team / Assistant Director of Strategic Planning (BCRT Chair)	Complete 30/08/22		Transition complete	
5. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]		TBA	TBA			
6. Maximise the opportunity from Consult and Close – stretch to 15% and beyond (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, Integrated Care	31.12.22		Work undertaken to map influences and progress towards each. Trajectory cast until December 2022 - 15% to be achieved through efficiencies.	
7. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, National Operations & Support	Complete		System in place and ongoing.	
8. Weekly REAP review by senior Operations Directorate team with assessment of action compliance (I) Source: Action Plan presented to Trust Board 28/07/22]		Director of Operations / Operations Senior Leadership Team	Complete		In place and ongoing - Weekly Performance Meetings occur every Tuesday lunchtime to review performance, etc and determine REAP level.	
9. Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, National Operations & Support / National Volunteer Manager	Ongoing		Additional CFR Trainers and Operations Assistants appointed to support recruitment and training of new CFRs. Volunteer Management Team, supported by the Volunteer Steering Group, now embarking on volunteer recruitment programme and increasing public engagement to raise awareness about volunteering opportunities available within WAST.	
10. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]						
11. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Quality & Governance / Head of Quality Improvement	TBA		Level 2 Falls Service implemented as a pilot. Awaiting evaluation of the pilot and assessment of outcomes and potential longevity of this initiative.	
12. External Controls detailed within the Action Plan presented to Trust Board on 28/07/22: a. Audit Wales's investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E) b. Consideration of additional WAST schemes to support risk mitigation through winter (I) c. NHS Wales educes emergency department handover lost hours by 25% (E) d. NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E) e. Alterative capacity equivalent to 1000 beds (E) f. Implement nationwide approach to emergency department 'Fit 2 Sit' (E) g. Implementation of Same Day Emergency Care services in each Health Board (E) h. National Six Goals programme for Urgent and Emergency Car (E)						

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients			Date of Review:	31/10/2022	TREND	25 (5x5)
				Date of Next Review:	30/11/2022	→	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score	
			Inherent	5	5	25	
			Current	5	5	25	
			Target	3	2	6	
IMTP Deliverable Numbers: 7,9, 10, 11, 12, 13, 14, 15, 16, 23, 24, 25, 26, 33, 35							
EXECUTIVE OWNER		Director of Quality & Nursing		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee	
CONTROLS				ASSURANCES			
				Internal Management (1 <sup>st</sup> Line of Assurance)			
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Delivery Unit under the <i>Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2</i> , dated July 2019.				1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIP), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.			
2. WAST membership of the working group to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commended in August 2022.				2. Workshop with system partners in place with executive directors of nursing attendance – next meeting 08.09.2022 – plan to finalise revised approach to Appendix B process by November 2022.			
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016))				3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.			
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).				4. NEWS data now available via ePCR and escalation system in place. Learning from incident reporting processes.			
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership.  WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit. Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.				5. Monthly Integrated Quality and Performance Report			
6. Hospital Ambulance Liaison Officer (HALO) (Some health Boards).				6. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU.			
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP).				7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.			
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.				8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process			
9. 24/7 Operational Delivery Unit (ODU) escalating handover delays / patient condition to Health Board colleagues.				9. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays			
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.				10. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end.			
11. Escalation forums to discuss reducing and mitigating system pressures.				11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.			
12. WAST Education and training programmes include deteriorating patient (NEWS), tissue viability, dementia awareness, mental health.				12. Integrated Quality and Performance Report (June 85% target met)			

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients		Date of Review:	31/10/2022	TREND	25 (5x5)	
			Date of Next Review:	30/11/2022	→		
<b>IF</b> patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		<b>THEN</b> there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	<b>RESULTING IN</b> patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score
				Inherent	5	5	25
				Current	5	5	25
				Target	3	2	6
13. Clinical audit programme			13. Clinical audit programme with oversight from the Clinical Quality Governance Group.				
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.			14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting.				
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government.  Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating “The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.”			15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board and Board sub-committee oversight and escalation.				
			<b>External Sources of Assurance Management (1<sup>st</sup> Line of Assurance)</b>				
			1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC) and Joint Executive Team meeting Welsh Government (I&E).				
			2. Healthcare Inspectorate Wales (HIW) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover’ Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and CASC				
<b>GAPS IN CONTROLS</b>			<b>GAPS IN ASSURANCE</b>				
1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.			1. Strengthen and triangulate patient safety metrics and look back data at ED, service and corporate level for baseline data for improvement projects and WAST reports.				
2. Inconsistent review of potentially serious / catastrophic patient safety incidents in line with the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019 (frequently referenced as ‘Appendix B’ Reports) by Health Boards pan NHS Wales and lack of ownership of system risks. Lack of whole system approach to handling patient safety incidents resulting from system pressures*.			2. Implementation of revised process, engagement and outcome and improvement measures at system level – to be confirmed.				
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales*.			3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours from c6000 hours per month at the end of 2018 to in excess of 22000 hours per month during Q4 21/22 and Q1 22/23. This scale of lost emergency ambulance capacity has peaked at 30% per month of the entire emergency ambulance fleet..				
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS*.			4. Strengthen patient safety reports and audit processes as system embeds.				
5. (a) Variation in appetite across the Health Boards to implement Fit2Sit, citing overcrowded emergency department waiting rooms as the reason. Limited confidence in system engagement to address Goal 4 and achieve reduction in handover delays*.			5. 15-minute handover target is not being achieved pan-Wales consistently.				

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients		Date of Review:	31/10/2022	TREND	25 (5x5)
			Date of Next Review:	30/11/2022	→	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score
			Inherent	5	5	25
			Current	5	5	25
			Target	3	2	6
5. (b) Protracted timescales in the Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – by the end of April 2025. The number of people waiting over this period for ambulance patient handover will reduce on an annual basis until that point'. No detail on incremental improvements required at emergency department level or oversight mechanisms. EASC have stated that no delay should exceed 4 hours although WAST is yet to see any demonstrable plans to support this*.						
6. Variation pan Wales / England as position not implemented across all emergency departments*.		6.				
7.		7.				
8. Variation pan Wales / England as position not implemented across all emergency departments*.		8.	Health & Care Standards self – assessment in progress.			
9. Variable response pan Wales / England. WAST have minimal control on this at patient level*.		9.				
10.		10.				
11. Variable response pan Wales / England. WAST have minimal control on this at patient level*.		11.				
12.		12.				
13. Transition to ePCR impacting on data temporarily		13.				
14. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas*.		14.	HIW approve and sign off WAST elements of recommendations.			
15.		15.				
		<b>External Gaps in Assurance</b>				
		1. Lack of escalation and response to AQIs by the wider urgent care system and regulators				
		2. Lack of collective system response to HIW 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' Report. Meetings cancelled x 2 in May 2022. WAST has representation on the working group*				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:		
Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026 – Goal 4: Rapid response in physical or mental health crisis.		CEO	<ul style="list-style-type: none"> <li>WAST is represented on the Clinical Reference Group by the Director of Paramedicine</li> </ul>	Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales		
Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project		WAST QI Team (QSPE)	<ul style="list-style-type: none"> <li>Checkpoint Q4 2022/23</li> </ul>	Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF)		
Implement nationwide approach to emergency department 'Fit 2 Sit'		CMO/CNO	<ul style="list-style-type: none"> <li>Acceptance at meeting of Chairs and CEOs led by Director General for Health and Social Services and the NHS Wales Chief Executive on 08.06.2022 that a national approach to Fit 2 Sit should be adopted. Chief Medical Officer and Chief Nursing Officer to champion development through peer groups</li> <li>Checkpoint Q4 2022/23</li> </ul>	Emergency Department Quality & Delivery Framework final version drafted for consultation / approval.		
Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.		Assistant Director of Quality & Nursing	<ul style="list-style-type: none"> <li>Checkpoint Q4 2022/23</li> </ul>	Incremental improvements to quality and safety data and information to enable triangulation.		

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients			Date of Review:	31/10/2022	TREND	25 (5x5)
				Date of Next Review:	30/11/2022	➔	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score
				Inherent	5	5	25
				Current	5	5	25
				Target	3	2	6
				Access to ePCR data (NEWS) now available.			
Continued Health Board interactions – my next patient, patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.		Executive Director of Quality & Nursing	<ul style="list-style-type: none"> <li>Monthly</li> </ul>	Monthly meetings continue to be held and the content of the health board reports are currently under review			
HIW Improvement Plan / Workshop– WAST inputs / influencing improvements Response and improvement actions to Healthcare Inspectorate Wales Inspection report (2021) 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' which links to Fundamentals of Care.		Assistant Director of Quality & Nursing	<ul style="list-style-type: none"> <li>August 2022 in progress</li> <li>Checkpoint Q4 2022/23</li> </ul>				
Participation in the CASC led workshop to reform <i>the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019.</i>		Assistant Director of Quality & Nursing	<ul style="list-style-type: none"> <li>Checkpoint post pilot Q4 2022/23</li> </ul>	Revised joint investigation approach agreed which is to be piloted from November 2022.			
Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation		Director of Workforce & Organisational Development	<ul style="list-style-type: none"> <li>Recruitment decision made at EMT on 15.06.2022 for 100 WTE with offers already made to ACA2s and EMTs on hold list</li> <li>Courses to commence in Q2 2022/23 with first new deployments in Q3 2022/23</li> <li>Offers also made to all 61 NQPs from "Big Bang" event</li> <li>Correspondence to CASC confirming action taken sent 21.06.2022 with request for recurrent funding source set out</li> <li>End of Q3 and into Q4 2022/23</li> </ul>				
Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE		Director of Paramedicine	<ul style="list-style-type: none"> <li>Bid to Value Based Healthcare Fund made for up to 50 WTE APPs to commence fulltime education for 12 months from January 2023</li> <li>Q4 2023/24</li> </ul>				
Senior system influencing		Trust Chair Chief Executive Officer	<ul style="list-style-type: none"> <li>Ensure that system safety and avoidable harm remain a live topic of discussion in all relevant fora</li> <li>Seize opportunities as they emerge that can contribute to mitigating avoidable harm</li> <li>JESG forum used to raise awareness amongst Emergency Service Chief Officers who have written twice to NHS Wales Chief Executive to convey the impact of our inability to respond to incidents in the community on their core service provision</li> </ul>	Ongoing			
Emergency Department cohorting		Director of Operations	<ul style="list-style-type: none"> <li>Provide additional clinical staff and suitable space for patients arriving by ambulance to be held at the emergency department awaiting admission enabling the ambulance to be released</li> <li>In place at Morriston and The Grange</li> </ul>	Ongoing			
Transition Plan		Chief Executive Officer	<ul style="list-style-type: none"> <li>Formally submitted to Commissioners in December 2021 and subsequently subject to a part year funding request of Welsh Government on 24 May 2022 this plan sought to grow our establishment to a further 294 WTE having forecast the challenges currently being seen</li> <li>Around two thirds of the growth was to deploy additional response capacity (now provided in part by 4 above) whilst the system took action to reduce emergency department handover delays</li> </ul>	Transition now complete. <b>CLOSE</b>			

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients			Date of Review:	31/10/2022	TREND	25 (5x5)
				Date of Next Review:	30/11/2022	→	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score
				Inherent	5	5	25
				Current	5	5	25
				Target	3	2	6
			<ul style="list-style-type: none"> <li>Around one third of the growth was to accelerate the transition to a new model of service delivery (inverting the triangles) – also now subject to a separate bid as in 5 above</li> </ul>				
Overnight falls service extension	Director of Quality & Nursing	<ul style="list-style-type: none"> <li>Review current extension to falls scheme that has temporarily been running on night duty</li> <li>Benefit derived but further improvement in utilisation and overall volume of work undertake are necessary in the next 3 months</li> <li>Scheme extension agreed to 31 March 2023</li> </ul>					
Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Chief Executive Officer	<ul style="list-style-type: none"> <li>Conducted in three phases over the next 6 to 9 months Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support)</li> <li>WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities</li> <li>Q1 2023/2024</li> </ul>					
Consideration of additional WAST schemes to support overall risk mitigation through winter	Director of Operations	<ul style="list-style-type: none"> <li>Summer performance forecast complete and winter underway imminently</li> <li>Discussions underway during Q2 to create new/further schemes to support operational delivery through winter</li> <li>Q3 2022/23</li> </ul>					
National 111 awareness campaign	Director of Partnerships and Engagement Director of Digital	<ul style="list-style-type: none"> <li>National public awareness campaign funded by Welsh Government to promote appropriate use of services (111 as an alternative to 999/ED where appropriate)</li> <li>Upgrade to 111 website and symptom checkers also underway</li> <li>Q3 2022/23</li> </ul>					

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation		Date of Review:	31/10/2022		TREND	16 (4x4)
			Date of Next Review:	30/11/2022		➔	
<b>IF</b> the Trust does: <ul style="list-style-type: none"> <li>not achieve financial breakeven and/or</li> <li>does not meet the planning framework requirements and/or</li> <li>does not work within the EFL and/or</li> <li>fails to meet the 95% PSPP target and/or</li> <li>does not receive an agreement with commissioners on funding (linked to 458)</li> </ul>	<b>THEN</b> there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	<b>RESULTING IN</b> potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		Likelihood	Consequence	Score	
			Inherent	3	4	12	
			Current	4	4	16	
			Target	2	4	8	
IMTP Deliverable Numbers: 10, 18, 28, 30, 34. 35, 37,38							
<b>EXECUTIVE OWNER</b>		Director of Finance and Corporate Resources	<b>ASSURANCE COMMITTEE</b>		Finance and Performance Committee		
<b>CONTROLS</b>		<b>ASSURANCES</b>					
		<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>					
1.	Financial governance and reporting structures in place	1. Risk is reviewed quarterly at F&P and a report is submitted bi-monthly to Trust Board					
2.	Financial policies and procedures in place	2.					
3.	Budget management meetings	3. Diarised dates for budget management meetings					
4.	Regular financial reporting to ADLT, EFG, EMT, FPC and Trust Board in place	4. Diarised dates for EFG and FPC and monthly reports					
5.	Welsh government reporting	5.					
6.	Monthly review of savings targets	6. ADLT monthly review					
7.	Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.	7.					
8.	Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.	8. Diarised dates for ICMB meetings with regular monthly report					
9.	PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications	9. Regular PSPP communications (Trust wide) on Siren					
10.	Forecasting of revenue and capital budgets	10. (a) Monthly monitoring returns to ADLT, EFG, EMT and FPC (b) Reliance on available intelligence to inform future forecasting.					
11.	Business cases and benefits realisation (both revenue and capital)	11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, EMT, FPC prior to Trust Board for approval as appropriate according to value.					
		<b>External Assurances Management (1<sup>st</sup> Line of Assurance)</b>					
		5. Monthly Monitoring Returns to Welsh Government					
		7. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.					

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation		Date of Review:	31/10/2022		TREND	16 (4x4)
			Date of Next Review:	30/11/2022		➔	
<b>IF</b> the Trust does: <ul style="list-style-type: none"> <li>not achieve financial breakeven and/or</li> <li>does not meet the planning framework requirements and/or</li> <li>does not work within the EFL and/or</li> <li>fails to meet the 95% PSPP target and/or</li> <li>does not receive an agreement with commissioners on funding (linked to 458)</li> </ul>	<b>THEN</b> there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	<b>RESULTING IN</b> potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		Likelihood	Consequence	Score	
			Inherent	3	4	12	
			Current	4	4	16	
			Target	2	4	8	
		8. Bi-monthly Capital CRL meetings with Trust and WG capital leads					
		9. Regular P2P meetings diarised (bi-monthly)					
		10. Monthly monitoring returns into Welsh Government					
		<b>Independent Assurances (3<sup>rd</sup> Line of Assurance)</b>					
		1-10 Internal audit reviews covering					
		1-10 External audit reviews					
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>					
<ul style="list-style-type: none"> <li>Lack of formalised service contracts between Commissioner and WAST as a commissioned body</li> </ul>		None identified					
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>			
1. Continuing negotiations with Commissioners		Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/23 – Checkpoint Date				
2. Embed a transformative savings plan and ensure organisational buy in		ADLT and Savings subgroup	31/03/23 – Checkpoint Date				
3. Embed value-based healthcare working through the organisation		Executive Management Team and Value Based Healthcare Group	31/03/23 – Checkpoint Date				
4. WIIN support for procurement, savings and efficiencies		WAST Improvement and Innovation Network group	31/03/23 – Checkpoint Date				
5. Foundational economy, Decommissioning and procurement to mitigate social and economic wellbeing of Wales		Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/23 – Checkpoint Date				

Risk ID 244	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service		Date of Review:	03/05/2022		TREND	16
			Date of Next Review:	30/05/2022		➔	(4x4)
IF the Trust is unable to increase accommodation capacity		THEN there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives	RESULTING IN EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score
			Inherent		5	4	20
			Current		4	4	16
			Target		3	4	12
IMTP Deliverable Numbers: 1,5,9, 10,18, 28, 30, 34							
EXECUTIVE OWNER		Director of Operations	ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS			ASSURANCES				
			Internal Management (1 <sup>st</sup> Line of Assurance)				
1. Temporary call handling provision in Carmarthen			1. Monitoring of Performance standards for call handling (daily) and dispatch (weekly) to identify impacts on service with further investigation on a monthly basis				
2. Maximum use of space at the Bryn Tyrion site			2. All desks have been realigned to 2m physical distancing as part of covid preparations				
3. Maximum use of space at the Vantage Point House (VPH) site			3. Review of VPH undertaken – November 2021 Staffing levels are managed according to maximum desk space on each centre. In VPH, because of agile working there is capacity for non-dispatch functions.				
4. Prioritisation of space utilisation for each shift by CCC management team and alignment to priorities associated with safe service delivery			4. Business continuity tracker for staffing levels updated daily				
			External Not applicable				
GAPS IN CONTROLS			GAPS IN ASSURANCE				
1. Call handling provision is a short-term solution and not fully resilient			1. Carmarthen solution for call handling is temporary				
2. Lack of resilience in temporary accommodation may trigger risk if business continuity plans are invoked			2. Reconfiguration work reviewed by architects during pandemic preparation and earlier have yet to be delivered.				
3. Current social distancing plans for EMS CCC do not provide solutions for the dispatch environment in Carmarthen			3. Agile working solution would be compromised in an ICT outage and paper-based approach would be used				
4. Current social distancing plans for EMS CCC provide limited solutions for call handling and dispatch in Bryn Tyrion							
5. Current social distancing plans for EMS CCC provide limited solutions for dispatch environment in VPH.							
6. Estates Strategy is silent on risk associated with CCC environment							
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:		
1. Review current estate to identify moderate workplans to maximise available capacity within existing estate.			Assistant Director of Operations – Resourcing & EMS Coordination	30.09.22 Complete	Review took place to maximise capacity, some additional desks and roster planning supported. Site specific updates are as follows: Capacity within Central & West CCC (Carmarthen) which has been extended to provide extra accommodation for additional EMDs required to comply with Covid regulations. South East CCC (VPH) is currently undergoing renovation, but there are plans to provide additional capacity for EMS CCC when it is completed in January 2023 – this is to be achieved by the Ambulance Care Team (NEPTS CCC) moving upstairs to create some additional space. In terms of the North CCC, a plan has been submitted for consideration at the Estates SOP. In addition, the ADO Integrated Care has been part of a broader discussion as		

Risk ID 244	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service		Date of Review:	03/05/2022		TREND	16 (4x4)
			Date of Next Review:	30/05/2022		→	
IF the Trust is unable to increase accommodation capacity	THEN there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives	RESULTING IN EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score	
			Inherent	5	4	20	
			Current	4	4	16	
			Target	3	4	12	
			part of a T&F group. There are longer term plans to potentially move to more suitable and spacious accommodation in the North but there are technology requirements to enable the move away from the current Airwave equipment, which is projected to be affected at the end of 2023.				
2. Develop digital solutions for remote supervision and clinical support to maximise virtual network of CCC reducing capacity required in existing sites.	EMS CCC Area Manager	12.07.22 Complete	Remote supervision implemented 12.07.22. Action Complete.				
3. Option appraisal required to review options for increasing CCC capacity. This should be aligned to the HIW review recommendation for the North CCC estates strategy and expanding this to support the pan-Wales estates position.	Assistant Director – Capital & Estates	31.12.22 – Checkpoint Date	Task and Finish group appointed into Estates to complete this work. Checkpoint later in Q3 2022-23.				
4. Based on modelling data under D&C review explore any efficiencies that can be gained in CCC estates through revised dispatch models maximising use of digital technology	CCC SE Manager	30.06.22 Checkpoint Date	Checkpoint review complete. Project change is being developed and revised action/date to be added.				

Risk ID 245	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations		Date of Review:	03/05/2022		TREND	16 (4x4)
			Date of Next Review:	26/05/2022		➔	
IF CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident	THEN there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities	RESULTING IN potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)		Likelihood	Consequence	Score	
			Inherent	3	5	15	
			Current	4	4	16	
			Target	2	4	8	
IMTP Deliverable Numbers: 1, 5, 9							
EXECUTIVE OWNER		Director of Operations	ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS			ASSURANCES				
			Internal Management (1 <sup>st</sup> Line of Assurance)				
1. Trust Business Continuity Procedure and Incident Response Plan			1. Debrief from significant business continuity incidents which are put into organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. This is currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing				
2. National EMS CCC Business Continuity Plan (reviewed in March 2021)			2. Business Continuity Plan is up to date and has been reviewed and is currently waiting sign off. Business continuity exercise undertaken on 9.03.22.				
3. Clinical remote working arrangements			3. SOP in place with respect to Clinical Remote Working – this is being reviewed at present moment				
4. Single instance CAD allowing virtualisation which enables staff to work anywhere			4. CAD alerts if there are systems issues				
5. ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts. This is used on a daily basis			5. Monitoring undertaken locally at least weekly				
			External Not applicable				
GAPS IN CONTROLS			GAPS IN ASSURANCE				
<ul style="list-style-type: none"> <li>If CAD is not functional then any impact of current controls would be negated by need to move physical staff</li> </ul>			<ul style="list-style-type: none"> <li>Business continuity plan requires increased duties for existing staff as a result of lack of physical accommodation (link to risk 244)</li> </ul>				
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:		
TBC							

<b>Risk ID</b> 458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services		<b>Date of Review:</b>	31/10/2022	<b>TREND</b> ➡	16 (4x4)
			<b>Date of Next Review:</b>	30/11/2022		
<b>IF</b> sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.	<b>THEN</b> there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.	<b>RESULTING IN</b> patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	3	4	12
			<b>Current</b>	4	4	16
			<b>Target</b>	2	4	8
<b>IMTP Deliverable Numbers: 2, 12, 16, 18, 23, 24, 25, 26, 28,30, 34, 37, 38</b>						
<b>EXECUTIVE OWNER</b>		Director of Finance and Corporate Resources	<b>ASSURANCE COMMITTEE</b>		Finance and Performance Committee	
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Financial governance and reporting structures in place			1. Risk is reviewed quarterly at F&P and a report is submitted bimonthly to Trust Board			
2. Financial policies and procedures in place			2.			
3. Setting and agreement of recurrent resources			3.			
4. Budget management meetings			4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.			
5. Budget holder training			5. Diarised dates for budget holder training			
6. Annual Financial Plan			6. Submission to Trust Board in March annually			
7. Regular financial reporting to EFG & FPC in place			7. Diarised dates for EFG and FPC with full financial reports			
8. Regular engagement with commissioners of Trust's services			<b>External Management (1<sup>st</sup> Line of Assurance)</b> 1. Accountability Officer letter to Welsh Government e.g. November 2021 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised 9. Monthly monitoring returns			
9. Welsh Government reporting on a monthly basis			<b>Independent Assurance (3<sup>rd</sup> Line of Assurance)</b> 2. Internal Audit reviews of financial policies & procedures as part of their audit plan			
<b>GAPS IN CONTROLS</b>			<b>GAPS IN ASSURANCE</b>			
• Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding			1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)			
<b>Actions to reduce risk score or address gaps in controls and assurances</b>			<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>	
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.			Deputy Director of Finance	31.12.22		
1. Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.			Deputy Director of Finance	31.12.22		

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems		Date of Review:	31/10/2022	TREND	15 (3x5)
			Date of Next Review:	30/11/2022	➔	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10
IMTP Deliverable Numbers: 7,8,9,10,12, 16,18,21,23, 24,25, 26, 38						
EXECUTIVE OWNER		Director of Digital Services	ASSURANCE COMMITTEE		Finance and Performance Committee	
CONTROLS			ASSURANCES			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Appropriate policy and procedures in place for Information/Cyber Security			1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.			
2. Trust Business Continuity Procedure and Incident Response Plan			2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing			
3. IT Disaster Recovery Plan			3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.			
4. Relevant expertise in Trust with respect to information security			4. Staff undertake relevant training courses e.g. CISSP to increase knowledge and expertise			
5. Data Protection Officer in post			5. In job description of Head of ICT			
6. Cyber and information security training and awareness			6. Training statistics are available on ESR and from Phish threat module			
7. Mandatory Information Governance training which includes GDPR			7. Training statistics reported on by Information Governance department			
8. ICT tests and monitoring on networks & servers			8. Any issues would be identified and flagged and actioned			
9. Information Governance framework			9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.			
10. Internal and NHS Wales governance reporting structures in place			10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.			
11. Checks undertaken on inactive user accounts			11. Software in place to run check on inactive accounts as and when			
12. Business Continuity exercises			12. Annual schedule of testing			
13. Operational ICT controls e.g. penetration testing, firewalls, patching			13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when.			
14. Security alerts			14. Daily alerts are received. Anti-virus alerts received as and when threat discovered			
			<b>External Independent Assurance</b> NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14			

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems		Date of Review:	31/10/2022	TREND	15 (3x5)
			Date of Next Review:	30/11/2022	➔	
<b>IF</b> there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	<b>THEN</b> there is a risk of a significant information security incident	<b>RESULTING IN</b> a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
1. Not all information security procedures are documented		1. No regular Cyber/Info Security KPIs are reported to senior management committees				
2. Lack of understanding and compliance with policy and procedures by all staff members		2. Cyber awareness campaigns could be undertaken more regularly e.g. bi-monthly				
3. No organisational information security management system in place						
4. IT Disaster Recovery Plan does not include a cyber response						
5. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects and procurement and this has a cyber security, information governance and resource impact						
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1. Establish Cyber and Information Security KPIs		Director of Digital Services	31.12.22	Draft KPIs have been agreed and produced for quarterly reporting. Q1 and Q2 are currently being reviewed within ICT prior to wider circulation .		
2. Discuss how cyber risk is reviewed and frequency of review		Director of Digital Services	28/10/22 Close – now Business as Usual	a. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources. b. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends.		
3. Suite of business continuity exercises that departments can undertake to test their plans to be provided.		North Resilience Manager	28/10/22 Complete	The Trust has run two exercise Joshua & Joshua 2 to test departments readiness		
4. Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22 - Ongoing	Exercise reports being drafted		
5. Formalise Cyber Incident Response Plan		Head of ICT	31.12.22 – Checkpoint Date	Ongoing		
6. Implement Meta Compliance Policy Solution		Senior ICT Security Specialist	31.12.22 – Checkpoint Date	Ongoing		

Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems		Date of Review:	31/10/2022	TREND	15 (3x5)
			Date of Next Review:	30/11/2022	➔	
IF there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems	THEN there is a risk of a loss of critical IT systems	RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10
IMTP Deliverable Numbers:						
EXECUTIVE OWNER		Director of Digital Services	ASSURANCE COMMITTEE		Finance and Performance Committee	
CONTROLS			ASSURANCES			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Trust Incident Response Plan and Department Business Continuity Plans			1. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. Annual schedule of testing of BCPs.			
2. IT Disaster Recovery Plan			2. Recent ICT tabletop exercise undertaken			
3. Recovery/contingency plans for critical systems			3. Reports from tabletop exercises			
4. Service management processes in place			4. Documented and approved service management processes in place			
5. Incident Management Policy, Procedure and Process			5. Incident Policy and Procedure put in place in February 2022. This would be required annually and if there is a system change, the review would be earlier			
6. Regular data back ups			6. Daily report on status of backup and fully automated process. Log kept of where restores are undertaken			
7. Resilient and high availability ICT infrastructure in place			7.			
8. Robust security architecture and protocols			8.			
9. Diverse IT network (both data and voice) delivery at key operational sites			9.			
10. Regular routine maintenance and patching			10.			
11. Environmental controls			11.			
12. Intelligence gathered from suppliers with respect to future tool sets and enhancements			12. Via email and webinars			
			<b>External Independent Assurance</b>			
			<ul style="list-style-type: none"> <li>2021_16 Internal Audit review of IM&amp;T Control Assessment – baseline exercise</li> <li>2021_19 Internal Audit review of ICT Disaster Recovery – Limited Assurance</li> <li>NIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)</li> </ul>			
GAPS IN CONTROLS			GAPS IN ASSURANCE			
Non identified			Undertaking Cyber Essentials assessment			
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:	
1. Suite of business continuity exercises that departments can undertake to test their plans to be provided.			North Resilience Manager	31.12.22 Checkpoint date		
2. Exercise template report which shows recommendations to be created			North Resilience Manager	31.12.22 Checkpoint date		
3. Cyber Essentials assessment to be completed			Head of ICT	31.12.22 Checkpoint date		

<b>Risk ID</b> 100	<b>Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience</b>		<b>Date of Review:</b>	09/08/2022	<b>TREND</b>	12 (3x4)
			<b>Date of Next Review:</b>	08/11/2022		
<b>IF</b> WAST fails to persuade EASC/Health Boards about WAST ambitions	<b>THEN</b> there is a risk of a delay or failure to receive funding and support	<b>RESULTING IN</b> a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	4	4	16
			<b>Current</b>	3	4	12
			<b>Target</b>	2	4	8
IMTP Deliverable Numbers: 2, 3, 4, 6, 11, 14, 29, 34						
<b>EXECUTIVE OWNER</b>	Director of Strategy Planning & Performance		<b>ASSURANCE COMMITTEE</b>	Finance and Performance Committee		
<b>CONTROLS</b>		<b>ASSURANCES</b>				
		<b>Internal &amp; External Management (1<sup>st</sup> Line of Assurance)</b>				
1.	EASC/WAST Forward Plan for EMS and NEPTS in place and monitored at EASC meetings	1.	Minutes of meetings and a standard agenda item			
2.	EASC and its 2 sub-committees established as a forum to discuss WAST's strategy	2.	Minutes of meetings and a standard agenda item			
3.	Weekly catch up between CASC/CEO	3.	Meetings are diarised every week			
4.	Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme	4.	Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.			
5.	Monthly CASC Quality and Delivery Meeting established	5.	Formal meeting with agendas, minutes and action logs available.			
6.	Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced	6.	These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholders fortnightly			
7.	Programme structure has been established for 'inverting the triangles' including EASC	7.	It exists and has had its first meeting			
		<b>External Management (1<sup>st</sup> Line of Assurance)</b>				
		1. Plans go to every bi-monthly meeting				
		2. Meet bi-monthly and agendas, minutes and action logs available				
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
1.	EASC meetings focus largely on EMS and cursory note of NEPTS	1.	Health Boards are not sending Patient Safety Incidents that are National Reportable Incidents to the Delivery Unit (identified within a Delivery Unit audit)			
2.	Governance coordination between NCCU and WAST to be improved.	2.	Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface			
3.		7.	This is a new structure that has been established and is yet to be embedded and tested for assurance			
Xx WAST's ability to influence hospital handover delays (this is outside of the Trust's control and a Health Board responsibility)						
Xx Funding does not flow in a manner to balance demand with capacity (this is outside of WAST's control)						
		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
1.	Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST	CEO WAST	31.12.22 – Checkpoint Date	30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23.		
2.	Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours	CEO WAST	31.12.22 – Checkpoint Date	30.09.22 4 hour handover backstop agreed and -25% reduction in handover from October 2021 baseline.		
3.	Increased understanding of NEPTS by EASC	Director of Strategy Planning and Performance	31.12.22 – Checkpoint Date	30.09.22 "Focus on" session at May 2022 EASC and NCCU represented on Ambulance Care Programme Board.		
4.	Governance meeting between NCCU and WAST to manage the commissioner provider interface	Assistant Director Commissioning & Performance	31.12.22 – Checkpoint Date	30.09.22 Meeting in place and meeting regularly.		
5.	Utilising the engagement framework to engage with the stakeholders	Director of Partnerships & Engagement AD Planning & Transformation	31.12.22 Checkpoint date	30.09.22 Significant engagement through roster review briefings.		

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:	09/08/2022	TREND	12
				Date of Next Review:	08/11/2022	➔	(3x4)
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme	THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score	
			Inherent	4	4	16	
			Current	3	4	12	
			Target	2	4	8	
IMTP Deliverable Numbers: 3, 7, 17, 18, 19, 20, 27							
EXECUTIVE OWNER		Director of Strategy Planning & Performance	ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS			ASSURANCES				
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>				
1. Implementation Programme Board in place – meetings held every 3 weeks with the DASC and TU reps on the membership			1. Minutes and papers of Implementation Programme Board				
2. Executive sponsor and Senior Responsible Owner (SRO) for programme in place			2. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board				
3. Programme Manager and Programme support office in place (for delivery of the programme)			3. Same as 2				
4. Programme risk register			4. Highlight reports showing key risks reported to STB every 6 weeks				
5. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks			5. Highlight reports presented to STB every 6 weeks				
6. Programme budget in place (including additional £3m funding for 22/23)			6. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks and letter received from CASC on £3m funding for 22/23				
7. Programme documentation and reporting is in place to Programme Board every 3 weeks and STB receives highlight report			7. PID and Programme Plan Summary kept up to date. PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks.				
8. Regular engagement with the Commissioner and Trade Unions and representation			8. Commissioner and TU participation at the Implementation Programme Board				
9. Management of external stakeholder and political concerns			9. Communications and Engagement Plan sets out WAST's arrangements for engagement with stakeholders				
10. Secured specialist consultancy to support decision making			10. Reports and contractual compliance				
11.			<b>External Management (1<sup>st</sup> Line of Assurance)</b>				
			a. Deputy Ambulance Services Commissioner sits on the Implementation Programme Board				
			b. Emergency Ambulance Service Committee Management Group receives a highlight report every two months				
			c. EASC receives an update every 2 months on the programme as part of the WAST Provider Report				
GAPS IN CONTROLS			GAPS IN ASSURANCE				
1. Current controls on workforce buy in are not sufficient due to changes in working practices			1. Project Initiation Document (PID) needs to be updated to reflect 22/23 budget position				
2. System pressures – patient handover delays at hospitals (link to risks 223 & 224)			2. No prompts from STB for programme PID or risk register updates				
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:		
1. Increase in engagement on the specifics of change through facilitation mechanisms			Assistant Director – Commissioning & Performance	31.12.22 – Checkpoint Date	30.09.22 Significant engagement through roster review project.		

Risk ID 283	Failure to implement the EMS Operational Transformation Programme		Date of Review:	09/08/2022	TREND	12 (3x4)
			Date of Next Review:	08/11/2022	➔	
<b>IF</b> there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme	<b>THEN</b> there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	<b>RESULTING IN</b> potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	2	4	8
2. More capacity requested (transition plan)		Assistant Director of Planning & Transformation	31.12.22 – Checkpoint Date	30.09.22 Transition plan not funded, but +100 FTE agreed.		
3. Engage with key stakeholders to reduce handover delays		CASC	31.12.22 – Checkpoint Date	30.09.22 Reduction commitments agreed, but trend is still upwards.		
4. Reduce abstractions in particular sickness absence		Deputy Director of Workforce & OD	31.12.22 – Checkpoint Date	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100.		
5. Engage with Assistant Director of Planning and Transformation on process for PID updates		Assistant Director – Commissioning & Performance	31.12.22 Checkpoint Date	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date.		

<b>Risk ID</b> 311	Inability of the Estate to cope with the increase in FTES		<b>Date of Review:</b>	22/08/2022	<b>TREND</b>	12 (3x4)
			<b>Date of Next Review:</b>	21/11/2022		
<b>IF</b> the cumulative impact on the estate of the EMS Demand & Capacity Review and the NEPTS Review is not adequately managed	<b>THEN</b> there is a risk that the Estate will not be able to cope with the increase in FTEs	<b>RESULTING IN</b> potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust		<b>Likelihood</b>	<b>Consequence</b>	<b>Score</b>
			<b>Inherent</b>	4	4	16
			<b>Current</b>	3	3	9
			<b>Target</b>	2	3	6
IMTP Deliverable Numbers: 1,3, 9, 10, 17, 18, 28, 30, 34						
<b>EXECUTIVE OWNER</b>	Director of Finance and Corporate Resources		<b>ASSURANCE COMMITTEE</b>	Finance and Performance Committee		
<b>CONTROLS</b>		<b>ASSURANCES</b>				
		<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>				
1. Programme governance and reporting structures in place e.g. Estates SOP Delivery Group and EMS Operational Transformation Programme Board, Integrated Strategic Planning Group Technical subgroup		1. Highlight report goes to Estates SOP Delivery Group every other month, report to EMS Operational Transformation Programme Board every 6 weeks, Technical Group meet monthly and there is an agenda, minutes and an action log				
2. "Mega" spreadsheet combining all information into total cumulative impact on estate (and fleet) held by Assistant Director, Commissioning and Performance		2. Information is sense checked by AD Commissioning and Performance and reviewed by Integrated Technical Planning Group				
3. Programme risk register sits with EMS Programme Board.		3. On agenda of meetings of Board				
4. Risk logs held with respect to delivery of aspects of the project		4. Regional meetings are held regularly, and projects are discussed				
5. Project Manager in place (for delivery of the solutions identified)		5. This resource is allocated to projects				
6. Interim estates solution project		6. Regional meetings are held regularly, and projects are discussed				
7. Finance and Corporate Resources directorate delivery plan		7. Reports go every 6 weeks to the Strategic Transformation Board				
		<b>External</b> Not applicable				
<b>GAPS IN CONTROLS</b>		<b>GAPS IN ASSURANCE</b>				
1. NEPTS D&C Review – Ambulance Care Programme Board		1. Information is received in an ad hoc and fragmented manner as opposed to a regular method from Operations				
2. NEPTS Covid recovery planning						
3. Finance may be a constraint to delivery of solutions when problem is identified						
<b>Actions to reduce risk score or address gaps in controls and assurances</b>		<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>		
2. NEPTS and EMS – confirmation required from Operations functions about current and future numbers		Senior Management within Operations, Workforce & OD, Strategy Planning & Performance	31.12.22 – Checkpoint Date			
TBC						

Risk ID 424	Resource availability (capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)		Date of Review:	09/08/2022	TREND	12 (3x4)
			Date of Next Review:	08/11/2022	➔	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	1	4	4
IMTP Deliverable Numbers: 5,9,10, 17, 28						
<b>EXECUTIVE OWNER</b>		Director of Strategy Planning & Performance	<b>ASSURANCE COMMITTEE</b>		Strategic Transformation Board and Finance and Performance Committee	
<b>CONTROLS</b>			<b>ASSURANCES</b>			
			<b>Internal Management (1<sup>st</sup> Line of Assurance)</b>			
1. Prioritisation of IMTP deliverables			1. Prioritisation detailed in IMTP and reviewed and agreed at Strategic Transformation Board			
2. Financial policy and procedures			2.			
3. Governance and reporting structures e.g. Strategic Transformation Board (STB)			3. IMTP sets out delivery structures and meeting minutes are available			
4. Assurance meetings with Welsh Government and Commissioners			4. Agendas, minutes and slide decks available			
5. Transformation Support Office (TSO) which supports the major delivery programmes			5. Paper on TSO to Strategic Transformation Board			
6. Project and programme management framework			6. PowerPoint pack detailing PPM			
7. Regular engagement with key stakeholders			7. Stakeholder Engagement Framework			
			<b>Independent Assurance (3<sup>rd</sup> Line of Assurance)</b>			
			2. Subject to Internal Audit			
<b>GAPS IN CONTROLS</b>			<b>GAPS IN ASSURANCE</b>			
1. Project and programme management (PPM) framework to be reviewed			1. PPM needs to be reviewed and approved through STB			
2. Head of Transformation vacancy			2. Benefits have not been fully linked to benefits realisation			
3. Lack of a commercial contractual relationship with Commissioners (link to risk 458)						
<b>Actions to reduce risk score or address gaps in controls and assurances</b>			<b>Action Owner</b>	<b>By When/Milestone</b>	<b>Progress Notes:</b>	
1. Recruit a Head of Transformation			Assistant Director of Planning	30.09.22 Complete	Recruited 02.08.22 in post on 01.11.22	
2. Review the PPM			Head of Transformation	31.03.23 – Checkpoint Date		
3. Develop Benefits Realisation plans in line with Quality and Performance Management framework			Assistant Director of Planning/Assistant Director, Commissioning & Performance	Extended from 30.09.22 – To 31.03.23 Checkpoint Date	Reviewed action and extended checkpoint date. Work ongoing.	

Risk ID 424	Resource availability (capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)			Date of Review:	09/08/2022	TREND	12 (3x4)
				Date of Next Review:	08/11/2022	➔	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score	
			Inherent	4	4	16	
			Current	3	4	12	
			Target	1	4	4	
4. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)			Deputy Director of Finance	31.12.22			

## IMTP Deliverable Key

No.	IMTP Deliverable
1	We will recover our systems of working and implement new ways of working developed during the pandemic as we learn to live with COVID-19
2	We will engage with a range of stakeholders, developing genuine Pan-Wales representation on partnership structures and delivering strong political and media relationships across the spectrum
3	We will develop and deliver a collaborative programme of work to design and implement new models within EMS (Inverting the Triangles)
4	We will work with partners to promote and expand use of 111 across Wales
5	We will increase the capacity and capability of the clinical teams for 111 and 999 callers, increasing clinical information available to them and we will create one integrated national team
6	We will work with partners to increase the number of seamless 24/7 pathways from the 111 clinical team to appropriate face to face consultations
7	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
8	We will increase accessibility, content and user experience of the 111 Digital front end, which can offer increasingly personalised advice
9	We will increase and balance response capacity and capability across urban and rural area of Wales
10	We will increase skill levels and resources (information, equipment and technology) available to clinicians on scene to allow them to most effectively assess and treat patients
11	We will work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover
12	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
13	We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand
14	We will develop and implement with partners an-All Wales transfer and discharge service
15	We will continue to deliver against our Transport Solutions Programme to embed as a business-as-usual approach to service delivery
16	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
17	We will improve resource availability, tackling absence and recruitment challenges to deliver improved performance
18	We will effectively manage risk, governance and compliance to promote and protect colleague and patient safety, and ensure a safe, productive and fair work environment
19	We will purposefully shape our future People and Culture Strategy to equip our people to thrive in a changing environment
20	We will foster a culture of belonging and wellbeing where our people can engage, feel supported and represented
21	We will improve access to, and availability of services via the 111 Wales website and other digital channels (NHS Wales app)
22	Improved signposting to the most appropriate service

23	Improved digital tools and services to empower our teams to do their best
24	We will use modern technology to reduce repeat tasks and improve processes
25	Standardised information architecture and common approach to data and analytics across the organisation
26	We will deliver greater insights to WAST and NHS Wales, through improved data sharing, analytics and visualisation
27	Improved resilience, flexibility and interoperability for the 999-call platform
28	We will provide an improved financial plan to support our ambitions
29	Finalise our organisational position on achieving University Trust Status (UTS) in collaboration with WG, embracing a culture of learning, research and innovation
30	We will deliver the Estates Strategic Outline Plan
31	We will implement the Environmental and Sustainability Strategy
32	Deliver the Fleet SOP
33	We will secure and implement Quality Management and control systems
<b>No.</b>	<b>IMTP Deliverable</b>
34	We will transform the way we work and engage with people
35	We will revisit and implement the Public Health Plan
36	We will implement the Clinical Strategy to support developments across our service ambitions
37	We will deliver a values-based approach
38	We will deliver strong risk management processes and embed a Trust-wide risk culture that embeds the principles of good governance



**GIG** | Ymddiriedolaeth GIG  
**CYMRU** | Gwasanaethau Ambiwylans Cymru  
**NHS** | Welsh Ambulance Services  
**WALES** | NHS Trust

<b>AGENDA ITEM No</b>	10
<b>OPEN or CLOSED</b>	Open
<b>No of ANNEXES ATTACHED</b>	1

## AUDIT REPORT

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	14 <sup>th</sup> November 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk and Corporate Governance
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. The purpose of the report is to provide an update in relation to recommendations resulting from Internal Audit reviews pertinent to the Committee.
2. In addition, the paper sets out the Internal Audit plan activity.

**RECOMMENDATION:**

3. **The Committee is asked to:**
  - a. **Note and consider the contents of the report.**
  - b. **Consider the Internal Audit Plan activity.**
  - c. **Consider the Trust’s proposals to address each recommendation with the inclusion of revised completion dates, specifically those relevant to Committee, and**
  - d. **Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee**

### KEY ISSUES/IMPLICATIONS

4. The internal audit recommendations continue to be reviewed by the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) to ensure that any new completion dates are assigned with realistic timescales and a strong narrative and rationale to support any extension.

### REPORT APPROVAL ROUTE

5. The report has been submitted to:
  - ADLT – 16<sup>th</sup> October 2022
  - ADLT – 31<sup>st</sup> October 2022
  - EMT – 9<sup>th</sup> November 2022

**REPORT APPENDICIES**

6. The Audit Tracker has been circulated as a separate document - Appendix 1.

**REPORT CHECKLIST**

<b>Confirm that the issues below have been considered and addressed</b>		<b>Confirm that the issues below have been considered and addressed</b>	
EQIA (Inc. Welsh language)	NA	Financial Implications	NA
Environmental/Sustainability	NA	Legal Implications	NA
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	NA	Risks (Inc. Reputational)	NA
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA

**WELSH AMBULANCE SERVICES NHS TRUST  
FINANCE & PERFORMANCE COMMITTEE  
INTERNAL AUDIT TRACKER**

**SITUATION**

1. The purpose of this paper is to provide the Committee with an update in respect of recommendations resulting from internal audit reviews that are presented to the Committee for oversight.
2. In addition, the paper sets out the Internal Audit plan activity.

**BACKGROUND**

3. The audit recommendation tracker is in place for the purpose of tracking progress across the Trust to ensure that recommendations contained in internal and external audit review reports are actioned and in a timely manner.
4. This tracker provides Senior Managers with a workable tool that allows for closer scrutiny of audit recommendations and is designed to provide a more detailed focus as to the reasons why recommendations are overdue or have not progressed within the agreed timeframes. This will highlight areas that may require additional support and ensures there are clear mechanisms in place to escalate any issues.
5. The Internal Audit plans have been developed in partnership with the Executive Management Team to identify current and emerging areas of risk, as well as specific assurance needs within the Trust.

**ASSESSMENT**

Internal Audit Plan 2022/23

6. There are 2 current internal audit reports relevant to the Committee which form part of the 2022/23 Internal Audit Plan. These reports were presented to the Audit Committee and FPC in September 2022.

Internal Audit Report	Assurance Rating	Date received/or due at Audit Committee
Fleet Maintenance	Reasonable	September 2022
Major Incidents	Reasonable	September 2022

7. There are a further 14 internal audit reviews relevant to the Committee which are included in the 2022/23 Internal Audit Plan as follows:

Internal Audit Report	Estimated Date of Audit	Date due at Audit Committee
Estates Assurance - Decarbonisation	Q1	December 2022
Electronic Patient Clinical Record	Q1	December 2022
Hazardous Area Response Team (HART)	Q2	December 2022

Immediate Release Request	Q2	December 2022
Data Analysis	Q2	December 2022
Standards of Business Conduct: Declarations	Q2	December 2022
Savings and Efficiencies	Q3	March 2023
IMTP Delivery	Q3	March 2023
Cyber Security	Q3	March 2023
Risk Management and Assurance	Q4	June 2023
Health & Safety (deferred from 2021/22)	Q4	June 2023
Strategy Development	Q4	June 2023
IM&T Infrastructure	Q4	June 2023
Follow Up Action Tracker	Q4	June 2023

### Internal Audit Highlights

8. At the time of issuing the paper, there were a total of 98 current internal audit recommendations on the tracker. 33 recommendations were marked as complete at the September 2022 Audit Committee and removed from the tracker.
9. 21 recommendations were added to the tracker resulting from 2 Internal Audit Reports which were presented to the Audit Committee in September 2022. All 21 of these recommendations were assigned to FPC and were from Reasonable and rated reports as follows:
  - Fleet Maintenance – Reasonable Assurance
  - Major Incidents – Reasonable Assurance
10. The status of each of the current internal audit recommendations is described in the table below.

Status	Total Number of Recommendations on the tracker	Those directly relevant to FPC	High Priority FPC	Medium Priority FPC	Low Priority FPC
Overdue	39	20	7	13	0
Not yet due*	29	26	5	18	3
Complete	30	25	4	14	7
<b>Total</b>	<b>98</b>	<b>71</b>	<b>16</b>	<b>45</b>	<b>10</b>

\* accepting extensions have been applied in line with the agreed pandemic arrangements.

11. Of the 7 high priority recommendations showing as overdue these relate to the following reports:
  - 2020/21 Clinical Contact Centres Performance Management - Reasonable Assurance review - proposed completion date extended to January 2024.
  - 2021/22 Waste Management – Limited Assurance Review - proposed completion date extended from September to December 2022.
  - 2021/22 NEPTS Transfer of Operations – Limited Assurance Review – proposed completion date extended from September to December 2022.
  - 2022/23 Fleet Maintenance – Reasonable Assurance Review – proposed completion date extended from September to November 2022.

12. The total number of recommendations, separated by financial year, and status this period is described below.

Financial Year	Total Number of Recommendations on the tracker	Those directly relevant to FPC	Complete FPC	Overdue FPC	Not Yet Due FPC
2019/20	3	2	0	2	0
2020/21	14	14	9	5	0
2021/22	60	34	14	12	8
2022/23	21	21	2	1	18
<b>Total</b>	<b>98</b>	<b>71</b>	<b>25</b>	<b>20</b>	<b>26</b>

13. Of the 20 recommendations that are showing as overdue, these relate to the following reports:

- 19/20 Information Systems Security Leavers Reasonable Assurance Follow Up Review
- 20/21 Clinical Contacts Centre Performance Management - Reasonable
- 20/21 111 Service Governance Arrangements - Reasonable
- 21/22 NEPTS Transfer of Operations - Limited
- 21/22 Service Management – Reasonable
- 21/22 Digital Governance – Reasonable
- 21/22 Cardiff Make Ready Depot - Reasonable
- 21/22 Service Reconfiguration – Reasonable
- 21/22 Waste Management – Limited
- 22/23 Fleet Maintenance - Reasonable

14. The two recommendations outstanding from 2019/20 relate to the Information Systems Security Leavers Reasonable Assurance Follow Up Review, both of which were expected to be completed by the end of September 2022; however, this is now proposed to be extended until the end of December 2022 and March 2023 respectively.

15. The number of recommendations by assurance rating and level of priority are detailed below.

Assurance Ratings	Total No. of Recommendations on the tracker	Those directly relevant to FPC	High Priority FPC	Medium Priority FPC	Low Priority FPC
Limited	8	8	5	3	0
Reasonable	88	62	11	42	9
Substantial	0	0	0	0	0
Not Rated	2	1	0	0	1
<b>Total</b>	<b>98</b>	<b>71</b>	<b>16</b>	<b>45</b>	<b>10</b>

16. Of the 8 Limited Assurance recommendations, 1 has been completed during the period, 2 are not yet due and 5 are overdue.

17. The Governance team continue to seek assurance from Senior Management relating specifically to each report that:

- Recommendations have been considered and completed within agreed timeframes and;
- All is being done to ensure that the follow up of recommendations will not result in further *Limited* or *No Assurance* rated reports.

**RECOMMENDED:**

- 18. The Committee is asked to:**
- a) Note and consider the contents of the report,**
  - b) Consider the Internal Audit plan activity.**
  - c) Consider the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to Committee.**
  - d) Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.**



GIG  
CYMRU  
NHS  
WALES  
Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	11
<b>OPEN or CLOSED</b>	OPEN
<b>No of ANNEXES ATTACHED</b>	1

## Proposed adoption of All Wales Lease and Pool Car Policy

<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	14 November 2022
<b>EXECUTIVE</b>	Mr Chris Turley Executive Director of Finance and Corporate Resources
<b>AUTHOR</b>	Angie Evans Lease Car Supervisor
<b>CONTACT</b>	Email: <a href="mailto:angie.evans2@wales.nhs.uk">angie.evans2@wales.nhs.uk</a> Telephone: 01745 532965

### EXECUTIVE SUMMARY

1. The purpose of the report is for the consideration and approval of the All Wales Lease and Pool Car Policy proposed for adoption by the Trust.
2. The All Wales Lease and Pool Car Policy was approved at the DDOF meeting on 14.08.2020 and due for review in September 2023.
3. NHS Wales' policies and processes are developed, evaluated and reviewed in partnership through the Welsh Partnership Forum. Representatives from Trusts, Local Health Boards and Trade unions participate in the various task and finish groups in order to achieve this. All organisations are given the opportunity to feed into this process and comment. The Welsh Partnership Forum is the body which formally adopts the policies for NHS Wales and they are then issued by the NHS Wales Employers on behalf of the Joint Chairs of the Welsh Partnership Forum for adoption by the Board and implemented at the earliest opportunity.

### KEY ISSUES/IMPLICATIONS

Key differences which are brought to the attention of the Committee/Board are as follows

- strict No Smoking Policy and the safe use of mobile phones. (as per Page 8, point 3.1.8) – current policy doesn't have a No Smoking Policy in a lease vehicle
- Calculation of Private Use Charges (Page 11, point 4)
- Fixed penalty offences and Parking fines (Page 13, point 5.7) – All Wales Policy states deduction direct from salary – current policy raises an invoice
- Termination Charges – Trust to bear the costs (Page 15, point 6.1) - All Wales Policy Includes Extended Maternity leave/adoption leave, Dismissal, Organisational change
- Termination Charges – User to bear costs (Page 15, point 6.2) – All Wales Policy states retire and return staff must return the vehicle prior to retirement date. Renewal will be on a new contract basis and new application – current policy allows employees to keep their vehicles on the understanding they return to their previous role and will undertake the minimum 3500 business mileage required.
- Additional nominated drivers (Page 15, point 7) - All Wales Policy States only 2 additional drivers who reside at the principle drivers address with full clean licence over the age of 18 – current policy does not have a maximum number of additional drivers but does stipulate all drivers must be over 21 with full driving licence.
- Return of the vehicle (Page 16, point 8.3) – All wales policy states that any charges following the return of the vehicle will be deducted direct from salary – current policy raises an invoices for these charges.
- Arrangements for use and Management of Pool vehicles (Page 19, point 11.1 d) – All pool vehicles will include standard safety packs – current policy does not include this which is an additional cost.

## REPORT APPROVAL ROUTE

**Policy Group – 23<sup>rd</sup> August 2022**

## REPORT APPENDICES

**Appendix 1 – All Wales Lease Car/Pool Vehicle Policy and Procedure**

## REPORT CHECKLIST

<b>Confirm that the issues below have been considered and addressed</b>		<b>Confirm that the issues below have been considered and addressed</b>	
EQIA (Inc. Welsh language)		Financial Implications	
Environmental/Sustainability		Legal Implications	
Estate		Patient Safety/Safeguarding	
Ethical Matters		Risks (Inc. Reputational)	
Health Improvement		Socio Economic Duty	
Health and Safety		TU Partner Consultation	



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Gwasanaethau Cyflogaeth

Shared Services  
Partnership  
Employment Services

## All Wales Lease Car/Pool Vehicle Policy and Procedure

<b>Policy Code</b>	<b>Date</b>	<b>Version Number</b>	<b>Planned Review Date</b>
V001	June 2016	Version 1	June 2019
	October 2019	Version 2	October 2022
<b>Document Owner</b>		<b>Approved by</b>	<b>Date</b>
NWSSP - Employment Services - Head Of Payroll Services			

<b>Section</b>	<b>Contents</b>	<b>Page</b>
	Validation & Ratification	3
1	Introduction to NHS All Wales Lease Car Policy & Procedure	5
2	Benefit in Kind Liabilities	7
3	Applying for a Car	7
4	The Calculation of Private Charges	11
5	Conditions of Use	12
6	Termination Charges	14
7	Additional Nominated Drivers	15
8	Return of the Vehicle	15
9	Introduction to pool Car Policy & Procedure	17
10	Roles and Responsibility	17
11	Arrangements for Use and Management of Pool Vehicles	18
12	Frequently Asked Questions	21
Appendix 1	NHS All Wales Lease Car Application Form (English & Welsh)	23
Appendix 2	NHS All Wales Lease Car Order Form	40
Appendix 3	NHS All Wales Pool Vehicle Application Request	45
Appendix 4	Daily Safety Checks and Weekly Fuel Usage Record Weekly Fuel Mileage Record	49 50
Appendix 5	Safety Flash Card	51
Appendix 6	Pool Vehicle Log Sheet	52
Appendix 7	NHS All Wales Pool/Commercial Vehicle Application Form	53
Appendix 8	NHS All Wales Pool/Commercial Vehicle Order Form	59

## VALIDATION & RATIFICATION

To be completed by the Author – no policy, procedure or guidance will be accepted without completion of this section which must remain part of the policy

**Title:** All Wales Lease Car/ Pool Car Policy and Procedure

**Author:** Head of Payroll Services

**Directorate:** NWSSP – Employment Services

**Approved for submission by:**

**Date:**

### EVIDENCE BASE

**Are there national guidelines, policies, legislation or standards relating to this subject area?**

***If yes, please include below:***

- National Agenda For Change guidelines
- HMRC legislation

***If No, please provide information on the evidence/expert opinion upon which the policy has been based.***

### CONSULTATION

**Please set out the arrangements undertaken and stakeholder groups involved in the development and consultation process:**

- Created by Beverley Cokeley
- Sent for Approval to Paul Thomas (Director Of Employment Services)
- Circulated to All Wales Finance Directors & All Wales Workforce & OD Directors and Staff Side at SMT for ratification (this document forms part of NWSSP SLA).
- Publicised on All Wales Health Board/Trust Intranet pages

### IMPLICATIONS

**Please state any training implications as a result of implementing the policy / procedure.**

No training implications as individual policies and procedures are currently in force in Health Boards/Trust across Wales

**Please state any resource implications associated with the implementation.**

none

**Please state any other implications which may arise from the implementation of this policy/procedure.**

none

**Equality Assessment Statement – TO BE COMPLETED**

Please complete the following table to state whether the following groups will be adversely, positively, differentially affected by the policy or that the policy will have no affect at all

<b>Equality Statement</b>					
	No impact	Adverse	Deferential	Positive	Comments
Age	X				
Disability	X				
Gender	X				
Race	X				
Religion/Beliefs	X				
Sexual Orientation	X				
Welsh Language	X				
Human Rights	X				

**Risk Assessment**

<b>Are there any risks arising from the implementation of this policy? No</b>
<b>Do you believe that they are adequately controlled? N/a</b>

# 1. NHS All Wales Lease Car Policy and Procedure

## 1.1 Introduction

This sets out the terms and conditions of the All Wales Lease Car scheme adopted by the Health Board(s) and Trust(s) across Wales for the provision of Leased vehicles to staff in line with Annex M of the A4C handbook and M&D Policy; this policy replaces any previous policies in place for lease cars. The aim of the policy is to be fair and consistent to all individuals and assist Health Boards/Trusts in providing an efficient and effective administration Service to the NHS staff across Wales.

## 1.2 This Policy takes into account the following key principles:

- To be available for all staff who are required to travel as part of their role within the Health Board/Trust.
- That the financial implications are clearly set out for the individual.
- That the financial implications are clearly set out for the Health Board/Trust.
- That any Lease Car Agreement approved is no worse than cost neutral to the Health Board in comparison with Travel expenses.
- That the agreement is tax efficient for individual and organisation.
- The scheme provides choice for staff whilst cost to Health Board/Trust of travel is firmly controlled, and if possible, reduced.
- There should be no incentives or penalties tied to the scheme with free access in or out of it (except for early termination charges on lease agreements).
- The scheme is simple to administer and easy for all staff to understand.
- The scheme is flexible and able to adapt to future changes in Travel Expenses terms.
- The scheme should be as environmentally sustainable as possible. Staff should note that the provision of a Leased Car scheme is discretionary on the part of the Health Board/Trust. It is provided as a cost neutral staff benefit, as an alternative to reimbursement of NHS mileage rates at current rates paid for the use of a private vehicle and is open to all staff on that basis. Where disabled staff are required to have modifications to a vehicle this can only be with the express approval of the leasing company. The costs of modifications will be considered as part of the lease car costs and treated in accordance with this policy.
- All Lease Car Vehicles will include Standard Safety Packs:- Warning Triangle/Beacon, Din First Aid Kit, Life Hammer, 1kg Fire Extinguisher, Hi-Vis Vest & Mechanical Relief Vehicle.
- The scheme is offered to all employees of the Health Board/Trust who are required to be mobile and where the Health Board/Trust considers there is an economic case to provide a Lease Car. Generally speaking the Health Board/Trust will not normally consider providing a Leased vehicle to staff who travel less than 3500 business miles or who are on temporary contracts of employment. Applications that do not meet this requirement will be subject of approval of the Director of Workforce & OD or their nominated representative.

- This scheme does not form part of an employee's Terms and Conditions of employment and the Scheme may be varied or withdrawn at any time. Nothing in this document shall be inferred as conferring rights.
- Notwithstanding the above, other than for changes in Road Fund License (or other tax e.g. VAT), Insurance premiums or underpinning Travel Expense rates, the Health Board/Trust will normally only implement changes to the scheme architecture at the end of the lease period.
- Participation in the scheme is entirely voluntary and staff may revert to claim travel expenses for a private vehicle at the end of the lease period, under the appropriate terms at that time.
- The lease period is for three years. However if for reasons supported by the Health Board/Trust whereby a further period needs to be considered the only exception for this extension is for organisational change and/or retirement.
- The choice of vehicle would be left to the driver, but Health Boards/Trusts retain the right to ensure that the lease vehicle meets the "Green" criteria both in emissions 130 CO<sub>2</sub> (reducing to 95 CO<sub>2</sub> emissions in 2020) and cc of the vehicle. Health Board/Trust liability will be restricted to the total cost that would have been incurred had the individual used their own car and been paid travel expenses under A4C and Medical & Dental Terms and Conditions for Standard users at the time of the application.

**1.3** The information contained in this policy is subject to changes in legislation. Staff should be aware that a lease car is considered to be a "company car" and remains the property of the Leasing Company during the period of the lease. It will therefore be subject to taxation as a benefit in kind. Please contact your tax office for further information.

**1.4** This policy applies to all grades of staff within the Health Board/Trust including Directors, Board Members and Medical and Dental Officers. PLEASE NOTE – for staff transferring from one Health Board/Trust in Wales to another can request to bring their lease car with them. The agreement from the Directorate Manager MUST be received by the NWSSP Lease Car Department before the vehicle can be transferred. Without this agreement in place, the vehicle CANNOT be covered by the Health Board/Trust insurance. At the time of the transfer where a vehicle is existing on a local Health Board/Trust Lease Car policy the terms and conditions will be revised under this All Wales Lease Car Policy. Where a lease car is transferring under TUPE arrangements the terms and conditions will remain the same until the end of the lease contract for that vehicle at which time any renewal will come under the All Wales Lease Car Policy.

**1.5** The drivers will be responsible for supplying a printout or a code number via the on-line DVLA website where NWSSP Lease Car Office is given authorisation to obtain a copy of the driving licence details including any convictions/penalty points. This includes full details as above on any subsequent nominated authorised driver which would normally reside at the principle driver's address holding a full clean driving licence for a minimum of one year over the age of

18. Please note until NWSSP Lease Car Office are in receipt of the licence details no order can be placed for the lease car vehicle.

## **2 Benefit in Kind Liabilities**

### **Taxation**

From 6<sup>th</sup> of April 2002 the taxable liability of a company car is determined by its carbon dioxide (CO<sub>2</sub>) emission. This legislation was introduced in an effort to encourage selection of cleaner and more fuel-efficient vehicles. This information is subject to change at any time by the HMRC.

The tax liability is based upon a percentage of the car's list price graduated according to the level of the car's CO<sub>2</sub> emissions. The exact CO<sub>2</sub>, which is measured in grams per kilometre, is rounded down to the nearest 5g/km. Details of the scale charge are available from HMRC website ([www.hmrc.gov.uk](http://www.hmrc.gov.uk)).

## **3 Applying for a Car**

### **3.1 Think Carefully!**

This Policy sets out the terms and conditions under which NWSSP will administer on behalf of the Health Board(s)/Trust across All Wales to provide Lease Car vehicles to members of staff.

**STAFF WHO APPLY AND ARE ALLOCATED A LEASE CAR VEHICLE UNDER THIS SCHEME ARE DEEMED TO HAVE ACCEPTED AND READ THE CONDITIONS AS SET OUT BELOW:**

When an individual member of staff decides that they would like to apply for a lease car they should, in the first instance satisfy themselves of the following:

**3.1.1** That they have read and understood the terms of the scheme and appreciate the basis on which the vehicle is being made available including how the Lease Car charge is made up.

**3.1.2** That they clearly understand that the vehicle is not available for any purpose other than Health Board/Trust business and their personal social domestic and pleasure use. The Lease Car may not be used for hire and reward, racing, pacesetting or any business uses other than for Health Board/Trust business.

**3.1.3** That they are aware that the vehicle will be new and that Lease Car charges include the cost of depreciation (purchase cost to the leasing company less what it estimates it can sell the car at the end of the lease),

and a fixed sum to cover servicing and repairs in accordance with manufacturers stipulations (all contracts include servicing and maintenance), Road Fund License (RFL), MOT, Insurance and mechanical relief services.

- 3.1.4** That the Lease Car Charge includes an annual administration charge that covers the costs of the administration of the scheme on behalf of the Health Board/Trust.
- 3.1.5** That they are responsible for the general care for the vehicle, ensuring it is regularly serviced by a manufacturer's approved agent and is not subjected to abuse. They understand that any charges levied by the leasing company during or at the end of a contract relating to damage outside the company's fair wear and tear scheme will be passed on to the driver.
- 3.1.6** That they understand current legislation with regard to company car taxation. That is to say that the car is a "benefit in kind" and as such will attract National Insurance contributions (deducted from pay as part of the private use charge by the Health Board/Trust) and Income Tax (not part of the private use charge). Income Tax is taken by the Inland Revenue by adjustment of an individual's tax code.
- 3.1.7** That they can afford the terms and length of the leasing commitment for three years in duration. If at any time the user, through their own choice, wishes to return the car they will be responsible for the payment of any early termination charge by the Lease Car Company.
- 3.1.8** Lease Cars are designated Health Board/Trust vehicles. There is a strict No Smoking policy and the safe use of mobile phones which applies to all Leased Car drivers as it does to all other Health Board/Trust vehicles. This policy applies when the vehicle is used for BOTH business and private use and this could result in disciplinary action being taken against the employee.
- 3.1.9** They understand that the key determinate of the cost of a particular vehicle is the total contract mileage. You should not underestimate private mileage or overestimate business miles in order to either reduce the private contribution or to overstate the allowance due. Cars returning over contract mileage are charged for at a set rate per mile and these charges will be passed on where appropriate. This charge also applies to cars which are returned under contract for business mileage where the allowance has been calculated more favourably due to managers/employees overstating official mileage. It is important that both manager and employee agree on the realistic mileage for both official and private use before a lease car is formally considered.
- 3.1.10** They understand current legislation with regard to company car taxation. That is to say that the car is a "benefit in kind" and as such will

attract Tax in each year following the submission of form P11d to HMRC. Income tax is taken by the HMRC by adjustment to the individuals' tax code.

**3.1.11** Business mileage will be paid at HMRC Company Car Rates.

**3.2** If the individual decides that they want to proceed with a lease car application they should collect the following information:

- An estimate of annual private mileage. This will include the journey to and from their normal workplace however no mileage can be claimed/paid for any journeys that involve home to base mileage (classed as Commuting under HMRC rules) which includes excess, on call/call out and overtime mileages as any of this mileage claimed and paid will incur a fuel benefit charge to the employee.
- The make, model, engine size, fuel type (petrol/diesel/dual fuel/electric), number of doors, paint colour and type (solid/pearlescent/metallic) and any factory fit or dealer options they wish to have quoted for up to 6 cars and further quotes requested will attract an additional administration fee.
- A copy of the full driving licence will be obtained via the DVLA website including any convictions or penalty points for each driver as in 1.5 above.

**3.3** The applicant should submit this information on the NHS All Wales Lease Car Application Form (Appendix 1) or can be obtained by contacting [lease.cars@wales.nhs.uk](mailto:lease.cars@wales.nhs.uk)) to their line manager who will be required to authorise the estimated business mileage as being correct.

For reference the applicant should keep copies of the All Wales Lease Car Application Form. Managers should be aware that it is their duty to ensure that all business mileage estimates are realistic. Once the business mileage is authorised and a car ordered it cannot be varied.

The Line Manager is responsible for submitting the authorised form including the appropriate signature of the Directorate to the NWSSP Lease Car Officer in the Payroll Services Department, Lease Car Section preferably by e-mail to [lease.cars@wales.nhs.uk](mailto:lease.cars@wales.nhs.uk) or by post to Matrix House, Northern Boulevard, Matrix Park, Swansea Enterprise Park, Swansea SA6 8BX who will obtain quotations for the selected vehicles at the stated mileage from a panel of approved leasing companies via the National Framework System.

If a lease car contract expires prior to or during maternity leave absence and the Department Manager and the Employee have signed a new lease car contract this is based on the employee qualifying for a lease car upon their return to work. However, if circumstances change upon the return to work and the employee no longer qualifies for a lease car it is the responsibility of the Department Manager to pick up the full cost of any termination fees that apply.

- 3.4 NOTE** Staff in receipt of Excess Mileage may qualify for a lease car however any claim for excess mileage will then be classed as private mileage and therefore no further reimbursement will be paid. Staff who under organisational change are forced to move their base while in a current lease car contract, any claims for excess can be treated as notional mileage during the period of their current lease car contract. Each case will be assessed individually however, it is unlikely that staff in receipt of excess mileage will qualify for a lease car due to the Tax implications of incurring a fuel scale charge.
- 3.5** Once the authorised documentation has been received the Lease Car Officer will calculate the private use contribution using the formula detailed in section 4. A full quotation will be returned to the applicant together with a letter outlining the administration process, who will have 14 days from the quotation date to accept one of the quotes by completing the appropriate forms regarding information on the chosen car, signing and returning the appropriate page to the Lease Car Officer in Payroll Services, Lease Car Department as in 3.4. The NWSSP Lease Car Officer will place the official order for the car. The NWSSP Lease Car Officer will check the application form and any other documentation, and place the order but any subsequent alterations made by the employee may incur additional charges.
- 3.6** If at any time between the acceptance of a quote and the placing of an order a change to the availability or specification of the chosen car occurs the Lease Car Officer will contact the applicant via email and will require written agreement to any change in specification or cost before the order is placed. The acceptance of a quote does not bind the Health Board/Trust to provide a car at the quoted specification or cost where it is unable to do so due to factors beyond its control (e.g. manufactures price increase, delivery delays or shortages of particular models). The timescale from the date of order to the delivery date can take between a period of three and seven months depending on the manufacturers availability of the requested vehicle.
- 3.7** Once the order has been placed and confirmed by the Leasing Company, the NWSSP Lease Car Officer will notify the applicant/driver to arrange delivery directly with the leasing company. The employee **only** will be responsible for receiving the car and inspecting it, bringing any concerns to the attention of the delivery person immediately. The employee **only** is required to sign the leasing companies delivery note accepting delivery, these forms should be forwarded to the Lease Car Officer as in 3.4 and held on the appropriate lease car file for the individual.

## 4 The Calculation of Private Use Charges

### 4.1 Table 1 – Example pricing calculation Ford EcoSport 1.0 EcoBoost Zetec (illustrative only)

Example of Cost of Lease Car and Contribution based on above illustration:-

EMPLOYEE DETAILS					
Name:		Staff Number:			
Annual Business Mileage:	7000	Annual Private Mileage:	7000		
Total Annual Mileage:	14000	Department:	AFC		
VEHICLE DETAILS					
Car Description:	Ford EcoSport 1.0 EcoBoost Zetec				
Optional Extras:					
Paint Finish:	Solid	Engine (cc) / Fuel Type:	<1000cc	Petrol	
P11D Value:	£17,625	Additional Cost	Co2 Emissions:	121	25.00%
Notes:					
LEASE CAR CONTRIBUTION CALCULATOR					
Quoted Vehicle Annual Contract Hire	£2,279.76	<i>Including maintenance, relief and RFL excl VAT</i>			
Deduct Initial RFL	£165.00	<i>First tax disc taken out at first registration</i>			
Cost of Averaged RFL	£148.33	<i>3 years averaged std rates against Co2</i>			
Annual Additional RFL	£0.00	<i>List price above £40,000 but CO2 below 180</i>			
Averaged Additional RFL	£0.00	<i>3 year averaged additional RFL</i>			
Net Vehicle Annual Contract Hire	£2,263.09				
Handling Charge	£150.00	<i>To cover quotes, ordering &amp; admin support</i>			
Insurance	£531.94	<i>Charge per vehicle inc claims management</i>			
Lease Car Business Miles	£770.00	<i>Fuel reimbursement to be claimed separately</i>			
GROSS COST	£3,715.03				
Less Mileage Allowance	<b>£3,150.00</b>	<i>Health board contribution (Afc/MD Business Mileage rate per mile )</i>			
GROSS COST LESS HB CONTRIBUTION	£565.03	<i>HMRC Company Fuel mileage rate</i>			
Estimated Class 1A NIC	£495.13	<i>Charged on benefit in kind</i>			
VAT Output Tax 20.00%	£212.03	<i>Supply of goods is liable for VAT</i>			
<b>Charge to Employee Per Annum</b>	<b>£1,272.20</b>	<i>1/12th to be deducted from salary each month (Subject to minimum fixed costs charge)</i>			
PAYROLL BREAKDOWN					
Charge to Employee Per Month	<b>£106.02</b>				
Private Use	<b>£88.35</b>				
VAT	<b>£17.67</b>				
BENEFIT IN KIND CALCULATION					
P11D Value	£17,625.00				
BIK Rate	£0.25				
BIK Gross	£4,406.25				
Annual Charge	£1,272.20				
Benefit in Kind	£3,134.05				
20%*	£52.23	<i>*The Impact on take home pay of the Benefit In Kind and deducted monthly from the individuals tax code by the HMRC</i>			
40%*	£104.47				
45%*	£117.53				

- 4.2** The current rates for road fund licence, fuel reimbursement, insurance, employers national insurance, administration charge and VAT are also detailed on a quotation. These are subject to review from time to time.
- 4.3** Once a quote has been accepted and the vehicle ordered, the monthly charge will only change due to one or more of the following:
- Changes in road fund licence costs due to legislation.
  - Insurance is renewed annually and any additional costs or savings are passed on to users.
  - Changes in VAT.
  - Changes in class 1A national insurance rates
  - Changes in taxation banding on CO<sub>2</sub> emissions

## **5 Conditions of Use**

### **5.1 Mileage Claims**

The user is required to submit monthly mileage claims via SEL Expenses on a monthly basis. Business Mileage is paid at the HMRC Approved Company car rates which are reviewed every quarter by HMRC. Failure to submit claims on a monthly basis could lead to the withdrawal of fuel reimbursement until such time as the user has submitted any missing claims. It may also result in all mileage being classed as private use.

### **5.2 Official Passengers & Heavy Bulk**

Official passengers may be carried in Lease Cars. But no reimbursement can be claimed for passenger carriage or Heavy Bulk Equipment.

### **5.3 Changes in Mileages**

During the term of the lease if the employee wishes to decrease or increase the contract mileage significantly they must inform NWSSP Lease Car Office immediately where the NWSSP Lease Car Officer will seek guidance from the Leasing Company.

### **5.4 Insurance**

The vehicle will be insured by the Health Board/Trust for business, study leave and social/domestic and pleasure use only for as long as the user remains an employee of the Health Board/Trust. Full details of the insurance policy in force will be circulated to users on renewal. This will include excess levels under the policy. Usually the policy will include a minimum policy excess which is the

drivers liability and additional excesses for young, inexperienced drivers or those with previous convictions for traffic offences who are employed by the Health Board/Trust. The Health Board/Trust reserves the right to refuse applications from employees with a poor-driving record. On renewal any increase or decrease in premium will be passed on to Lease Car Drivers. The vehicle will not be insured for provisional licence holders.

## **5.5 Accidents**

As with any motoring accident the driver should ensure that he/she obtains full particulars (vehicle registration, make, colour, drivers name and address, driver's insurance policy number and company) from the other party/parties involved. Where possible they should also obtain the name and address of any witnesses and the name and number of any police officer who attends. At no time should they admit liability without the advice of the Insurance Company. **Users must contact the Insurance Company immediately and within 24 hours to report the accident** as stated on the Claims handling information supplied to you by the Lease Car Team, as it is the Insurance Company who must advise you of the action to be taken. Approval to commence repairs can only be given by the Insurance Company. All damage to the vehicle must be notified to the Insurance Company. The driver will be liable for the insurance excess charge where there is a third party involved, however, should the third party be found at fault this excess will be refunded to the driver. Where an accident occurs where there is no third party involved the driver will be liable for the insurance excess.

## **5.6 Motoring Offences**

On application of a lease car the individual must issue the code number for the DVLA website for the NWSSP Lease Car Officer to obtain the licence details and details of any motoring convictions. It is the responsibility of the driver to ensure that, after these details have been obtained, any future convictions, for which points are awarded, are notified to the NWSSP Lease car officer immediately.

## **5.7 Fixed Penalty Offences & Parking Fines**

Any fixed penalty offences/parking fines/congestion charges relating to the lease car will be the responsibility of the named driver.

In the instance of a camera fixed penalty notice the leasing company will automatically receive the penalty which will be automatically paid by the leasing company and sent to the NWSSP Lease Car Office, which will then be passed onto the relevant driver even where a nominated driver has incurred this charge.

Where the driver or nominated driver has incurred a fixed penalty parking fine (placed to the window) if the driver is in dispute they must return the dispute immediately to the penalty issuer to avoid any additional costs. If the driver is in dispute with a parking offence and has failed to notify the issuer by the given date (usually 14 days) and subsequently a fine is received into the NWSSP Lease Car Office this fine will be paid on behalf of the Health Board/Trust and the driver notified of the charges which will then be deducted from the next pay period, this is to avoid any further escalation of charges and bailiffs arriving at NWSSP to recover the monies owed by Health Board/Trust staff.

### **5.7.1 Additional Administration Charges**

The named driver will incur an Additional Administration Charge applied separately by the Leasing Company and NWSSP Lease Car department for the handling of any unpaid fixed penalty offences/parking fines/congestion charges relating to a Lease Car.

### **5.8 Travel Abroad**

Before travelling abroad with a lease vehicle, the employee will be required to notify the Leasing Company who will arrange details accordingly this requires min of 28 days notice. You will also be required to take out your own adequate personal travel insurance as the lease car insurance will only cover the vehicle.

### **5.9 Wear and Tear**

**5.9.1** Whilst it is acceptable that a vehicle is subject to reasonable wear and tear during its life the leasing company's interpretation of 'fair wear and tear' is usually very closely drawn. Excluded are such things as:

- Glass Breakage (windows and lights)
- Punctures
- 'Kerbing' damage to tyres and wheels
- Stone chipping where the paint is broken and rusting has started
- Scratches to paintwork and bumpers
- Holes left by the removal of mobile phones
- Stained, torn or cigarette burned upholstery
- Mechanical failure due to abuse or incorrect servicing
- Valeting of the car where proper care has not been taken.

It is in the employee's interest to ensure that the above are repaired at the time they occur, or at the time the car is serviced as per BVRLA guidelines (British Vehicle Road Licence Association) (copy available from NWSSP Lease Car Office).

**5.9.2** The Health Board/Trust will be invoiced for damages as listed in 5.9.1 and where it is clear that they are the result of private use, careless business use or a failure to properly care for the vehicle these charges will be passed to the user.

## **6 Termination Charges**

In making a vehicle available for private use by an individual, the Health Board/Trust does so on the understanding that the user will keep the vehicle for the 3 year contract term. Under certain circumstances the vehicle may become surplus to requirements before the end of the lease and will need to be returned to the leasing company early. In such cases it is normal for leasing companies to make an early termination charge to reflect its increased costs. The Health Board/Trust will recharge the individual with early termination

charges if the termination is due to factors within the employee's control. Reasons for early termination and who will pay are as follows:

#### **6.1** The Health Board/*Trust to bear costs in the case of:*

- Ill health retirement.
- Extended Maternity Leave/Adoption Leave
- Redundancy.
- Early retirement for reasons of service efficiency.
- Transfer to duties not requiring/or reduced travelling brought about by management.
- Dismissal
- Organisational Change where the lease Car employee has been forced a change of base which would give them eligibility to excess mileage which if claimed by the employee they will incur additional Benefit In Kind in the form of Fuel Benefit Charge. NWSSP Lease Car Office must be informed directly by the Line Manager.

#### **6.2** User to bear costs in the case of:

- Voluntary resignation of posts for any reason (including new appointment, retirement).
- Retire & Return staff must contact the NWSSP lease Car Department at least 6 months prior to the retirement and must return the car on or before the retirement date. Any return to employment will be on the basis of a new contract of employment and a new application would be required to be submitted for consideration as terms & conditions on the new post may not qualify.
- Voluntary termination/handing back of vehicle before the end of the lease contract.

(**NOTE:** For users who apply internally for a post not requiring travel it is the responsibility of the employee and appointing officer to negotiate arrangements surrounding an existing lease car. These should however be agreed in writing before confirmation of appointment to the new post, by the Director of Workforce and OD, and copied to the NWSSP Lease Car Officer.)

## **7 Additional Nominated Drivers**

The driver can nominate 2 additional drivers which would reside at the principle drivers address holding a full clean driving licence for min of one year over the age of 18 to use the vehicle, where this is a requirement the additional driver will be expected to provide details of their full driving licence and convictions to the NWSSP Lease Car Officer, who will authorise the application. The Health Board/Trust reserves the right to refuse any such requests.

## **8 Return of the Vehicle**

- 8.1** 6 months prior to the end of the lease contract, the driver will be contacted by the NWSSP Lease Car Officer to ascertain their intentions with regard to renewal or withdrawal from the scheme.
- 8.2** The NWSSP Lease Car Officer will advise the driver of the vehicle collection at the end of the lease period. The driver must inspect the car with the collecting agent and any damage must be identified on the inspection form provided, to the satisfaction of the driver and sign for the acceptance of the inspection. Failure to do so will result in the driver being responsible for any return charges being made by the leasing company. (If you require any further information or advice please contact the NWSSP Lease Car officer prior to collection date) the employee will receive clear instruction via e-mail. The milometer reading must also be entered on the collection sheet and appropriate return vehicle report form supplied by the collecting agent. This will form the basis of the assessment of the drivers/Health Board/Trust liability with regard to claims under the fair wear and tear policy of the leasing company as per the BVRLA so it is vital that the vehicle is returned in a clean and tidy condition.
- 8.3** The employee will be responsible for any charges relating to the Lease Car, these include over contract mileage and end of contract damages, the leasing company invoice the Health Board/Trust for these charges and payment will be deducted from the next pay period. Should this deduction cause financial hardship (must provide evidence) consideration could be given for the cost to be recovered over a reasonable period.
- 8.4** If for whatever reason the employee is dismissed or the contract of employment ended the employee will be required to return the car immediately as part of Health Board/Trust property.

**On return of the vehicle the employee only must hand over the vehicle please ensure that identification is sought from the collecting agent before you hand over the car, documentation and keys and a signed termination document is received as a form of receipt from the collector.**

## 9. NHS All Wales Pool Vehicle Policy and Procedure

### 9.1 Introduction

This document sets out the operational procedures for the application and management of Pool vehicles within the Health Board/Trust. The procedure is relevant to all staff who during the course of their duties for the Health Board/Trust are required to drive a vehicle on behalf of the Health Board/Trust or are responsible for managing a Pool Vehicle within their department.

### 9.2 Objective

To provide information to all Departmental Pool Vehicle Managers and Pool Vehicle users on the procedures for accessing Pool Vehicles.

### 9.3. Definitions

- **Departmental Pool Vehicle Manager**- Acting responsible person within the Health Board/Trust department for the allocated Pool Vehicle.
- **Budget Manager/holder** – the manager responsible for the cost of the Pool Vehicle.
- **Pool Vehicle** – a car/van that is Leased by a department manager to enable their staff to carry out their duties. N.B. please refer to the Lease Car policy for lease car arrangements.

## 10 ROLES / RESPONSIBILITIES

### 10.1 Head of Department

Each Head of the Department must:

- Ensure all staff read and understand this procedure
- Arrange regular review to monitor compliance with this procedure

## **10.2 Shared Services, Pool Vehicle Department**

To support the respective Health Board/Trust Department Managers in the coordination and administration for applications of new or replacement Pool Vehicles. NWSSP will source Pool Vehicles via CCS Framework for best value. Place orders on the respective Health Board/Trust Oracle system from the most cost effective quotation from the Leasing Companies.

## **10.3 Departmental Pool Vehicle Responsible Manager**

To manage the use of allocated Pool Vehicle in accordance with the arrangements detailed in this procedure document.

To carry out driver license authorizing checks, accounting for fuel cards and maintenance.

## **10.4 Pool Vehicle Users**

To use the Pool Vehicle in accordance with the arrangements detailed in this procedure document.

## **10.5. Monitoring Compliance with the Procedure**

Departmental Pool Vehicle responsible managers will monitor and audit Pool Vehicle users adherence to the procedure to ensure log sheets, license checks and fuel receipts are all in compliance.

## **10.6. Review and Change Control**

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice collectively within All Wales Health Board/Trust indicate otherwise.

# **11. Arrangements for use and Management of Pool Vehicles**

## **11.1 Department Pool Vehicle Request**

During the course of carrying out official business, employees of Health Boards/Trust may be required to travel to locations other than their main employment base and the use of a Pool Vehicle may be an economical option for the Department if the following criteria are met:

- a. The provision of a Pool Vehicle provides the most cost effective method of funding the department's business mileage.

- b.** The vehicle procured will be a base model and will be dependent on local dealership garage availability in relation to servicing and be the best value for money for the organization.
- c.** There will be a dedicated named Departmental Pool Vehicle Manager assigned to take overall responsibility for the Pool Vehicle to ensure drivers fully comply with the standards detailed in this Pool Vehicle procedure document.
- d.** All Pool Vehicles will include Standard Safety Packs:- Warning Triangle/Beacon, Din First Aid Kit, Life Hammer, 1kg Fire Extinguisher, Hi-Vis Vest & Mechanical Relief Vehicle.

The Budget Manager will be required to authorize each application and confirm the annual official mileage for the vehicle. Requests will be processed via NWSSP Lease Car Department, who will ensure that the vehicle is the best value for money for Health Board/Trust.

### **11.2 Conditions of use of a Pool Vehicle**

The vehicle will be insured for official business mileage only and must in no circumstances be used for any private mileage.

The Pool car will only be driven by employees of the Health Board/Trust who hold a full driving license.

The Departmental Pool Vehicle Manager will obtain a copy of each driver's current driving license. This will be repeated annually where the employee continues to drive the Pool Vehicle.

The employees must advise the manager of any endorsements on the license.

The Pool vehicle must be kept on Health Board premises overnight. Only in exceptional circumstances and with Executive approval may a vehicle not be kept overnight on its base e.g. to enable staff access to work in the event of a severe weather event. Such instances will be considered business miles for accounting purposes.

Fuel for the vehicle will be obtained via a fuel card issued by the Health Board/Trust through the relevant Departmental Pool Vehicle Manager, and receipts will be attached to the appropriate log sheet in Appendix 4.

Drivers of the Pool vehicle must complete the log sheet for the vehicle and the Departmental Pool Vehicle manager will be required to audit log sheets at the end of each calendar month to verify that the vehicle has been used appropriately and that fuel usage reconciles with mileage driven. These documents should be filed locally for audit.

### **11.3 Servicing, Maintenance and Repairs**

The lease contract includes the full maintenance and servicing in accordance with the manufacturers schedule i.e. repairs, replacement of tyres (through normal wear and tear), replacement vehicles where appropriate, batteries, exhausts etc.

Servicing and repair will be carried out at the nearest available garage approved by the Lease Company and it will be the Departmental Pool Vehicle Managers responsibility to ensure that these take place at appropriate times.

The Departmental Pool Vehicle Manager has a specific responsibility to ensure the following:-

- That the following checks are made on a frequent basis, checking the oil, water, battery, brakes and any other fluid levels, tyre pressures and topping up where required.
- The car is kept in a clean condition.
- There is a strict No Smoking policy and the safe use of Mobile phones which applies to all Pool Vehicle drivers as it does to all other Health Board vehicles.
- Costs for any valeting requirements should be met by Pool Vehicle budget holder where onsite facilities are not available.
- Reporting defects, damage or accidents immediately to the incumbent insurance company.
- Ensure security of the vehicle and keys when not in use.
- Verification of log sheets accuracy, mileage and fuel usage.
- Ensuring that Drivers are aware of any special care that is required when transporting Health Board/Trust property, especially medical supplies and equipment, drugs, mobile phones, computers etc. These items should always be kept out of sight if they must remain in the vehicle.
- Ensuring that drivers are aware that if they fail to report damage or faults with the vehicle that they may be restricted from using the vehicle or in the event of damage may be liable for the cost of the insurance excess for repairs.
- It will be the Departmental Pool Vehicle Managers responsibility for ensuring that the conditions detailed within this procedure are adhered to and to take relevant action where they are not.

#### **11.4 Pool Vehicle Users Undertaking**

All staff who are allocated the use of a Pool Vehicle will be required to sign an undertaking accepting liability for the conditions detailed within this procedure.

## 12. Pool Vehicle Frequently Asked Questions

**Q.** Can I purchase oil for the Pool Vehicle, using the fuel card provided?

**A.** YES, you can purchase oil from Fuel stations that stock the correct oil for the vehicle.

**Q.** If the Pool Vehicle requires Ad-Blue/Screen wash/De-Icer. Where can I get this from?

**A.** This can be ordered through Oracle as a non-catalogue request or through the local petty cash arrangements against the Pool Vehicle Manager's budget.

**Q.** Where do I wash the Pool Vehicle? How is it funded?

**A.** These facilities may be available at the base of the Pool Vehicle (free of charge). If not available you can use a local garage or car wash. Receipts should be provided to enable reimbursement to be made. Reimbursements via petty cash of cleaning expenses of vehicles incurred by staff members is available on some of the main hospital sites where there are petty cash limits of £20.

**Q.** The Pool Vehicle I was driving has been involved in an accident, what should I do?

**A.** After ensuring you're own or anyone else's personal safety isn't at risk, assess if any person has sustained any injuries. Determine if and damage is caused to another vehicle or to someone else's property e.g. street lamps, signs, bollards and other street furniture or any animals/livestock have been injured.

You must then remain at the scene for a reasonable period. Give your vehicle registration number, your name and address, and that of the vehicle owner (if different) to anyone with reasonable grounds for asking for those details if anyone else is involved take the other parties name & address details and also their insurance details and contact the Insurance Company **immediately and within 24 hours** of the accident. **At no time should you admit liability without the advice of the Insurance Company.**

If you don't exchange details at the scene, you must report the accident at a police station or to a police constable as soon as you can, and in any case within 24 hours. All damages to the vehicle must be notified to the Insurance Company immediately.

If another person is injured, you must produce your certificate of insurance, if anyone at the scene has reasonable grounds to see it. If you don't, you must report the accident at a police station or to a constable as soon as you can and in any case within 24 hours.

You'll need to produce your certificate of insurance but if you don't have it when reporting the accident to the police, you may take it, within seven days of the

accident, to the police station you nominate when you report the incident. Reporting the accident to the police by telephone isn't sufficient and you can't ask someone else to report for you.

You're obliged to do these things not only when you're directly involved in an accident, but also if your vehicle's 'presence' was a factor.

At the scene, collect and note down as much information as you can including photographs and notes. Useful information includes:-

**Scene** – date, time, location, weather conditions, traffic conditions, road markings/signs/signals.

**Vehicles** – make, model, registration number, colour, condition, estimated speed, direction, use of lights or indicators, number of passengers.

**People** – contact details, description/distinguishing features of driver(s), contact details of passengers, pedestrians or other witnesses, details of any police officers involved.

**Damage** – description of the damage to vehicles or property, and any injuries to people involved.

Remember to notify the insurance company **immediately** if an accident has occurred.

## Appendix 1

### NHS All Wales Lease Car Application Form

**SELECT THE HEALTH BOARD THAT APPLIES**

Swansea Bay  CWM TAF  PHW  POWYS  VELINDRE  HEIW

Select correspondence Language

Welsh/Cymraeg  English

*Complete all relevant fields on this form. Ensuring that you have signatures off you the lease car driver, Line manager & Directorate manager. Failure to fully complete this form will prolong the Application process.*

**SECTION 1 (PERSONAL DETAILS AND MILEAGE ESTIMATE)**

<b><u>TITLE:</u></b> Mr / Mrs / Miss / Ms / Dr / Prof		<b><u>FULL NAME:</u></b>	
Payroll No:		Job Title:	
<b><u>HOME ADDRESS:</u></b>			
			<b><u>POST CODE:</u></b>
<b><u>WORK ADDRESS:</u></b>			
			<b><u>POST CODE:</u></b>
<b><u>WORK TEL NO:</u></b>	<b><u>HOME TEL NO:</u></b>	<b><u>MOBILE NO:</u></b>	
<b><u>NHS EMAIL ADDRESS:</u></b> Alternative Email address:			
<b><u>THE EMAIL ADDRESS PROVIDED WILL BE USED TO PROVIDE QUOTATIONS AND COULD INCLUDE PERSONAL AND CONFIDENTIAL INFORMATION. WE RECOMMEND THAT YOU PROVIDE A NHS EMAIL ADDRESS ONLY, PLEASE CHECK YOUR EMAILS ON A REGULAR BASIS.</u></b>			
<b><u>IF YOU WISH TO RECEIVE YOUR QUOTATIONS VIA POST PLEASE TICK THIS</u></b> <input type="checkbox"/>			

<b>Estimated Business Miles per annum</b> <i>You must not include home to base, excess, redeployment and call out journey (unless to a place other than your base).</i>	
<b>Estimated Private Miles per annum</b>	
<b>Estimated Total Miles per annum</b> <i>Multiples of 1'000 miles ONLY</i>	

I wish to apply for a lease vehicle under the terms of the NHS All Wales Lease Car Policy for the selected Health Board. I have read and understood the policy. I confirm that the above information is correct to the best of my knowledge and I confirm my acceptance, in principle, of the Health Board's offer of a lease car for my business and private use and request a quotation of the costs which I will be required to pay via my salary for the vehicles shown below.

Employee's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 2 MANAGER APPROVAL**

**THE BUSINESS MILEAGE APPLIED FOR IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND INCLUDES ONLY THOSE MILES FOR WHICH TRAVEL EXPENSES WOULD NORMALLY BE PAYABLE (PLEASE ENSURE THAT THE BUSINESS MILEAGE IS AS ACCURATE AS POSSIBLE AS HISTORICAL MILEAGE CHECKS WILL NO LONGER BE UNDERTAKEN BY THE NHS LEASE CAR DEPARTMENT). I CONFIRM THAT THE EMPLOYEE CURRENTLY HOLDS A CONTRACT OF EMPLOYMENT THAT SHALL REMAIN IN FORCE FOR THE PERIOD OF THE 3 YEAR LEASE AND SHOULD THAT CONTRACT END THE CAR MUST BE RETURNED WITH IMMEDIATE EFFECT AS PART OF THE PROPERTY OF THE HEALTH BOARD.**

1. Line Manager's Signature:

\_\_\_\_\_

Name (please print):

\_\_\_\_\_

Email address:

\_\_\_\_\_

Direct Telephone No:

\_\_\_\_\_

Date:

\_\_\_\_\_

—

2. Directorate Manager's  
Signature: \_\_\_\_\_

Name (please print):

\_\_\_\_\_

**EMAIL ADDRESS:**

---

**DIRECT TELEPHONE NO:**

---

Date:

---

### Notes

- Mileage estimates must be as accurate as possible.
- Please note that this form will be returned if the full car specification is not provided.
- A total of only **SIX** vehicle quotations will be provided (ie: a Ford Fiesta in petrol and diesel versions would be classed as two quotes)
- Please also be aware of the options and accessories included with certain makes and models of vehicles. Only list options wanted. If you know that something comes as standard on the vehicle, **DO NOT** list it as an option.
- Limited Edition models offered by some dealerships may not be available to lease.
- The fleet recommendation for CO<sub>2</sub> is 130g/km (reducing to 95 CO<sub>2</sub> emissions in 2020) and the maximum CO<sub>2</sub> figure is 165g/km for all Lease cars.
- Please be aware that diesel engines carry a 4% taxable surcharge. Please be aware that in order to meet environmental legislative requirements many diesel cars are fitted with Diesel Particular Filters (DPFs). If the vehicle you are considering is going to be used predominantly for urban driving, please consult your local dealer.
- ***Standard Safety Packs are in all vehicles and include: Warning Triangle/Beacon, Din First Aid Kit, Life Hammer, 1kg Fire Extinguisher, Hi-Vis Vest & Mechanical Relief Vehicle***

**SECTION 3 (VEHICLE CHOICE)**

*Although every attempt will be made to supply an accurate quotation. The quotation will not be binding & the formal contract will be based on the contractor's rate at the time of receiving the order confirmation.*

Vehicle 1

\*Delete as appropriate

Make:		
Model:		
Specification:		Manual / Automatic*
Engine size:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
No. of Doors:	2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe*	
Paint finish:	Solid / Special Solid / Metallic / Pearlescent / Other*	
Optional extras required:		

Vehicle 2

Make:		
Model:		
Specification:		Manual / Automatic*

Engine size:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
No. of Doors:	2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe*	
Paint finish:	Solid / Special Solid / Metallic / Pearlescent / Other*	
Optional extras required:		

Vehicle 3

Make:		
Model:		
Specification:		Manual / Automatic*
Engine size:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
No. of Doors:	2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe*	
Paint finish:	Solid / Special Solid / Metallic / Pearlescent / Other*	
Optional extras required:		

--	--

Vehicle 4

Make:		
Model:		
Specification:		Manual / Automatic*
Engine size:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
No. of Doors:	2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe*	
Paint finish:	Solid / Special Solid / Metallic / Pearlescent / Other*	
Optional extras required:		

Vehicle 5

Make:	
-------	--

Model:		
Specification:		Manual / Automatic*
Engine size:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
No. of Doors:	2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe*	
Paint finish:	Solid / Special Solid / Metallic / Pearlescent / Other*	
Optional extras required:		

#### Vehicle 6

Make:		
Model:		
Specification:		Manual / Automatic*
Engine size:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid

No. of Doors:	2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe*
Paint finish:	Solid / Special Solid / Metallic / Pearlescent / Other*
Optional extras required:	

#### Section 4 (Contact Details)

The NHS Lease Car Department is a section of the Payroll Services Department – the postal address is:

**NHS Lease Car Department, Matrix House, Northern Boulevard, Matrix Park, Swansea Enterprise Park, Swansea, SA6 8BX.**

You can also contact the Team via email at [lease.cars@wales.nhs.uk](mailto:lease.cars@wales.nhs.uk) or via telephone on 02920 903908

Some useful information can be found on the Lease Car Intranet Page (navigate through Boardwide Support Services > Payroll Services > Lease Car Department).

## Ffurflen Gais Prydlesu Ceir GIG Cymru Gyfan

### DEWISWCH Y BWRDD IECHYD SY'N BERTHNASOL

Bwrdd Iechyd Prifysgol Bae Abertawe  CWM TAF  IECHYD CYHOEDDUS CYMRU   
 POWYS  FELINDRE  AaGIC

Cwblhewch yr holl feysydd perthnasol ar y ffurflen hon. Sicrhewch eich bod yn cynnwys eich llofnod chi fel gyrrwr y car prydles yn ogystal â llofnodau eich Rheolwr Llinell a Rheolwr y Gyfarwyddiaeth. Bydd methu â chwblhau'r ffurflen hon yn llawn yn ymestyn y broses Ymgeisio.

### ADRAN 1 (MANYLION PERSONOL AC AMCANGYFRIF MILLTIROEDD)

<b><u>TEITL:</u></b> Mr / Mrs / Miss / Ms / Dr / Yr Athro		<b><u>ENW LLAWN:</u></b>	
Rhif Cyflogres:		Teitl Swydd:	
<b><u>CYFEIRIAD CARTREF:</u></b>			
<b><u>COD POST:</u></b>			
<b><u>CYFEIRIAD GWAITH:</u></b>			
<b><u>COD POST:</u></b>			
<b><u>RHIF FFÔN GWAITH:</u></b>		<b><u>RHIF FFÔN CARTREF:</u></b>	<b><u>RHIF FFÔN SYMUDOL:</u></b>
<b><u>CYFEIRIAD E-BOST Y GIG:</u></b> Cyfeiriad E-bost Arall:			
<b><u>DEFNYDDIR Y CYFEIRIAD E-BOST A DDARPERIR I DDARPARU DYFYNBRISIAU A GALLENT GYNNWYS GWYBODAETH Bersonol a chyfrinachol. Rydym yn argymhell eich bod yn darparu cyfeiriad e-bost y GIG yn unig. Gwiriwch eich e-byst yn rheolaidd.</u></b>			
<b><u>OS YDYCH CHI'N DYMUNO DERBYN EICH DYFYNBRISIAU TRWY'R POST, TICIWCH Y BLWCH <input type="checkbox"/> /N</u></b>			

<b>Amcangyfrif Milltiroedd Busnes y flwyddyn</b> <i>Rhaid i chi beidio â chynnwys milltiroedd o'r cartref i'r gweithle, milltiroedd ychwanegol, adleoli a theithiau galwadau allan (oni bai i le heblaw eich gweithle).</i>	
<b>Amcangyfrif Milltiroedd Preifat y flwyddyn</b>	
<b>Amcangyfrif o Gyfanswm Milltiroedd y flwyddyn</b> <i>Lluosrifau o 1'000 o filltiroedd YN UNIG</i>	

Hoffwn wneud cais am gerbyd prydles o dan delerau Polisi Prydlesu Ceir GIG Cymru ar gyfer y Bwrdd Iechyd a ddewiswyd. Rwyf wedi darllen ac yn deall y polisi. Rwyf yn cadarnhau bod yr wybodaeth uchod yn gywir hyd eithaf fy ngwybodaeth ac rwyf yn cadarnhau fy mod yn derbyn, mewn egwyddor, gynnig y Bwrdd Iechyd o gar prydles ar gyfer fy nefnydd busnes a phreifat. Rwyf yn gofyn am ddyfynbris o'r costau y bydd rhaid i mi eu talu trwy fy nghyflog am y cerbydau a ddangosir isod.

Llofnod y  
Gweithiwr: \_\_\_\_\_ Dyddiad: \_\_\_\_\_  
\_\_\_\_\_

## **ADRAN 2 CYMERADWYAETH Y RHEOLWR**

**MAE'R MILLTIROEDD BUSNES Y GWNAED CAIS AMDANYNT YN GYWIR HYD EITHAF FY NGWYBODAETH AC YN CYNWYS DIM OND Y MILLTIROEDD HYNNY Y BYDDAI COSTAU TEITHIO FEL ARFER YN DALADWY AMDANYNT (GWNEWCH YN SIŴR BOD Y MILLTIROEDD BUSNES MOR GYWIR Â PHOSIBL GAN NA FYDD ADRAN CAR PRYDLES Y GIG YN CYNNAL GWIRIADAU MILLTIROEDD HANESYDDOL MWYACH). RWFYF YN CADARNHAU BOD GAN Y GWEITHIWR GONTRACT CYFLOGAETH AR HYN O BRYD A FYDD YN PARHAU YN WEITHREDOL AM GYFNOD 3 BLYNEDD Y BRYDLES AC OS BYDD Y CONTRACT HWNNW'N DOD I BEN, BYDD RHAID DYCHWELYD Y CAR AR UNWAITH FEL RHAN O EIDDO'R BWRDD IECHYD.**

1. Llofnod y Rheolwr Llinell:

\_\_\_\_\_

Enw (ysgrifennwch mewn priflythrennau):

\_\_\_\_\_

Cyfeiriad E-bost:

\_\_\_\_\_

Rhif Ffôn Uniongyrchol:

\_\_\_\_\_

Dyddiad:

2. Llofnod Rheolwr y  
Gyfarwyddiaeth: \_\_\_\_\_

\_\_\_\_\_

Enw (ysgrifennwch mewn priflythrennau):

\_\_\_\_\_

**CYFEIRIAD E-BOST:**

\_\_\_\_\_

**RHIF FFÔN UNIONGYRCHOL:**

\_\_\_\_\_

Dyddiad:

## **Nodiadau**

- Rhaid i amcangyfrifon milltiroedd fod mor gywir â phosibl.

- Sylwch y dychwelir y ffurflen hon os na ddarperir manyleb lawn y car.
- Darperir cyfanswm o **CHWE** dyfynbris cerbyd (h.y: byddai Ford Fiesta petrol a diesel yn cael ei ystyried yn ddau ddyfynbris)
- Byddwch yn ymwybodol hefyd o'r opsiynau a'r ategolion sydd wedi'u cynnwys gyda rhai gwneuthuriadau a modelau o gerbydau. Rhestrwch yr opsiynau rydych eu heisiau yn unig. Os ydych chi'n gwybod bod rhywbeth yn dod gyda'r cerbyd fel rhywbeth safonol, PEIDIWCH â'i restru fel opsiwn.
- Efallai na fydd modelau cyfyngedig a gynigir gan rai delwriaethau ar gael i'w prydlesu.
- Argymhelliad y fflyd ar gyfer CO<sub>2</sub> yw 130g/km a'r ffigur CO<sub>2</sub> uchaf yw 165g/km ar gyfer pob car Prydles.
- Byddwch yn ymwybodol bod gordal trehadwy o 4% ar beiriannau diesel. Er mwyn cwrdd â gofynion deddfwriaethol amgylcheddol, cofiwch fod Hidlyddion Gronynnau Diesel wedi'u gosod mewn llawer o geir diesel. Os yw'r cerbyd rydych chi'n ei ystyried yn mynd i gael ei ddefnyddio'n bennaf ar gyfer gyrru trefol, ymgynghorwch â'ch deliwr lleol.

**ADRAN 3 (DEWIS CERBYD)**

*Er y gwneir pob ymdrech i ddarparu dyfynbris cywir, ni fydd y dyfynbris yn rhwymol a bydd y contract ffurfiol yn seiliedig ar gyfradd y contractwr ar adeg derbyn cadarnhad yr archeb.*

**Cerbyd 1**

\*Dileu fel sy'n briodol

Gwneuthuriad:		
Model:		
Manyleb:		Geriau llaw / Awtomatig*
Maint y peiriant:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
Nifer y Drysau:	2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe*	
Gorffeniad paent:	Solid / Special Solid / Metallic / Pearlescent / Arall*	
Pethau ychwanegol dewisol sydd eu hangen:		

**Cerbyd 2**

Gwneuthuriad:	
---------------	--

Model:		
Manyleb:		Geriau llaw / Awtomatig*
Maint y peiriant:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
Nifer y Drysau:	2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe*	
Gorffeniad paent:	Solid / Special Solid / Metallic / Pearlescent / Arall*	
Pethau ychwanegol dewisol sydd eu hangen:		

### Cerbyd 3

Gwneuthuriad:		
Model:		
Manyleb:		Geriau llaw / Awtomatig*
Maint y peiriant:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/

		Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
Nifer y Drysau:	2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe*	
Gorffeniad paent:	Solid / Special Solid / Metallic / Pearlescent / Arall*	
Pethau ychwanegol dewisol sydd eu hangen:		

#### Cerbyd 4

Gwneuthuriad:		
Model:		
Manyleb:		Geriau llaw / Awtomatig*
Maint y peiriant:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
Nifer y Drysau:	2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe*	
Gorffeniad paent:	Solid / Special Solid / Metallic / Pearlescent / Arall*	

Pethau ychwanegol dewisol sydd eu hangen:	
---	--

Cerbyd 5

Gwneuthuriad:		
Model:		
Manyleb:		Geriau llaw / Awtomatig*
Maint y peiriant:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
Nifer y Drysau:	2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe*	
Gorffeniad paent:	Solid / Special Solid / Metallic / Pearlescent / Arall*	
Pethau ychwanegol dewisol sydd eu hangen:		

--	--

Cerbyd 6

Gwneuthuriad:		
Model:		
Manyleb:		Geriau llaw / Awtomatig*
Maint y peiriant:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
Nifer y Drysau:	2dr / 3dr Hatch / 5dr Hatch / 4dr Saloon / 5dr Estate / Cabriolet / Coupe*	
Gorffeniad paent:	Solid / Special Solid / Metallic / Pearlescent / Arall*	
Pethau ychwanegol dewisol sydd eu hangen:		

---

#### **Adran 4 (Manylion Cyswilt)**

Mae Adran Prydlesu Ceir y GIG yn rhan o'r Adran Gwasanaethau Cyflogres - y cyfeiriad post yw:

**Adran Car Prydles y GIG, Tŷ Matrix, Boulevard y Gogledd, Parc Matrix, Parc Anturiaeth Abertawe, Abertawe, SA6 8BX.**

Gallwch hefyd gysylltu â'r Tîm trwy anfon [e-bost at lease.cars@wales.nhs.uk](mailto:e-bost.at.lease.cars@wales.nhs.uk) neu drwy ffonio 02920 903908

Gellir dod o hyd i wybodaeth ddefnyddiol ar y Dudalen Mewnwyd Prydlesu Ceir (llywioch Boardwide Support Services > Payroll Services > Lease Car Department).

## Appendix 2



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Gwasanaethau Cyflogaeth  
Shared Services  
Partnership  
Employment Services

### NHS All Wales Lease Car Order Form

NB: Please complete all sections fully. Failure to comply will result in delay of Car Order.

#### Section 1 (Personal Details and Mileage Estimate)

<u>FULL NAME:</u>		<u>PAYROLL NO:</u>
<b>HEALTH BOARD/TRUST: *DELETE AS APPROPRIATE</b>		
SBU LHB / CTM HB / PHW / PTLHB / VELINDRE NHS TRUST		
<u>JOB TITLE:</u>		
<u>HOME ADDRESS:</u>		
<u>POST CODE:</u>	<u>PLEASE TICK IF THIS IS YOUR PREFERRED DELIVERY ADDRESS</u>	
<u>WORK ADDRESS:</u>		
<u>POST CODE:</u>	<u>PLEASE TICK IF THIS IS YOUR PREFERRED DELIVERY ADDRESS</u>	
<u>* NHS E-MAIL ADDRESS ONLY:</u>	<u>TEL NO (INC CODE):</u>	<u>MOBILE NO:</u>
<u>ANNUAL MILEAGE AS PER QUOTATION:</u>		
<u>BUSINESS MILES:</u>	<u>PRIVATE MILES:</u>	<u>TOTAL MILES:</u>



\* I confirm that I have provided an NHS email address that I agree to receive personal and confidential information through. Please check your emails on a regular basis for updates on your lease car order.

#### Section 2 (Vehicle Required)

<b>1.</b> Car description:- Manufacturer / Model / Specification / Engine Size	
<b>2.</b> Fuel Type (please select):	Petrol / Diesel / Hybrid / Other
<b>3.</b> No of doors (please select):	2dr / 3dr hatch / 4dr saloon / 5dr hatch / 5dr estate
<b>4.</b> Extra options (if applicable and included on your quotation letter):	
<b>5.</b> Exterior Colour Choice: 1st:	

---

2nd:

Please ensure you provide us with the correct colour name (e.g. satin silver); we cannot accept 'any colour'. You must only provide a colour choice within the paint finish which you have been quoted. *Only state a colour which you are happy to accept, you do not have to provide a second colour choice if not required, the lease company may chose the colour with the quickest availability.*

**6. Interior Choice:**  
(If left blank the manufacturers standard interior will be provided)

Monthly Rental: £  
*shown on quotation*

### Section 3 (Nominated Drivers and Licences)

Please see Lease Car Policy for restrictions

<b>Principle driver name*:</b>	<b>Licence no:</b>
<b>Additional driver name:</b>	<b>Licence no:</b>
<b>Relationship to applicant:</b>	<b>D.O.B:</b>

**You must provide a copy of the full current driving licences for the two people named above – for new style licences you must include the photo card (front & back) and new ONLINE summary (obtained via DVLA online: [www.gov.uk/check-driving-information](http://www.gov.uk/check-driving-information)). Your order will not be processed if you fail to supply the driving licences at this stage, or give a valid reason for their omission.**

\* I understand that I will not be able to take possession of the vehicle unless I have provided a copy of the principal driver's licence as detailed above (an additional driver will not be authorised or insured to drive until the full licence is provided). If licences are unavailable immediately then please state reason here:

---

#### Section 4 (Health Declaration)

The law requires you to tell the DVLA about any condition that may affect your ability to drive safely. If you are involved in an accident and it is found that your health condition was a contributing factor, you may be prosecuted and your insurance may not be valid. In line with the DVLA Medical Standards of Fitness to Drive, you and your nominated driver have a duty to disclose any of the following disorders / illnesses to the DVLA.

Neurological disorders Cardiovascular disorders Diabetes mellitus Psychiatric disorders / cognitive function impairment Drug and alcohol misuse/dependency Visual disorders Deafness disorders Renal disorders Respiratory disorders Sleep disorders Brain tumours Lung or other cancers Hiv positive or aids syndrome	Taking this disclosure requirement into consideration, are you and your nominated driver 'fit to drive'? <table border="1" data-bbox="1166 667 1393 751"><tr><td data-bbox="1166 667 1393 709">Yes</td></tr><tr><td data-bbox="1166 709 1393 751">No</td></tr></table> (If you have answered 'no' to the above question could you please ring the NHS lease car department immediately and in absolute confidence on: 01792 5321 28/29/30)	Yes	No
Yes			
No			

#### Section 5 (Insurance History)

Please give details of any motor insurance application refusals and/or special items imposed and/or motor policies cancelled for any person detailed above. Use separate sheet if necessary.

Name of Driver	Details

---

**Section 6 (Employee Declaration)**

I have read and understood the All Wales NHS Lease Car Policy and hereby declare that I agree to fully observe all its requirements. I authorise the relevant deductions from my salary for private use. I confirm that the information given by me is correct to the best of my knowledge. *Should I wish to cancel my order before the vehicle has been delivered I authorise NWSSP to deduct any cancellation charge levied by the leasing company from my pay.*

I agree to fully familiarise myself with the controls of my chosen vehicle prior to delivery. The delivery agent is not responsible for any instructions.

Should I leave the Health Board for any reason before the end of the lease period I understand that my liability for termination charges will be governed by the provisions of the policy and I will be required to hand back the vehicle with immediate effect.

**Employee** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**SECTION 7 (LINE MANAGER AUTHORISATION)**

Line Manager's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Line Manager's Full Name: \_\_\_\_\_  
Tel: \_\_\_\_\_

EMAIL

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

***Please return completed order form with full copies of driving licences to:***

**Email:** [lease.cars@wales.nhs.uk](mailto:lease.cars@wales.nhs.uk)

**WHERE POSSIBLE PLEASE SEND AN ORIGINAL, AUTHORISED COPY OF THIS FORM.  
COPIES MAY BE SENT VIA EMAIL BUT WILL ONLY BE ACCEPTED FROM THE AUTHORISING MANAGER.**

\_\_\_\_\_  
\_\_\_\_\_

---

**Office Use Only**

Requisition Number:	Dir Finance Code:
Leasing Company:	Annual Rental:

Processed in Oracle by:	Approved by:
Signed:	Signed:
Date:	Date:

---

## Appendix 3

### **NHS All Wales Pool Vehicle Application Request**

I wish to make an application for a Pool vehicle under the terms of the Department Pool Operational Procedure. I have read and understood the procedure and if I accept a quotation, I understand that I shall be bound to keep the vehicle for the term of lease. I also undertake to ensure that the vehicle will be properly maintained in line with the manufacturer requirements.

For the purpose of a Pool vehicle I understand that the specification of the vehicle is restricted to that of a base vehicle with no additional options and will be further restricted with dealerships that are convenient for services. The vehicle offered will be the best value for money for Health Board/Trust.

I have discussed the future business mileage with the Executive Director for the department, these are believed to be the realistic mileage for this vehicle and we know of no reason why this should change in the immediate future.

The Business miles for this vehicle are estimated to be ..... Miles per annum.

I attach the request for quotations for a vehicle (Appendix 7) on the basis of the mileage shown above and understand that the vehicle recommended by the NWSSP Lease Car Department, to be the most cost effective option following a costing exercise to ensure value for money.

I understand and accept the responsibilities of a Pool Car Manager and that I will be responsible for the following:-

- Ensuring that the vehicle Driver is an employee of the Health Board/Trust and has a current Full Driving License.
- Verifying vehicle users licenses before use and annually thereafter.
- Ensuring that the vehicle is maintained and kept in a roadworthy condition.

- 
- Ensuring that all Pool Vehicles will include Standard Safety Packs:- Warning Triangle/Beacon, Din First Aid Kit, Life Hammer, 1kg Fire Extinguisher, Hi-Vis Vest & Mechanical Relief Vehicle.
  - Ensuring that the vehicle is kept on Health Board/Trust premises overnight.
  - Ensuring that the log sheets and receipts for fuel are completed for each journey and receipts attached where applicable for fuel.
  - That the vehicle is kept in a clean condition.
  - The security of the vehicle keys when not in use.
  - That all faults or accidents are reported immediately.
  - That the servicing of the vehicle, replacement of tyres, etc. are carried out when required.
  - That the business mileage of the vehicle is monitored and any increase or decrease in the estimated mileage is notified to the NWSSP Lease Car Department, on an annual basis.
  - Any fixed penalty offences/Parking fines/congestion charges & speeding fines are the personal responsibility of the named driver of the vehicle at the time the fine was issued.  
All fines will incur an administration charge both from the Leasing Company and the Lease Car Team.
  - There is a NO smoking and Safe Use of Mobile Phones policy in all Health Board/Trust vehicles.
  - Disciplinary action may be carried out against a driver or the departmental manager responsible for the Pool vehicle if any of the above points are not carried out strictly in accordance with this procedure.

---

## Applicant Details

(If applicable) please provide the registration of previous/old Pool Vehicle Reg: .....

Name of the Budget Manager: .....  
Job Title: .....  
Department: .....  
Pool Vehicle Manger: .....  
Address: .....  
.....  
Work Tel: .....  
Mobile No: .....  
Email Address: .....

- Drivers of the car will be required to enable a DVLA license check by the respective Pool Vehicle Manager, before they are allowed to use the vehicle.

## Employee Declaration

I have read and fully understood the procedure

Name (print):.....

Signature:.....

Date:.....

## Pool Vehicle Managers Authorisation

I have read and understood the procedure, in particular my responsibilities as the Budget Manager of a Pool Vehicle. The business mileage applied for is accurate to the best of my knowledge and includes only those miles for which travel expenses would normally be payable.

I can confirm that all employees who will have use of the vehicle currently hold a contract of employment with Health Board/Trust and a current full driving license.

---

Pool Vehicle Managers signature: .....

Name (please print): .....

Position: .....

Budget Code for Charge: .....

Date: .....

**Executive Director Approval:**

Director Signature: .....

Name (please print): .....

Date: .....

## Appendix 4

### Daily Safety Checks and Weekly Fuel Usage Records

Vehicle Registration \_\_\_\_\_ Week Ending \_\_\_\_\_

#### The Following Items Must Be Checked Prior To Driving This Vehicle

“NIL” should be entered to indicate no defects – do not just tick box. Any defect must be reported immediately to your Pool Vehicle Manager and the vehicle should not be used until the fault is rectified.

*Please note:* it is the responsibility of anyone using this vehicle to check its roadworthiness and complete this sheet prior to driving, refuel it and clean it after use.

When leaving the vehicle unattended the driver must ensure the keys are removed and that the vehicle and its contents are secured.

All staff are to ensure that when any vehicle is in their care, it is either parked or stopped for any unloading/loading that both the engine and radio are switched off.

Mileage Start of week \_\_\_\_\_ Mileage end of week \_\_\_\_\_

Day/Date	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Battery							
Fuel & Supply & Card							
Oil & Brake Fluid Levels							
Radiator Level							
Screen Wash							
Wiper Blades							
Head & Side Lights							
Brake & Fog Lights							
Indicators & Reflectors							
Tyres & Wheel security							
Mirrors							
Brakes							
Bodywork							
Horn							
WM Systems ramp							
<b>Checked By :</b>							



---

## **Appendix 5**

### **Safety Flash Card - to be kept in vehicle**

## FLASHCARD FOR DRIVING AT WORK

Reference: Risk Assessment Issued: 20 sept 2018

**DO NOT** use any equipment unless you have been trained in its safe use and operation and have been given permission



### PRE-OPERATIONAL SAFETY CHECKS:

- ✓ Conduct Daily Vehicle Check/Sheet **before leaving**
- ✓ Report any defects or damage to the departmental fleet car manager **before leaving**
- ✓ Complete Vehicle Log Book (pre & post shift)
- ✓ Vehicle must be clean inside & out
- ✓ Ensure Annual Driver License check has been Submitted
  
- ✓ Plan your route - **before leaving**
- ✓ Wear Safety Belts **at all times**
- ✓ **Ensure all loads are secure - before leaving**
- ✗ **Do not** use mobile devices whilst driving
- ✗ **Smoking, Eating & Drinking** in the vehicle is prohibited

### DRIVING:

- ✓ **ALWAYS** adhere to Road Traffic Law and the Highway Code or any other relevant signage at all times
- ✓ **BE** considerate to other road users at all times
- ✓ **Comply and Report** any warning lights presented on your Instrument Panel
- ✓ **Only** drive within area of own competence **ALWAYS** park safely and as directed by signage etc.
- ✓ **MINIMISE** reversing wherever possible
- ✗ **Do not** make or receive any calls in the absence of a Hands-free System
- ✗ **Do not** attempt to drive if unwell or impaired or influenced by alcohol
- ✓ **ALWAYS** inform your Manager of any concerns

### BREAKDOWNS & INCIDENTS:

- ✓ **STOP** in a safe position and switch off engine **if safe**, leave vehicle and go to a place of safety
- ✓ **WEAR** High Visibility Clothing & PPE **CONTACT** Lease company and report event immediately
- In the event of an accident contact 999 *(if necessary)*
- Switch off engine and remove keys from the ignition *(if safe)*
- ✗ **Do not** move the injured unless it is safe to do so
- ✗ **Do not** move vehicle unless it is safe or necessary to do so
- ✗ **Do not** put yourself or others in danger **EXCHANGE** all details i.e. name, contact number **before leaving**
- COMPLETE** an Internal **Datix** report when returning to base

### TEAM LEADER/MANAGER ACTIONS:

- ✓ **CONDUCT** frequent vehicle spot checks for DVI and cleanliness.

### VEHICLE SERVICING:

All vehicles must be fully serviced, **MOT'd** and hold valid Tax

Transport Manager shall hold records of all inspections, safety checks etc.

**REPORT** all defects as soon as possible **ALWAYS** check that defects have been rectified





**APPENDIX 7**

**NHS All Wales Pool/Commercial Vehicle Application Form**

Select correspondence Language

Welsh/Cymraeg  English

Please complete details of the vehicle required, and forward to your Directorate/Clinical Manager for authorisation prior to submission to the Lease Car Department. A quotation based on the information provided and current hire charges will be forwarded to you as soon as it becomes available. Although every attempt will be made to supply an accurate quotation, the quotation will not be binding, and the formal contract will be based on the contractor’s rates at the time of receiving the order confirmation.

**SECTION 1 (HEALTH BOARD / TRUST DETAILS AND MILEAGE ESTIMATE)**

<b>HEALTH BOARD/TRUST:</b>	<b>DEPARTMENT</b>
Contact Name :	Job Title :
<b>WORK ADDRESS:</b>	
<b>POST CODE:</b>	
<b>WORK TEL NO:</b>	
<b>NHS EMAIL ADDRESS:</b>	

Estimated Business Miles per annum	
------------------------------------	--

**SECTION 2 MANAGER APPROVAL**

I confirm that the above information is correct and to the best of my knowledge for a department pool/commercial vehicle for business use only.

**THE BUSINESS MILEAGE APPLIED FOR IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I CAN CONFIRM THAT THE CONTRACT SHALL REMAIN IN FORCE FOR THE PERIOD OF THE 3 YEAR LEASE AND SHOULD THAT CONTRACT END, THE DEPARTMENT CAR MUST BE RETURNED WITH IMMEDIATE EFFECT AS PART OF THE PROPERTY OF THE HEALTH BOARD/TRUST.**

1. Line Manager’s Signature:

Name (please print):

Issue Date:  
Status:

Email address:

Direct Telephone No:

Date:

**SECTION 3 (VEHICLE CHOICE)**

*Although every attempt will be made to supply an accurate quotation. The quotation will not be binding & the formal contract will be based on the contractor's rate at the time of receiving the order confirmation.*

**Standard Safety Packs on all vehicles include: Warning Triangle/Beacon, Din First Aid Kit, Life Hammer, 1kg Fire Extinguisher, Hi-Vis Vest & Mechanical Relief Vehicle**

Vehicle 1

Make:		
Model: Body Style: Cabs: <b><u>Commercial Only</u></b> No Seats:		
Specification:		Manual / Automatic
Engine size:  Drive: Eg: 2WD/4WD		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
No. of Doors: Type of Doors: <b><u>Commercial Only</u></b>		
Paint finish & Colour:		
Optional extras required:		

Vehicle 2

Make:		
Model: Body Style: Cabs: <b><u>(Commercial Only)</u></b> No Seats:		
Specification:		Manual / Automatic
Engine size:  Drive: Eg: 2WD/4WD		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/  Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
No. of Doors:  Type of Doors: <b><u>(Commercial Only)</u></b>		
Paint finish & Colour:		
Optional extras required:		

Vehicle 3

Make:		
Model: Body Style: Cabs: <b><u>(Commercial Only)</u></b> No Seats:		
Specification:		Manual / Automatic

Engine size:		Diesel/ Diesel-Electric Hybrid/ Diesel Plugin electric Hybrid/ Electric/ Hydrogen Fuel cell/
Drive: Eg: 2WD/4WD		Petrol/ Petrol-Electric Hybrid/ Petrol Plugin electric Hybrid
No. of Doors:		
Type of Doors: <b>(Commercial Only)</b>		
Paint finish & Colour:		
Optional extras required:		

#### Section 4 (Contact Details)

The NHS Lease Car Department is a section of the Payroll Services Department.

You can also contact the Team via email at [lease.cars@wales.nhs.uk](mailto:lease.cars@wales.nhs.uk) or via telephone on 02920 903908

## Appendix 8

### NHS All Wales Pool/Commercial Vehicle Order Form

NB: Please complete all sections fully. Failure to comply will result in delay of car order.

#### Section 1 (Department Details and Mileage Estimate)

<u>DEPARTMENT:</u>		
<u>ANNUAL BUSINESS MILEAGE:</u>		
<u>WORK ADDRESS:</u>		
<u>EMAIL ADDRESS</u>	<u>EXT NUMBER</u>	<u>DEPARTMENT COST CODE</u>
<u>CONTACT NAME</u>		

. Please check your emails on a regular basis for updates on your DEPARTMENT Pool Vehicle order.

#### Section 2 (Vehicle Required)

<p><b>7.</b> Car description:- Manufacturer/ Model / Specification / Engine Size</p> <p>Cabs: <b><u>(Commercial Only)</u></b></p>	
<p><b>8.</b> Fuel Type (please select):</p>	Petrol / Diesel / Hybrid / Other
<p><b>9.</b> No of doors (please select):</p> <p>Type of Doors: <b><u>(Commercial Only)</u></b></p>	5dr hatch / 5dr estate /Van
<p><b>10.</b> Extra options (if applicable and included on your quotation letter):</p>	
<p><b>11.</b> Exterior Colour Choice:</p> <p>Please ensure you provide us with the correct colour name (e.g. satin silver); we cannot accept 'any colour'. You must only provide a colour choice within the paint finish which you have been quoted. <i>Only state a colour which you are happy to accept, you do not have to provide a second colour choice if not required, the lease company may chose the colour with the quickest availability.</i></p>	
<p><b>12.</b> Interior Choice: (If left blank the manufacturers standard interior will be provided)</p>	
Annual Cost : £	

<i>shown on quotation</i>	
Financial Code : <i>shown on quotation</i>	

**To meet HMRC regulations for pool vehicles, the following conditions must be met:-**

- **Vehicle is used for official business use only and under no circumstances should the vehicle be used for personal use.**
- **Used by more than one employee.**
- **Drivers are not permitted to take pool vehicles home.**

**Department pool/commercial vehicles must be returned to base after use. Where this is out of normal working hours, arrangements must be made for keys to be safely deposited. Failing this will incur a Tax liability.**

### **SECTION 3 (DIRECTORATE MANAGER AUTHORISATION)**

Directorate Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Directorate Manager's Full Name: \_\_\_\_\_

Tel: \_\_\_\_\_

**Please return completed order form by Email: [lease.cars@wales.nhs.uk](mailto:lease.cars@wales.nhs.uk) or post to:**

**All Wales NHS Lease Car Department, Matrix House, Northern Boulevard, Matrix Park, Swansea Enterprise Park, Swansea, SA6 8BX.**

**WHERE POSSIBLE PLEASE SEND AN ORIGINAL, AUTHORISED COPY OF THIS FORM. COPIES MAY BE SENT VIA EMAIL BUT WILL ONLY BE ACCEPTED FROM THE AUTHORISING MANAGER.**

#### **Office Use Only**

Requisition Number:	
Leasing Company:	Annual Rental:

Processed in Oracle by:	Approved by:
Signed:	Signed:
Date:	Date:





<b>AGENDA ITEM No</b>	<b>12</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of APPENDIX ATTACHED</b>	<b>0</b>

## Committee Priorities 2022/23

<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	14 November 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Trish Mills, Board Secretary
<b>CONTACT</b>	<a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a>

EXECUTIVE SUMMARY	
<p>1. This report updates the Committee on progress against the priorities it set for 2022/23.</p> <p>2. Progress is steady across all priorities.</p>	
RECOMMENDATION	
<p>3. The Committee is asked to note the update.</p>	

KEY ISSUES/IMPLICATIONS
No issues to raise.

REPORT APPROVAL ROUTE
Not applicable

REPORT APPENDICES
None

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Yes	Financial Implications	N/A
Environmental/Sustainability	N/A	Legal Implications	N/A

Estate	N/A	Patient Safety/Safeguarding	N/A
Ethical Matters	N/A	Risks (Inc. Reputational)	N/A
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety	N/A	TU Partner Consultation	N/A

## COMMITTEE PRIORITIES FOR 2022/23

### SITUATION

4. This report updates the Committee on progress against the priorities it set for 2022/23.

### BACKGROUND

5. During the course of the 2021/22 effectiveness reviews, it was agreed that it is good practice for Committees to set priorities for the forthcoming year.
6. The Committee's priorities, which are set out below, were agreed by the Trust Board in May 2022 and will be tracked quarterly.

### ASSESSMENT

7. The Committee priorities, and progress against them is as follows:

Priority	Progress
Focus on assurance to be provided on the additions to the terms of reference i.e. estates and fleet, environmental and sustainability, digital systems and strategy, and emergency preparedness, resilience and response.	<ul style="list-style-type: none"><li>• The November 2022 meeting in private session will review the fleet replacement business case.</li><li>• The September 2022 meeting received the cycles of business. These set out with more particularity the assurances and reporting that will be forthcoming to the Committee and their timing.</li><li>• The May, July and September meetings received decarbonisation and sustainability updates.</li><li>• The July meeting reviewed:<ul style="list-style-type: none"><li>• Business continuity assessment</li><li>• Emergency preparedness, resilience and response and document tracker</li></ul></li><li>• The May meeting reviewed:<ul style="list-style-type: none"><li>• Internal audit on digital governance.</li><li>• Internal audit on Cardiff MRD</li></ul></li><li>• Risk 244 'estates accommodation capacity limitations impacting on EMS CCC's ability to provide a safe and effective service'; Risk 245 'failure to have sufficient capacity at an alternative site for EMS CCCs which could cause a breach of statutory business continuity regulations'; and Risk 311 'inability of the estate to cope with the increase in FTEs' are reviewed at each meeting.</li><li>• Risk 260 'a significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in the denial of service and loss of critical systems' is reviewed at each meeting</li></ul>



## **RECOMMENDATION**

8. The Committee is asked to note the update.