

Bundle Finance and Performance OPEN 15 May 2023

Agenda attachments

ITEM 0 Open F and P Agenda - 15 May 2023.docx

- 0 09:30 - OPENING ITEMS
- 1 Chair's welcome, apologies, and confirmation of quorum
- 2 Declarations of Interest
*[Declarations of Interest](https://ambulance.nhs.wales/files/publications/annual-reports/2022/register-of-gifts-hospitality-and-sponsorship-2022-23/)

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- 3 Minutes of last meeting – 21 March 2023
ITEM 3 OPEN F and P Minutes - 21 March 2023.docx
- 4 Action log and matters arising
Action Log.docx
- 5 09:35 - Operations Quarterly Report
ITEM 5 Operations Quarterly Report for Committees 22-23 Q4 Final.pdf
- 5.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 6 09:45 - Financial Position for Month 1 and Year end 2022/23
ITEM 6.1 Finance Report Month 12 FINAL.docx
- 7 10:05 - Risk Management and Corporate Risk Register
ITEM 7 Executive Summary Risk Management Report FPC 150523.docx
- 8 10:15 - Integrated Medium Term Plan (IMTP)
ITEM 8 Executive Summary - Year End 2223 Position - IMTP Assurance Report - IMTP Programme Delivery.docx
- 9 10:20 - Annual review of Key Performance Indicators - PRESENTATION
- 10 10:35 - Monthly Integrated Quality and Performance Report
ITEM 10 MIQPR SBAR FPC March April 2023.docx
ITEM 10.1 Annex 1 MIQPR FPC March & April 2023.pdf
- 11 11:05 - Demand and Capacity Plans
ITEM 11 Demand Capacity Plans hb 20230505 rm.docx(2).docx
- 11.1 11:15 - COMFORT BREAK
- 12 11:25 - Quality and Performance Management Framework Update
- 13 11:35 - Value Based Healthcare Update - VERBAL
- 14 11:45 - Decarbonisation Update
ITEM 14 Decarb update - FPC 150523.docx
ITEM 14.1.docx
- 15 11:55 - Electronic Patient Care Record (ePCR) benefits realisation/PIR.
ITEM 15 FPC ePCR Benefits Realisation SBAR 10052023.docx
ITEM 15.1 WAST_ePCR_Benefits Management Report FPC 10052023.docx
- 16 12:10 - Digital Pen Decommissioning
ITEM 16 Digital Pen Closure SBAR for FPC FINAL 02052023.docx
- 17 12:20 - Internal Audit Tracker Report
Audit Tracker circulated by e mail
ITEM 17 Executive Summary FPC Audit Tracker 150523.docx
- 18 12:35 - Committee cycle of business
ITEM 18 SBAR for FPC on Cycles of Business 2023-24.docx
ITEM 18.1 TAB 1 Finance and Performance Committee Cycle of Business 2023-24 (1).pdf
ITEM 18.1 TAB 2 Finance and Performance Committee Cycle of Business 2023-24 (1).pdf
ITEM 18.2 Finance and Performance Committee Cycle of Business 2023-24 - Monitoring Report.pdf
- 18.1 12:45 - 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.
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19

March Committee AAA report

ITEM 19 Finance and Performance Committee Highlight Report March 2023.docx

19.1

12:50 - CLOSING ITEMS

20

Reflection: Summary of Decisions and Actions

21

Any other business

22

Date and time of next meeting

17 July 2023 at 09:30



MEETING OF THE OPEN FINANCE AND PERFORMANCE COMMITTEE

Held on 15 May 2023 from 09:30 to 12:55

Meeting held virtually via Microsoft Teams

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Joga Singh	Verbal	5 Mins
2.	Declarations of Interest	Information	Joga Singh	Verbal	
3.	Minutes of last meeting – 21 March 2023	Approval	Joga Singh	Paper	
4.	Action log and matters arising	Review	Joga Singh	Paper	
5.	Operations Quarterly Report	Information	Lee Brooks	Paper	10 Mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
6.	Financial Position for Month 1 6.1. Year end 2022-23 6.2. Month 1 2023-24	Assurance	Chris Turley	Paper Presentation	20 Mins
7.	Risk Management and Corporate Risk Register	Assurance	Julie Boalch	Paper	10 Mins
8.	Integrated Medium Term Plan (IMTP) 8.1. IMTP 2023-2026 Update 8.2. 2022-2025 Final Outturn Position	Assurance	Rachel Marsh	Verbal Paper	5 Mins
9.	Annual review of Key Performance Indicators –	Discussion	Rachel Marsh	Presentation	15 Mins
10	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	30 Mins
11.	Demand and Capacity Plans	TBC	Rachel Marsh	Paper	10 Mins
COMFORT BREAK 10 MINUTES					
12.	Quality and Performance Management Framework Update	Assurance	Rachel Marsh	Paper	10 Mins
13.	Value Based Healthcare Update	Assurance	Chris Turley	Verbal	10 Mins
14.	Decarbonisation Update	Assurance	Chris Turley	Paper	10 Mins



15.	ePCR benefits realisation/PIR.	Assurance	Duncan Robertson	Paper	15 Mins
16.	Digipen Closure Report	Assurance	Andy Swinburn	Paper	10 Mins
17.	Internal Audit Tracker Report	Assurance	Julie Boalch	Paper	15 Mins
18.	Committee cycle of business	Approval	Trish Mills	Paper	10 Mins

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.

19.	March Committee AAA report	Information	Trish Mills	Paper	5 Mins
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CLOSING ITEMS

20.	Reflection: Summary of Decisions and Actions	Discussion	Joga Singh	Verbal	5 Mins
21.	Any other business	Discussion	Joga Singh	Verbal	
22.	Date and time of next meeting; 17 July 2023 09:30	Information	Joga Singh	Verbal	

Lead Presenters

Name	Position
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Duncan Robertson	Interim Assistant Director of Research, Audit & Service Improvement
Joga Singh	Chair and Non Executive Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources

UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 21 March 2023 VIA TEAMS

PRESENT:

Joga Singh	Non-Executive Director and Chair of Committee
Bethan Evans	Non-Executive Director
Kevin Davies	Non-Executive Director

IN ATTENDANCE:

Mark Harris	Assistant Director of Ambulance Care (Item 23/23 only)
Lisa Harte	Internal Audit
Navin Kalia	Deputy Director of Finance and Corporate Resources
Angie Lewis	Director of Workforce and Organisational Development
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Madrun Parry-Jones	Finance Graduate
Alex Payne	Corporate Governance Manager
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:

Lee Brooks	Executive Director of Operations
Ceri Jackson	Non-Executive Director
Damon Turner	Trade Union Representative

14/23

PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's declarations of interest register. Apologies were received from Lee Brooks, Ceri Jackson and Damon Turner.

Minutes

The minutes of the open session held on 16 January 2023 were considered by the Committee and confirmed as a correct record.

RESOLVED: The minutes of the meeting held on 16 January 2023 were confirmed as a correct record

15/23 OPERATIONS QUARTERLY REPORT

The Committee noted there was no further update to the report presented.

Comments:

Members noted there continued to be increasing system pressures.

RESOLVED: That the Committee noted the report.

16/23 FINANCIAL POSITION MONTH 11

The Committee received a presentation from Navin Kalia on the financial position for Month 11, 2022/23.

- The cumulative year to date (M11) revenue financial position was a small underspend against budget of £0.012m.
- The forecast for 2022/23 is one of breakeven.
- Gross savings of £4.025m have been achieved against a year to date target of £3.942m.
- A breakdown of the financial performance by each directorate was provided.
- In terms of financial risks, these have now all been removed.
- £12.485m of capital has been spent/accounted for against a budget of £27.212m.
- Welsh Government have confirmed that the submission date for the draft accounts is 5 May 2023. Audit Wales have confirmed that their audit certification deadline has been extended to 31 July 2023.

Comments

The Committee asked for further assurance in terms of whether all the capital funding will be spent by the end of the financial year. Navin Kalia explained that several ongoing projects were due completion shortly and that, he estimated, would be close to achieving the full spend.

Members queried whether the funding allocated for Covid -19 would continue on a recurring basis. Navin Kalia explained that currently the funding would continue however the categories of spend fluctuated. He added that going forward it was possible that Covid-19 spend would be absorbed in to the Trust's normal base funding.

RESOLVED: The Committee noted:

- (1) **and gained assurance in relation to the Month 11 revenue and capital financial position and performance of the Trust as at 28 February 2023, along with current risks and mitigation plans;**
- (2) **the delivery of the 2022/23 savings plan as at Month 11, and the context of this within the overall financial position of the Trust;**
- (3) **the Audit Wales extended audit certification deadline to 31 July 2023 for 2022/23 accounts; and**
- (4) **a detailed paper on the financial position will be presented to the Board at its 30 March meeting.**

Trish Mills advised the Committee that the principal risks in the Annexes had been presented to the Trust Board on 26 January 2023. The risk review schedule and governance routes agreed by the Audit Committee have been delayed due to current operational pressures including industrial action, as well as absence in the team. Reference was made to the 5 higher rated risks scoring no higher than 16 assigned to the Committee for oversight; risks 139, 245, 458, 260 and 543. These will be fully updated at the next meeting.

Comments:

Trish Mills added there was more work required on the strategic risk register to align it with the long term vision of the Trust.

The Committee recognised that potentially the level of financial risk for next year will be higher than normal. Navin Kalia agreed that the level of risk should be elevated as currently there was a significant amount of funding not yet agreed.

The Committee held a discussion on risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation) and it was agreed that a focused discussion on this risk would be presented to the next meeting.

RESOLVED: The Committee accepted the status of the 10 corporate risks which it has been assigned to oversee the management of. The Committee received the relevant sections of the Board Assurance Framework and noted the ongoing mitigating controls.

INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 PROGRESS REPORT

Rachel Marsh explained that the purpose of the report was to update the Committee on the progress and delivery of actions in the IMTP 2022-25 to date in Q4 2022/23, including the Accountability Conditions set by Welsh Government.

The Committee were advised there had been some areas of work which had been paused or had less focus on them. The areas of work which had been focused on included:

- Reducing avoidable harm and death
- Reducing waiting times for an ambulance response
- 111 service
- Managing the industrial action
- Recruitment and wellbeing
- Long term strategy

There were a small number of actions which remained Red (urgent attention required) and Rachel Marsh outlined those in more detail for the Committee's attention:

- Handover delays
- Salus programme
- Roll out of mobile data vehicle solution
- Delivery of the Quality Strategy

Comments:

The Committee requested that specific detail on each of the Red actions was shown in future updates.

Members recognised there were some positive aspects in the report and acknowledged, despite the ongoing challenges, the good work across the Trust.

In terms of the Quality metrics, it was queried what the timeline was for these metrics. Liam Williams advised that at this stage this information was not available and was due for discussion at the next Board Development day.

The Committee also noted that the IMTP Delivery Internal Audit was as a reasonable assurance rating with no high rated recommendations.

RESOLVED: The Committee noted the update against WAST's IMTP Accountability Conditions and the overall delivery of the IMTP.

19/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023-2026 and FINANCIAL PLAN 2023/24

IMTP 2023-2026

Rachel Marsh explained the document was still in draft format and drew the Committee's attention to the following key areas:

- In terms of the organisational purpose and subject to final agreement this has been drafted as 'To Support, To Serve, To Save.
- The six goals programme for Urgent and Emergency Care were all designed to ensure that the Trust provided the right care in the right place, the first time. The six goals had been established to support improvements in the emergency care system.
- The overriding objective and critical priority for the Trust was to try and reduce the long waits and to improve call answering times within the 111 services.
- There was also a focus on improving the overall patient experiences and the workplace experience for staff.
- In terms of improving the workplace experience, this was being articulated in the developing 'people and culture plan'. Following several roadshows, there were three specific areas where staff had shown their greatest frustration; improve flexible working, eradicate shift overruns and to improve the overall digital experience.
- Other areas of work included; delivering on the Duty of Quality and Candour, environmental sustainability and digital.
- The Minister for Health and Social Services who has set several priorities, will receive a template from the Trust which will summarise the work undertaken to achieve those priorities. Other health organisations across Wales will be completing the same template and this will allow the Minister to have an overall picture.
- In terms of the actual document there was still further work to ensure all the tables were completed and there was a consistent style of language and grammar throughout.
- There were several targets in terms of performance metrics that Commissioners were expecting to be achieved. These included red and amber response times, consult and close rates, sickness absence and 111 call answering times.

Comments:

The Committee approved the plan recognising there was still further work required and in particular noted that the Trust had listened to and acted upon the workforce comments from recent roadshows. Angie Lewis added that she appreciated some of the digital aspects within the Trust could be improved, especially the Electronic Staff Record in which the Trust was endeavouring to make more user friendly.

Members also recognised the huge amount of work carried out by Trust staff under challenging circumstances. They discussed the importance of retaining staff and in particular their wellbeing.

The Committee held a discussion which considered the importance of working collaboratively with partners across Wales in order to successfully achieve the ambition set out in the plan. Furthermore, Members also suggested that the impact of the Duty of Quality and Candour be expressed in more detail within the narrative of the plan; for example, what would it deliver for patients and what would be the impact on front line staff.

It was queried whether the plan could be scaled down in a particular way in that it targeted specific individual groups, as it was felt the large document may not be read in entirety by all staff. Rachel Marsh advised this approach was fully supported and agreed to liaise Trade Union partners to develop the most effective method to disseminate the relevant information to particular departments.

RESOLVED: The Committee:

- (1) noted the progress made in developing this year's IMTP; and**
- (2) endorsed the IMTP subject to any final amendments following EASC and proof reading ahead of sign off at Trust Board on 30 March 2023.**

Draft 2023/24 Financial Plan

Navin Kalia gave the Committee a presentation and drew the Committee's attention to the following areas:

- The latest financial position forecast was a gap to break even of £10.5m.
- The Trust continues to wait for confirmation that the £6m funding for the 100 Whole Time Equivalent (WTE) staff will be received.
- If the £6m funding was not made available for the next financial year the Trust would need to immediately activate a reduction programme to manage this.
- There were several areas whereby the Trust was considering ways to balance the budget and create further savings, subject to assuming the funding for the 100 WTE was received; this was an extensive list which set out a whole range of ideas and included reviewing external contracts and reviewing some of the services provided by the Trust which could be ceased.
- Assuming the £6m in funding and the £3.4m of savings already identified plus the residual savings of £2.6m yet to be identified a balanced budget should be able to be achieved.
- From an all Wales perspective, the current position for 2023/24 was a gap of around £0.6bn.
- In terms of capital funding for 2023/24, the Trust will receive a discretionary allocation of £4.843m. In addition to the discretionary allocation the Trust was expecting to receive £18.441m for approved schemes. Furthermore the Trust was

awaiting a response to the funding request £18.760m for the replacement of 108 operational vehicles.

- The Committee were provided with the next steps which detailed the timelines to submission culminating in the financial plan being submitted to Welsh Government by 31 March 2023.

Comments:

The Committee discussed the challenges associated with achieving a balanced budget and the overall situation across NHS Wales.

A discussion ensued in which the Committee considered the continuing provision of non-emergency services transport particularly in terms of how savings could be made going forward. Chris Turley added that it could be possible to save money by cancelling some of the external contracts which provide this transport for patients.

Members recognised that the level of risk in being able to submit a balanced budget for 2023/24 was extremely high and expressed their apprehension and nervousness in doing so.

The Committee queried the level of confidence in terms of receiving the £6m for the WTE staff. Rachel Marsh advised it was still a risk and following regular discussion with the Chief Ambulance Services Commissioner (CASC), was reasonably confident it would be received. Chris Turley explained that should the money not be forthcoming there may be a requirement to freeze current recruitment. Angie Lewis added that the current Industrial Action has added further challenges and cost implications.

Rachel Marsh explained there may be some elements within the IMTP that may be difficult to achieve due to external factors beyond the Trust's control, and also a lack of additional resource. As an example in respect of 111 call answering times there was a need to re-roster and to this successfully, as with the EMS side, external resources would be required and this would attract further costs.

The Committee acknowledged there would be external factors outside of the Trust's gift which would affect successful delivery of the IMTP and the 2023-24 financial plan.

RESOLVED: The Committee noted:

- (1) the progress made in producing the draft financial plan and identifying savings for 23/24;
- (2) the balance of risk in relation to the 100 WTE £6m and the challenging savings program of £6m WAST will need to deliver in order to reach a balanced financial plan by 31st March 2024; and
- (3) the requirement to submit a balanced financial plan for sign off to Trust Board on 30 March in order to meet the submission deadline of 31 March 2023 to Welsh Government.

20/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD

Rachel Marsh explained that the purpose of the update was to provide an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report covered the period January to February 2023.

In terms of highlights from the report, the Committee's attention was drawn to the following areas:

- It should be noted that the February data was still a draft position until confirmed through publication by the statistical department in Wales.
- 999 answering times have been challenging through significant increases in call demand throughout the year; however, in January 2023 the median and 65th percentile performance were good and the 95th percentile performance returned to three second answer times, not seen since May 2021.
- 111 call answering performance remains below expected times. December 2022 saw unprecedented levels of demand and very low performance. However, performance improved in January and February 2023 to 34.8% and 28.7% respectively, but remained substantially below the target of 95%.
- 111 Clinical response times continued to see achievement of the clinical call back times for the highest priority 111 calls.
- Ambulance Response times performance in the Red 8 minute category for February 2023 was 50.9%, an improvement when compared to January 2023, but still far below the target of 65%.
- During periods of Industrial Action (IA), it was noted that generally at the start of IA demand had decreased, hospital handover delays had decreased and performance improved; however towards the latter end of IA performance declined.
- Trust sickness absence: the Trust's overall sickness percentage was 10.64% in December 2022 and improved to 8.94% in January 2023.

Comments:

The Committee welcomed the report noting the positives and recognising there were still challenges facing the Trust for it to achieve its target for several performance metrics; adding that whilst there was an improving trend in some areas, the overall situation was still of concern. Bethan Evans, Chair of the Quality, Patient experience and Safety (Quest) Committee commented that Quest Committee continued to monitor and scrutinise the clinical indicators in greater detail.

Members further discussed the contents of the report adding that it would be useful to understand any lessons learned and any actions or processes that could improve the overall service delivery. Rachel Marsh agreed that for the next meeting a deep dive on clinical call back answering times would be included in the update.

Liam Williams gave an overview of the work being conducted by Improvement Cymru through the Safer Care Collaborative at each of the Health Boards for example working with care homes; and this should see a greater synergy across Wales for service improvement.

Following a query in terms of why compliance with statutory and mandatory training was below ideal performance, Rachel Marsh explained that a new course had recently been added which had brought the overall average compliance figures down. Angie Lewis added that in future reports an updated narrative on compliance figures would be added.

RESOLVED: Noting the comments above, the report was considered and provided sufficient assurance of progress against the 24 key performance indicators detailed, which demonstrate how the Trust was performing against the following areas of focus: - Our Patients (Quality, Safety and Patient Experience); Our People; Finance and Value; and Partnerships and System Contribution.

Trish Mills informed the Committee that 14 questionnaires had been sent out and 5 responses had been received. Whilst this was a low uptake, the detail in the responses was of great value and attention was drawn to the following:

- In terms of presenting it had been suggested that a third of the time be attributed to the paper with the other two thirds allocated to challenge and scrutiny.
- Development of a Board visit Standard Operating Procedure which will allow the Board to be more visible.
- The Agenda for meetings now includes an Item called 'Reflection: Summary of Decisions and Actions', and this will assist in continuous improvement of committee effectiveness going forward.
- It was suggested that a Non-Executive Director with a financial background be nominated to attend this Committee; this has been raised with the Trust Board Chair.
- Continuing with bi-monthly meetings was felt to be appropriate given that meetings were generally held the week before Board meetings.
- There were several changes to the Terms of Reference (TOR) which the Committee were given details and this included adding the Director of Workforce and OD as a prescribed attendee of the Committee.
- Reference was made to the annual report which highlighted the extensive amount of work the Committee had undertaken throughout the year.

Comments:

In terms of cyber resilience it was agreed, initially, that this Committee was the right one to receive updates on a regular basis; Trish Mills would review the cycle of business and consider when the Committee should receive regular updates. Leanne Smith explained that cyber was discussed regularly at the digital directors peer group meetings on a monthly basis and suggested updates from those meetings may be useful for the Committee.

RESOLVED: The Committee;

- (1) reviewed and endorsed changes to the Terms of Reference;**
- (2) confirmed the proposed changes to operating arrangements in response to issues raised in questionnaires;**
- (3) set priorities for the Committee for 2022/23; and**
- (4) approved the annual report noting it required some further adjustment after this meeting.**

INTERNAL AUDIT TRACKER REPORT AND RELATED AUDITS

Trish Mills presented the report to the Committee advising them that the actual tracker was not available for this meeting.

In terms of Internal Audits, there were two being presented for the Committee's review which both received a reasonable assurance rating;

- Immediate Release Directions
- IMTP Delivery

Comments:

In respect of the Immediate Release Directions (IRD) review, and in particular it was noted that 73% of the declined directions were not escalated to the Operational Delivery Unit. Liam Williams explained that the Trust will agree a process to record all the Amber 1 declined IRD's and report this based on themes and trends. This analysis will seek to identify areas of concern for the Trust and relevant Health Boards to rectify going forward.

RESOLVED: The Committee noted the update.

23/23 PROPOSED CHANGE TO NON-EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS) PERFORMANCE STANDARDS

Mark Harris explained that the report detailed a refresh of the NEPTS performance parameters.

After discussion with commissioners at the Ambulance Care Transformation board and in other fora, it had been agreed that, in the absence of the additional funding required and as the current performance standards were relatively old, a refresh of the current performance standards was required.

A Demand and Capacity review for NEPTS was undertaken and this gave rise to the requirement for a review of the current rosters as well as a different approach in terms of how the service was delivered.

It should also be noted that the change to these parameters (with the exception of Oncology transport) represented an improved patient experience with a shift in focus towards transport arriving prior to a patient's appointment.

This proposal had been submitted to the Operations Directorate Senior Leadership Team who supported the proposal and Executive Management Team where it was approved subject to support from the Commissioner. Mark Harris was confident that Commissioner support would be provided.

RESOLVED: the Committee noted, subject to Chief Ambulance Services Commissioner (CASC) acceptance, the proposed change to the current Non Emergency Patient Transfer Services (NEPTS) performance parameters from 1 April 2023.

24/23 JANUARY COMMITTEE AAA REPORT

The report was submitted for noting.

RESOLVED: The report was noted.

25/23 SUMMARY OF ACTIONS AND DECISIONS MADE AND KEY MESSAGES FOR BOARD

The Chair advised the Committee that the Board Secretary would prepare the update report for the Trust Board. He summarised the actions going forward which included; noting that of significance was the IMTP and financial plan. In addition it was noted the Audit Tracker would be updated for the next meeting and there would be a deep dive on Risk 139 at the next meeting.

26/23 ANY OTHER BUSINESS/REFLECTIONS

The Committee reiterated their thanks to the finance team for their work and their endeavour in aiming to achieve a balanced budget for the next year under challenging circumstances.

The Committee noted that the timing allocation for each agenda item was generally adhered to allowing extra time to focus and discuss the more significant issues.

Date of Next Meeting: 15 May 2023

DRAFT

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
17/23	21 March 2023	Risk Management and Corporate Risk register	The Committee is to receive a focused discussion on risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation)	Chris Turley	15 May 2023	Update for 15 May 2023 On Agenda under Month 1 update	Open
18/23	21 March 2023	IMTP 2022-25 Progress	Future reports to contain specific detail and more narrative on each of the Red actions. This information is to be illustrated in the Executive Summary	Rachel Marsh	15 May 2023	Update for 15 May 2023 incorporated into the IMTP progress report	Open
20/23	21 March 2023	MIQPR	Update on Staff Statutory and Mandatory training to be included in future reports	Angie Lewis	15 May 2023	Update for 15 May 2023	Open
20/23a	21 March 2023	MIQPR	Deep dive on 111 clinical call back times	Rachel Marsh	15 May 2023	Update for 15 May 2023 Request to defer to 17 July 2023	Open
21/23	21 March 2023	Committee Annual Effectiveness	To add to the cycle of business updates on Cyber/Digital	Trish Mills and Leanne Smith	15 May 2023	Update for 15 May 2023 Completed, on Agenda, ITEM 18	Open



OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2022-23 Q4 (Jan – Mar 2023)

National Operations & Support

Challenges

1. Industrial Action

- 1.1 Since mid-December, there has been 11 days of industrial action. This spans three trade unions – Royal College of Nursing (RCN), Unite and GMB Union. The combined action on 20 February 2023 was significantly more impactful on the Trust's ability to provide safe services compared to previous dates, in spite of the additional support provided by the military and the intensive planning process. Discussion with WAST and the trade unions has resulted in a proposed set of non-pay initiatives which will be subject to further dialogue in early May 2023.

2. Manchester Arena Inquiry (MAI)

- 2.1. In June 2021 and November 2022, The Hon. Sir John Saunders published reports from the Manchester Arena Public Inquiry. Three separate volumes have now been published. The WAST EPRR team has not had the capacity to receive, review, consider and plan a response to the 149 recommendations contained in volumes 2 and 3 of the report. Capacity in the team has been exacerbated by the planning process for industrial action and winter pressures which have followed quickly on from the death of Her Majesty Queen Elizabeth in September 2022 and the subsequent arrangements for King Charles's proclamation ceremony in Cardiff. However, funding of 2 posts on a 12-month basis has been protected to receive, review, and plan a response to all MAI recommendations and provide network links with partners across Wales and other UK ambulance Trusts. The recruitment process for the first manager post is now completed and the second support post will follow imminently.

3. Covid Inquiry

- 3.1. Work is underway to prepare documentation and submissions for the Covid Inquiry. The preparation of submissions, whilst potentially could be sporadic, is capacity consuming, across the Directorate, and requires involvement of our most senior team members.

4. Covid-19 Mobile Testing Unit Closure

- 4.1. At the end of March, the contracts with Welsh Government and DHSC came to a natural close. These contracts to provide mobile covid-19 testing for both NHS staff and the general population of Wales commenced in August 2020, initially to undertake PCR testing. Since then, we have carried out more than 75,000 tests across 72 test sites in Wales, including car parks, community centres, prisons, and fun fairs, with staff working outside in all kinds of weather. Our MTUs have been the only testing team that have undertaken assisted lateral flow tests before training staff and handing over to local authorities. In all, 161 staff have worked across our MTUs, of which 42 have now successfully secured roles within the Trust. On 27th March, we celebrated the success of the MTUs with a thank you event and afternoon tea. It was a pleasure for our Assistant Director of Operations, National Operations & Support to receive personal correspondence from the Minister, Eluned Morgan, thanking colleagues for their contribution.

General Update

5. Governance

- 5.1. The audit plan for the Directorate concluded with the finalisation of three audits all of which received a reasonable assurance rating, covering Major Incident Preparedness, Hazardous Area Response Team (HART), and Immediate Release Directions. All three reports have been tabled at and received by Audit Committee.

6. Exercise Mighty Oak

- 6.1. At the end of March, WAST participated in a three-day Tier 1 multi-agency exercise encompassing a four-day power outage scenario. This was the first time that WAST had tested the feasibility of planning for a wide-reaching power outage, and the first time that our strategic command capability was physically located in the Emergency Co-ordination Centre Wales (ECCW) in Cardiff, rather than co location in Local Resilience Forum areas. An exercise debrief will take place in due course.

7. Analgesia Issued to Volunteers

- 7.1. In January 2023, approval was given for analgesia (pain relief) to be issued to volunteer Community First Responders (CFRs). This is part of a phased roll out of pain relief to volunteers, which commenced with oral paracetamol for acute pain in adult patients until a WAST crew arrives. This will be followed by a roll out of Pentrox in April/May, which has commenced across staff and volunteers. This is an exciting development for our CFRs who experience protracted on scene times with patients who experience pain. The roll out of Pentrox to volunteers is a first for any UK ambulance Trust.

8. Volunteer Recruitment

- 8.1. The plan to increase numbers of volunteers has successfully increased CFR teams by more than 130 new volunteers trained during 2022/23. There will be an additional 30 more volunteers trained in the new financial year due to phasing into April. Recruitment into the volunteer management and support team has also progressed well.

9. Closure of Senior Business Continuity Planning Team (SBCPT)

- 9.1. The end of March saw the closure of the oversight group SBCPT which was convened to manage the impact of winter, including winter pressures, weather, potential power outage and industrial action. Given that the immediate risks from these challenges have largely passed, Executive Management Team accepted a recommendation from SBCPT that closure would follow on 23 March, except for the oversight of industrial action which will continue to function for the duration of the span of the industrial action.

Resourcing & EMS Coordination

Challenges

10. EMD Recruitment and Retention

10.1. Recruitment and Retention continues to be a challenge for EMS Coordination despite the previous quarterly update indicating that we had recruited a further 20 EMDs. The external attrition rate for the 2022/23 fiscal year ended at 21.57%, an increase of almost 6%. This does not include internal staff movements because of career pathways which also had a significant impact during the same time. Staff starting in EMS Coordination have moved on to have careers in ODU, Ambulance Care and 111. Recruitment to other roles within EMS Coordination is generally achieved through recruitment internal to the department, and this has left the Emergency Medical Dispatcher (EMD) establishment under pressure again. A further 40 EMDs have just been recruited for cohorts starting in May and June and recruitment events are scheduled for July and August to support recruitment prior to the winter period. The impact of this constant high level of recruitment is seen in the experience of mentor support new EMDs and the capacity of the Learning and Development team to complete quality improvement training.

11. Concerns

11.1. The workload for the Operations Quality Concerns Team remains high (283 tasks). The Operations Quality Team continue to work closely with the Putting Things Right Team to prioritise work to meet deadlines and requests. There has been a significant improvement in the status of outstanding concerns investigations, with a 55.7% reduction during Q1. The demand from Coroners across Wales continues to be a significant factor in the ongoing workload and commitment for the team, however, it should be noted that 47% of the outstanding Coroners work is directly related to a delayed response. The team are currently exploring ways of eliciting wider organisational support for the Coroner related demand.

12. EMSC Reconfiguration

12.1. The EMS Coordination Reconfiguration Project has been ongoing since 2018, and the current key work streams include:

- Roster review: a collaborative review of rosters in partnership across Wales to better match our staffing profiles to demand and support our teams' wellbeing
- Boundary changes: to provide an improved balanced workload for dispatch staff and greater resilience to the service
- Broader ways of working: an assessment to provide improved productivity and effectiveness while improving processes and procedures for QPS

12.2. Whilst the initial Roster Review for EMDs was completed and implemented the impact of Industrial Action has meant that the other projects were paused during Qtr 4. This was because of the limited management capacity within EMS Coordination focussing on Industrial Action planning and operational/tactical command. These projects, subject to IMTP prioritisation, may restart during Q1 of 2023/24 with Roster Reviews

being planned for Allocators and Dispatchers. Broader ways of working have started to explore changes in the operational model within EMS C and ORH have been commissioned to revisit the modelling provided as part of the Demand and Capacity review to inform the boundary changes review.

IMTP

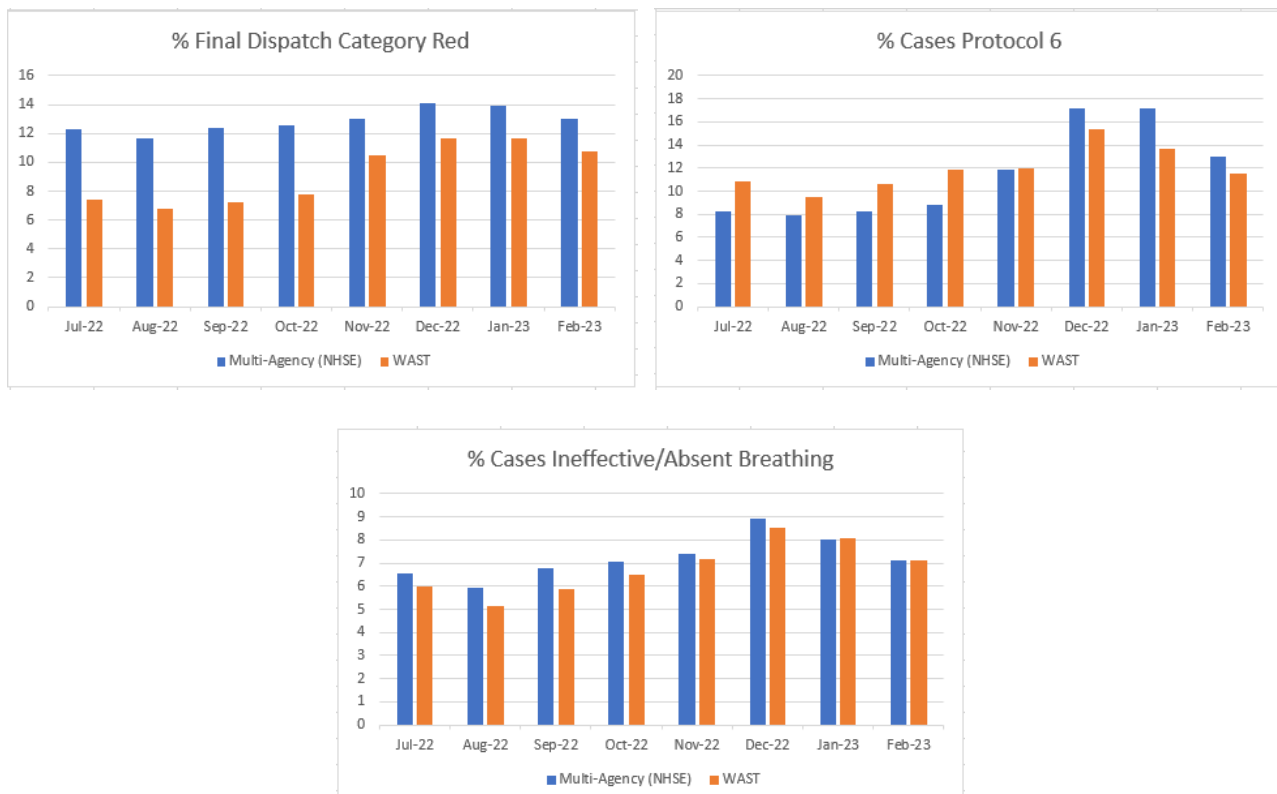
13. Managing Attendance at Work

- 13.1. The absence FTE % for EMSC in 2021/22 fiscal year was 13.48% having reached a peak of 17.08% in January 2022. Following considerable focus by the teams across each of the EMSC centres the absence reason for 2022/23 fiscal year ended at 11.31% for the year having reduced to <8% for February and March. This was in line with our agreed trajectory for sickness absence improvement. Trajectories have now been cast for the next fiscal year to achieve an 8% average.

General Update

14. Priority Dispatch

- 14.1. The Priority Dispatch Corporation (PDC) report sets out WAST's % of RED category calls in comparison to the % seen in English trusts which use MPDS (Multi-Agency (NHSE)). The Dispatch Cross Reference (DCR) Review Group sits under the Clinical Priority Assessment Software (CPAS) group and undertakes regular reviews of response assignment for the codes within the Medical Priority Dispatch System (MPDS) to ensure the most appropriate clinical response is provided.



- 14.2. The Welsh Ambulance Services NHS Trust (WAST) proportionately has lower RED category calls than English trusts (as an average). The slight close of the gap seen from November 2022 is due to changes made to some fitting, falls and haemorrhage codes to RED. Where WAST was reporting a higher % of Protocol 6 (breathing problems), English trusts are now reporting more. This is because Protocol 36 was still running in England, but as this has now been switched off a portion of these calls now sit in Protocol 6.

15. MPDS Audits

- 15.1. WAST is required to undertake a percentage of 999 call audits to maintain its accreditation with the International Academy of Emergency Dispatch (IAED). Due to industrial action and the refocus of staff and resources, an Overwhelming Events request was submitted to the IAED for Q1 (Jan, Feb and Mar). The Overwhelming Events request was accepted by the IAED and so the reduction in completed audits during Q1 will not affect the Trust's reaccreditation, which is due this summer.

16. Control Room Solution

- 16.1. In line with the Emergency Services Network (ESN) programme, and in collaboration with the Ambulance Radio Programme (ARP), EMS Coordination has supported the roll out of a new Integrated Communication Control System (ICCS) provided by Frequentis. The LifeX solution has now been implemented early in Q1 following a brief delay in Q4 due to IA. WAST is the first large scale ambulance service in the UK to go-live on the new platform (Isle of Wight has been piloting the solution on a smaller scale).
- 16.2. ICT colleagues, EMS Coordination teams and the ESMCP project managers worked in collaboration with ARP and system suppliers Frequentis to ensure infrastructure, operational plans and testing was completed to the standard WAST required to lead the UK with this innovative cloud-based product.
- 16.3. Positive feedback has been received from all stakeholders on the well organised focussed and pragmatic approach taken by WAST to deliver this innovative digital transformation.

17. IAED President Visit

- 17.1. Integrated Care and EMS Coordination colleagues were pleased to host a visit by Brian Dale, President of the International Academy of Emergency Dispatch during March 23. Positive feedback was received around the joint working between the teams within WAST and the exciting changes being piloted within the Clinical Support Desk following the introduction of ECNS. Teams took the opportunity to talk about opportunities to expand the use of MPDS in EMS Coordination as well as exciting developments expected this year through the release of Version 14 which will include a new Protocol (41) for 'Callers in Crisis'. This will help EMDs support patients in mental health crisis through specially scripted questions and advice; an important step forward in supporting our patients with challenging mental health needs.

18. Intelligent Routing Platform

- 18.1. As a result of a significant and sustained increase in 999 activity levels, coupled with an increase in COVID related absence among ambulance control room staff, call answering times for 999 calls became challenged. It would be fair to say this was more the case in England compared to Wales. Ambulance trusts in England and Devolved Administrations therefore collaborated to improve pre-existing mutual support arrangements to provide support for patients experiencing extraordinary delays.
- 18.2. Call routing technology – technology that is in use in other large call handling settings – has been developed to automate and improve the speed and accuracy of existing manual practices to identify the services best placed to provide support most quickly. This enhances ambulance service infrastructure and interoperability at a UK wide level, as well as building further 999 call handling resilience for extraordinary events such as major incidents, extreme weather events and sudden localised technology failures. For this reason, we felt that Wales, through WAST, should be included in this solution.
- 18.3. Pre-existing mutual support arrangements agreed by CEOs of ambulance services in England and Devolved Administrations have been carefully balanced to ensure that any mutual support provided to other services does not create undue increased clinical risk for the services providing support. The development of technology sought to replicate those supports and contingency arrangements. It is referred to as the Intelligent Routing Platform (IRP).
- 18.4. When a 999 call is not able to be answered by the service covering the geographical area, the IRP is configured in a way to find a call handler anywhere in the UK to answer that call. The service which answers the call should have at least two agents available and newer configuration prevents the same service managing consecutive calls for support. Should there be a total loss of call answering capability by any ambulance service, the IRP will immediately flow 999 calls elsewhere for support without manual intervention by British Telecom. The incident detail is recorded by the answering service and then technology permits an electronic transfer of that incident from one service to another. Lastly on the platform, this technology has been funded and supported by NHS England and made available to all UK services in the interest of resilience across the UK. It is a fantastic example of collaborative UK-wide solution delivery when used as intended.

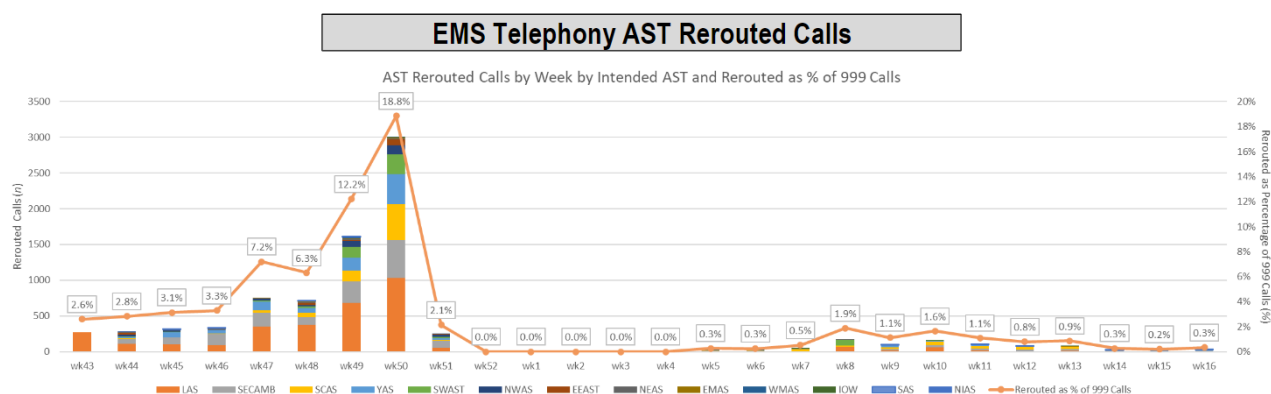
WAST Experience of IRP

- 18.5. The IRP was made live around October 2022 and WAST has very closely monitored impacts. As extreme pressure materialised through winter, it was evident that WAST was managing a larger proportion of overflow activity, and this impeded our ability to respond to 999 calls from within our community in Wales. At peak, in the region of 18% of our weekly activity was answering calls for other services and this was not sustainable, particularly as our support was bolstering recruitment challenges elsewhere in England. We therefore temporarily suspend our inclusion in the IRP in

December 2022 whilst the UK ambulance sector could consider planned and coordinated supports for those ambulance services in most need.

18.6. In February this year, WAST reinstated our inclusion in the IRP following some system rule changes and a UK-wide consensus that IRP was not to be utilised as a solution to broader recruitment challenges. Since returning to IRP, no more than 2% of our weekly call answering activity is for other services, which has been much more manageable alongside a reduced call answer wait time for our 999 users in Wales. It remains, however, that we answer more calls than we export, which is testament to sustaining the best call answering teams we can. NHS England has also since provided a payment representative of the activity handled by WAST and going forward the agreement between ambulance services includes options for cost recovery if considered appropriate.

18.7. The graph below shows the weekly volume of 999 calls rerouted to and answered by WAST with a very obvious peak and now sustained period of levelling off.



Emergency Medical Service

Challenges

19. Continued System Pressure

- 19.1. Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. 32,098 hours were lost in December 2022, 23,526 in January 2023, 19,113 in February, 28,637 in March and provisionally pending verification, 23,083 in April 2023. The impacts of these pressures is regularly discussed at Committee and Trust Board.

IMTP

20. EMS Roster Review

- 20.1. All EA and UCS rosters are now live and the project team is now gathering together to finalise the lessons learned and project benefits. This is due to be completed before the end of June 2024 and the project will be closed formally.
- 20.2. CHARU is now growing in number with circa 60 Paramedics due to be in CHARU roles by mid May 2023. The decision was made to commit to further growing the numbers to the full modelled position of 153FTE (11.5FTE contributed by Senior Paramedics) and recruitment has begun in earnest.

General Update

21. Industrial Action

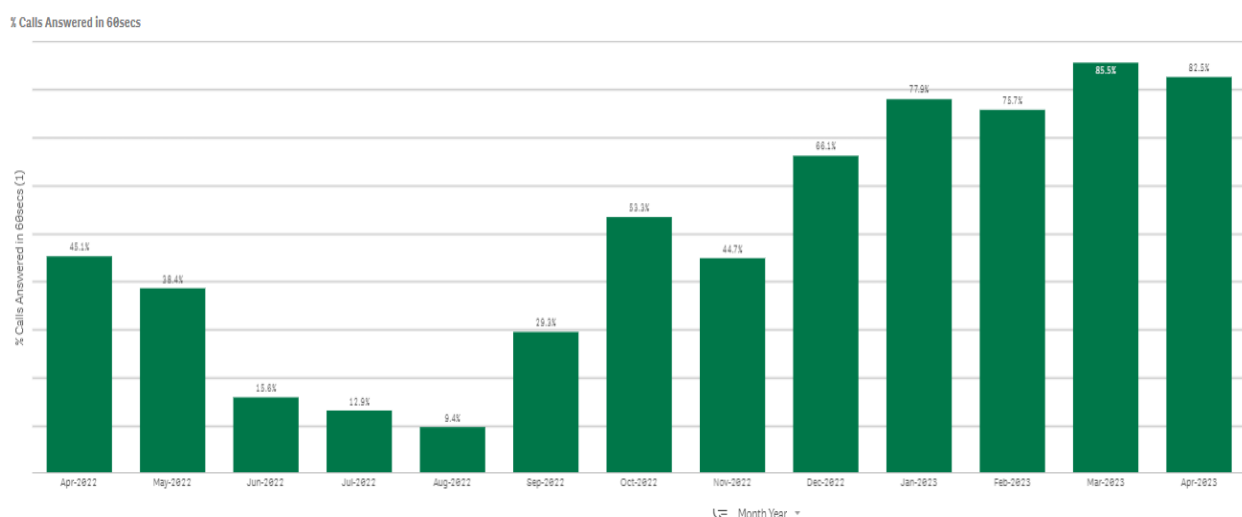
- 21.1. Already expressed above, the impact of Industrial Action across EMS should not be underestimated.

Ambulance Care

Challenges

22. Net Centre Journey Booking Service Performance

- 22.1. Performance for the NET centre had been particularly challenged throughout quarters 1-3. Although early signs of an improvement had been observed in Quarter 3, the measures for Quarter 4 demonstrate that the service is now routinely operating at a very high standard.
- 22.2. There are still pressure points at certain times of the day where demand exceeds capacity. However, a roster review will complete in Q1 to minimise these. The chart below shows the percentage of calls answered within 60 seconds for the period 1st April 2022 to 30th April 2023.



IMTP

23. Cleric Upgrade

- 23.1. February saw the implementation of the NEPTS CAD system to a new version of the Cleric system. The new product is hosted externally within the cloud, removing some the risks previously logged around the design and stability of the current infrastructure.
- 23.2. The new product opens up the possibility of establishing improved access for Health Care Professionals as well as providing a secure platform to build a patient zone, which will allow patients to book online, update/review their bookings and see where their transport is as opposed to ringing a WAST Call centre.

24. ACA 2 Recruitment

- 24.1. In July 2022 the Urgent Care Service was transferred to the management of the Ambulance Care team. To address the UHP gap, which mainly emanated from losses to EMT recruitment and challenges recruiting candidates with the appropriate driving licence category, the team established a new scheme offering candidates employment which included training to achieve the required C1 licence classification. By the end of Quarter 3 when the last course completed, 113 additional ACA2's had been recruited, including 86 employed through the C1 scheme. The scheme will have successfully closed the UHP gap in addition to supporting the recruitment process for the additional 100 staff.

25. NEPTS Vehicles

- 25.1. The past financial year has seen the roll out of a number of new or refreshed vehicle types across the fleet. This includes a refresh of our Renault Master vehicle and a replacement for our small vehicle fleet to a Transit Custom vehicle. The new vehicles include features that will improve patient experience and safety as well as providing additional capacity and operational efficiency.
- 25.2. A new B-Class Ambulance Care vehicle will also go live in April 2023. This vehicle can be used across NEPTS & UCS services and will be a new concept for the service.

Integrated Care

Challenges

26. Consult and Close in WAST edging to 15%

- 26.1. Coupled with the increased demand for service and since the new calendar year, an increased rate of consult and close activity in CSD, 111 and with APP and HB partners has on days exceeded 18% and monthly edging very close to 15%. There is a risk in achieving 15% in periods of low calls and the overall demand on clinicians on duty while supporting other services such as remote clinical support, red review, clinical screening and enhanced clinical screening despite good establishment.

27. SALUS

- 27.1. Capita has proposed a revised final delivery plan with a go-live date of 20th November 2023. It is hoped this allows the system to be in place ahead of winter pressures. The timeline is tight, and training will require abstractions of staff. We await approvals to grow call handling capacity to absorb as much of this abstraction as possible.

IMTP

28. Use of Video Consultation in Clinical Support Desk

- 28.1. Following the implementation of the video element of ECNS, the next stage of implementation would be to introduce the note sharing function which is currently being scoped with a view to implement the ability to securely share the consultation record itself. This work is contingent on further IT security and GDPR work to comply with.

29. Clinical Support Desk Roster and Resourcing Review

- 29.1. A review has been undertaken and roster option developed and put out for vote. A new roster approach has a proposed go-live in Q1. Further resourcing work is ongoing to build said rosters, align lines and develop a SOP for Resource to follow. Engaging with the team is creating an opportunity to develop an approach that is service and people appropriate.

General Update

30. 111 Adastra Update

- 30.1. While the business continuity incident has ended for the Health Boards and Adastra systems have resumed, the new "Concentrator" which joined the Adastra system to the WAST has been successfully built and deployed in February 2023. The sterling efforts of our teams ensured we sustained services during what was an extended period of disruption.



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

AGENDA ITEM No	6.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

Financial Performance as at Month 12 – 2022/23

MEETING	Finance & Performance Committee
DATE	15 th May 2023
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Edward Roberts (Head of Financial Business Intelligence & Capital Planning)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Committee the Financial Performance Report of the 2022/23 financial year, as at Month 12 (March 2023) / year end.

The Committee is asked to review, comment, note and receive assurance on the financial position of the Trust for 2022/23, subject to audit and ahead of the Trust Board presentation of the 2022/23 accounts in July 2023.

KEY ISSUES/IMPLICATIONS

Key highlights from the report for the Committee to note are:

- The Trust is reporting a small revenue surplus (£62k) for the 2022/23 financial year (subject to audit);
- Capital expenditure is fully spent in line with updated plans;
- In line with the financial plans that support the IMTP, gross savings of £4.392m have been achieved against a target of £4.300m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.4% for the number, and 97.8% of the value of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE

- EMT via sharing this paper – 10th May 2023

REPORT APPENDICES
<p>Appendices 1 – 2 – Monitoring return submitted to Welsh Government for month 12 – as required by WG</p> <p>Appendix 3 – Saving details</p>

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)	NA	Financial Implications	YES
Environmental/Sustainability	NA	Legal Implications	YES
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	NA	Risks (Inc. Reputational)	YES
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA

**WELSH AMBULANCE SERVICES NHS TRUST
FINANCE & PERFORMANCE COMMITTEE**

FINANCIAL PERFORMANCE AS AT MONTH 12 2022/23

INTRODUCTION

1. This report provides the Committee with a summary of the revenue financial performance of the Trust as at 31st March 2023 (Month 12 2022/23 and therefore the draft 2022/23 year end position), along with an update on the final 2022/23 capital programme spend, both of which are subject to audit.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for 2022/23** (1st April 2022 – 31st March 2023) are that:
 - The revenue financial position reported is a small **underspend against budget of £0.062m**, (subject to audit).
 - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £4.392m have been achieved against a target of £4.300m, thus a slight **over achievement against the phasing plan set at the opening of the financial year**.
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.452% for the number, and 97.8% of the value** of non-NHS invoices paid within 30 days.
3. Any risks previously reported were continued to be reviewed and fully assessed right up to the year end, however there are now no reported financial risks included in the draft year-end position, subject to audit.

REVENUE FINANCIAL PERFORMANCE

4. The table below presents an overview of the financial position for the period 1st April 2022 to 31st March 2023.

Revenue Financial Position for the period 1st April - 31st March				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-286,451	-286,451	-287,261	-810
Expenditure				
Pay	201,510	201,510	197,838	-3,672
Non-pay	56,390	56,390	61,244	4,854
Total pay & non-pay expenditure	257,900	257,900	259,082	1,182
Depreciation & Impairments / interest payable & receivable	28,551	28,551	28,117	-434
Total	0	0	-62	-62

Treatment of Covid-19 spend

5. Due to the Covid-19 pandemic, and that which had been indicated by WG that will continue to be supported by additional funding in 2022/23, the Trust has recorded additional unavoidable spend up to Month 12 totalling **£1.462m**, of which **£0.587m** are pay costs, and **£0.875m** are non-pay costs. This is somewhat less than the figure estimated at the outset of the financial year in the submitted financial Annual Plan within the IMTP. Full additional funding has been provided to cover these costs.
6. A summary of the Covid-19 revenue costs reported in the Month 12 financial position is shown in the table below:

Covid-19 Revenue Costs	YTD £'000	FYF £'000
Total Pay	587	587
Total Non Pay	875	875
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
NET COVID	1,462	1,462

Other exceptional cost pressures

7. In addition to the above, included within the WG Monitoring Return submissions for 2022/23, additional analysis was requested for some of the COVID-19 costs and the other exceptional cost pressures for the 2022/23 financial year, which were also, as part of the 2022-25 IMTP finalisation, indicated by WG would be funded in year. This detail is summarised in the table below;

		Actual YTD £'000	Annual Forecast £'000
1	Expected Other C-19 Response Costs	766	766
2	Total Energy Costs	9,534	9,534
3	Total National Insurance Costs	1,198	1,198
4	Total Real Living Wage Costs	0	0

8. It is important to continue to note that this funding has been provided non-recurrently for these costs.

Income

9. Reported Income against the initial budget set to Month 12 shows an overachievement of **£0.810m**.
10. As above, income was fully provided by WG for the reported Covid costs as well as the exceptional cost pressures of additional National Insurance costs, energy, utilities, and fuel.

Pay costs

11. Overall, the total pay variance at Month 12 is an underspend of **£3.672m**. As has been previously reported to the Committee, much of this offset variations elsewhere.
12. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£0.587m**.

Non-pay Costs

13. The overall non-pay position at Month 12 is an overspend of **£4.420m**, this is due to overspends on medical & surgical consumables, fleet maintenance costs and some taxi spend.
14. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 12 totalled **£0.875m**. Areas of additional spend included:
 - PPE - £0.366m;
 - Cleaning Standards - £0.400m.
 - Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) £0.109m.

Savings

15. As Committee members will recall, the 2022/23 financial plan identified that a minimum of **£4.300m** of savings, cost avoidance and cost containment measures were required to achieve financial balance in 2022/23. This is a significant increase in that which has been able to be achieved in the recent past, and especially over the last couple of years.
16. As at Month 12 for the financial year 2022/23 the Trust achieved total savings of **£4.392m** against a target of **£4.300m**, an over achievement against the target of **£0.092m**.
17. **Appendix 3** provides an overview of Month 12 performance by thematic and organisational / directorate levels.
18. On top of this, a series of highlight reports have again been developed that provide detail of savings delivery at thematic levels. The highlight reports present financial information which is supported by a narrative that denotes progress and identifies actions for the full delivery of our savings plans. Whilst shared locally at a detailed level to inform budgetary decisions, these highlight reports are always also available to Committee members for review, should they wish to receive them.
19. The key points drawn from these are;
 - Workforce, efficiencies and transformation has achieved savings / cost containment of £1.967m, under-achieving cumulative target by £0.002m;

- Fleet savings totalling £0.006m has been achieved, under-achieving cumulative target by £0.075m;
- Through management of non-operational vacancies £1.927m has been saved which exceeds the cumulative target to date by £0.384m;
- Despite high pump prices over much of this financial year, some fuel savings totalling £0.040m has been achieved, under-achieving cumulative target by £0.008m;
- There are a number of local schemes in directorates, some of which are attracting additional income rather than reducing costs and savings totalling £0.182m has been achieved, under-achieving cumulative target by £0.144m.
- Estate savings totalling £0.270m has been achieved, under-achieving cumulative target by £0.064m

Financial Performance by Directorate

20. Whilst there is a small surplus reported at Month 12 there are some variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies.

Financial position by Directorate @ 31st March	Annual Budget £000	Year to date			
		Budget £000	Actual £000	Variance £000	Tolerance 5% %
Directorate					
Operations Directorate	155,205	155,205	153,152	-2,053	-1.3%
Chief Executive Directorate	1,827	1,827	1,972	145	7.9%
Board Secretary	447	447	445	-1	-0.3%
Partnerships & Engagement Directorate	558	558	489	-69	-12.3%
Finance and Corporate Resources Directorate	32,270	32,270	32,570	300	0.9%
Planning and Performance Directorate	2,287	2,287	2,244	-43	-1.9%
Quality, Safety and Patient Experience Directorate	5,686	5,686	5,663	-22	-0.4%
Digital Directorate	12,496	12,496	12,321	-175	-1.4%
Workforce and OD Directorate	4,692	4,692	4,823	131	2.8%
Medical & Clinical Services Directorate	3,408	3,408	3,324	-84	-2.5%
Trust Reserves	3,076	3,076	3,863	787	25.6%
Trust Income (mainly WHSSC)	-221,952	-221,952	-220,928	1,024	0.5%
Overall Trust Position	0	0	-62	-62	

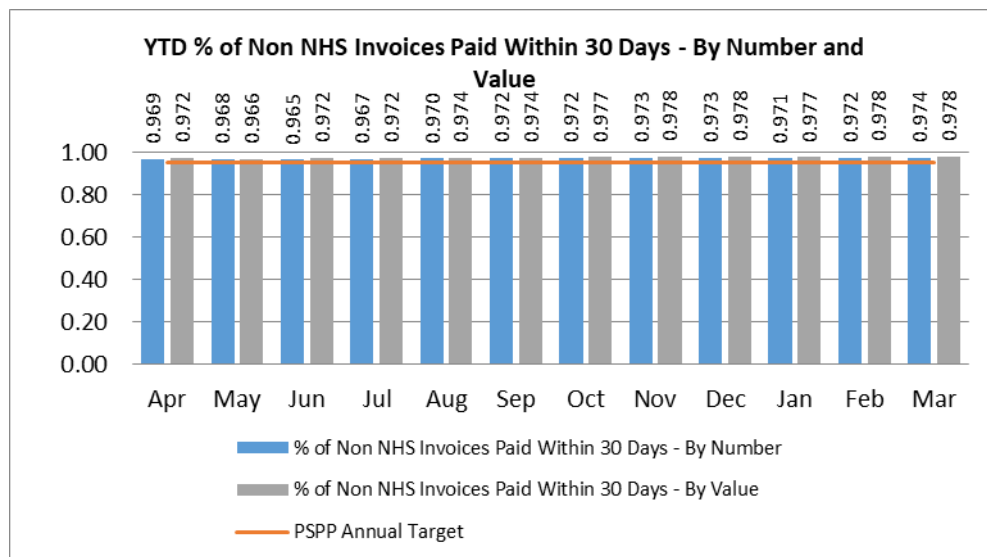
21. A brief commentary on significant key variances above is as follows:-

- As Committee members will recall, the Operations underspend is partly offset by Income shortfall for ACA2 funding and how this was treated in the earlier months of the financial year;
- Finance & Corporate Resources overspend is driven by fleet maintenance pressures with increased third-party labour increases.
- Reserves – currently overspent due to adjustments for Salary Sacrifice and additional known and planned non-recurring spend areas to offset other directorate underspends.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

22. Public Sector Payment Policy (PSPP) compliance up to Month 12 was **97.4%** against the **95%** WG target set for non-NHS invoices by number and **97.8%** by value.

23.



RISKS AND ASSUMPTIONS

24. There are currently no remaining or expected financial risks to the reported draft year end position (subject to audit).

25. Whilst there are no presented risks to the financial position, the number and total value of financial risks we have managed this financial year is clearly greater than in recent years, which in itself raised the level of risk in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality, and experience, it is clear that, as expressed within the IMTP, this has been a challenging financial year, despite the good financial performance in Month 12. This must also be seen in the context of the progressing financial plan for 2023/24.

26. Alongside and as a result of some of the above, as Committee members will recall, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register. It was also agreed at F&PC on 21st March to undertake more of a deep dive into this corporate risk at the next meeting of the Committee, in May 2023, and in the context of the significantly challenging financial outlook from 2023/24 and beyond. This will be picked up separately at the Committee meeting on 15th May.

2022/23 CAPITAL PROGRAMME

27. At Month 12 the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2022/23 is **£27.212m**. This includes **£21.902m** of All Wales Approved schemes and **£5.310m** for Discretionary schemes.

28. The Trust achieved the CEL target of £27.212m, with a very small underspend against plan of £14.73 (*subject to audit*). Below is a summary of the year end capital position:

	Actual £'000	Plan £'000
All Wales Capital Programme:		
Schemes:		
ESMCP – Control Room Solution	56	56
111 Project Costs	429	429
DPIF-EPCR	1,150	1,150
MDVS	1,709	1,709
Airwave Extension	2,522	2,522
DPIF - NDR	78	78
End of Year Funding - Nov 2022	360	360
GUH transfer vehicles	694	694
Ambulance Replacement Programme 21-22	1,916	1,916
Ambulance Replacement Programme 22-23	8,972	8,972
Phone First	1,040	1,040
EFAB	92	92
WAST- Make Ready Depot - Cardiff	290	290
New SDP at Ruthin Fire Station	130	130
Energy Savings schemes	516	516
Vehicle Repair Workshop, Merthyr Tydfil.	1,300	1,300
Ambulance Replacement Programme 23-24	648	648
Sub Total	21,902	21,902
Discretionary:		
I.T.	427	427
Equipment	298	298
Statutory Compliance	0	0
Estates	4,489	4,489
Other	96	96
Unallocated Discretionary Capital	0	0
Sub Total	5,310	5,310
Total	27,212	27,212
Less NBV reinvested		(350)
Total Funding from WG	27,212	26,862

29. A separate report is to be provided which will update in detail on the year end position along with any resulting carried forward impacts impact on the 2023/24 capital plan.

2022/23 YEAR END & PLANNING FOR 2023/24 AND BEYOND

30. Finalisation of the Accounts and audit work continues in respect of the 2022/23 Trust Annual Accounts. The draft accounts were submitted to WG and Audit Wales, as per the issued guidance, on 5th May 2023, with the audited accounts to be presented to Audit Committee on 25th June 2023 ahead of seeking final approval of these at Trust Board on 27th July 2023.
31. The 2022/23 year-end audit will again be conducted virtually maximising the use of technology and building on the experiences of the previous 3 years' audits.
32. As Committee members will be aware, work also continues at pace on that still required within the challenging financial plan, both capital and revenue, for 2023/24 and beyond, including as part of the progress on the 2023-26 IMTP. Further updates on this will also be provided to the Committee separately, including an initial presentation on the month 01, 2023/24 financial position..

RECOMMENDED that the Committee:

- a) **Notes** and gains **assurance** in relation to the Month 12 (and therefore draft 2022/23 year end) revenue and capital financial position and performance of the Trust as at 31st March 2023;
- b) **Notes** the delivery of the 2022/23 savings plan, and the context of this within the overall financial position of the Trust, and;
- c) **Notes** the Month 12 Welsh Government monitoring return submission included within Appendices 1 – 2 (as required by WG);

Appendix 1

Appendix 2

Appendix 3

**AGENDA ITEM No****7****OPEN or CLOSED****Open****No of ANNEXES ATTACHED****5**

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Finance & Performance Committee
DATE	15 th May 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk/Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

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 9 risks that are relevant to Committee's remit for oversight and additionally the Trust's 2 highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight.
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 4.
3. The more detailed description contained within the BAF provides the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the frameworks in Annexes 2 and 3.
4. The principal risks were presented to the Trust Board on 30th March 2023 and are updated as at 4th May 2023. Each risk has been reviewed in full during this period, including controls, assurances, gaps and mitigating actions.
5. Specifically, in relation to Risk 139, the monthly detailed finance reports will continue to provide key information to Committee as to the level of risk the organisation is experiencing including elements of non-recurrent as opposed to recurrent funding and how this is being managed financially and operationally.
6. Although the Trust can influence Commissioners, Health Boards and Welsh Government to provide more recurrent funding allocations, in the current challenging, financial climate it is not necessarily within their gift to provide all funding at the outset recurrently.
7. A simple guidance note (Appendix 1) has been developed to assist Board and Committee members to interpret the BAF, address some of the issues raised in the Structured Assessment and provide proportionate challenge on actions to mitigate the risks and their intended impact.

RECOMMENDATION:

8. **Members are asked to consider the contents of the report.**

KEY ISSUES/IMPLICATIONS

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

REPORT APPROVAL ROUTE

10. The BAF was considered by:

- EMT – 3rd May 2023
- ADLT – 4th May 2023




REPORT ANNEXES

- Annex 1 - Summary table describing the Trust's Corporate Risks.
- Annex 2 – Scoring Matrix
- Annex 3 – Frequency of Risk review
- Annex 4 - Board Assurance Framework
- Appendix 1 - Guidance on Interpreting the Board Assurance Framework



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)	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



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>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p>RESULTING IN patient harm and death</p>	Director of Operations	<p>25 (5x5)</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>IF patients are significantly delayed in ambulances outside A&E departments</p> <p>THEN 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>RESULTING IN patients potentially coming to harm and a poor patient experience</p>	Director of Quality & Nursing	<p>25 (5x5)</p> 
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	<p>IF the Trust does:</p> <ul style="list-style-type: none"> not achieve financial breakeven and/or does not meet the planning framework requirements and/or does not work within the EFL and/or fails to meet the 95% PSPP target and/or does not receive an agreement with commissioners on funding (linked to 458) <p>THEN 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>RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage</p>	Director of Finance & Corporate Resources	<p>16 (4x4)</p> 




CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
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>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</p> <p>THEN there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities</p> <p>RESULTING IN potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)</p>	Director of Operations	16 (4x4) 
458 FPC	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning	<p>IF 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</p> <p>THEN 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>RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage</p>	Director of Finance & Corporate Resources	16 (4x4) 

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
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>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</p> <p>THEN there is a risk of a significant information security incident</p> <p>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</p>	Director of Digital Services	15 (3x5) 
543 FPC	Major disruptive incident resulting in a loss of critical IT systems	<p>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</p> <p>THEN there is a risk of a loss of critical IT systems</p> <p>RESULTING IN a partial or total interruption in WAST's effective ability to deliver essential services</p>	Director of Digital Services	15 (3x5) 
NEW FPC	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	<p>IF a major incident or mass casualty incident is declared</p> <p>THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients</p> <p>RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004</p>	Director of Operations	15 (3x5)

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
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>IF WAST fails to persuade EASC/Health Boards about WAST ambitions</p> <p>THEN there is a risk of a delay or failure to receive funding and support</p> <p>RESULTING IN a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>	Director of Strategy Planning & Performance	<p>12 (3x4)</p> 
283 FPC	Failure to implement the EMS Operational Transformation Programme	<p>IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme</p> <p>THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters</p> <p>RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage</p>	Director of Strategy Planning & Performance	<p>12 (3x4)</p> 
424 FPC	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	<p>IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)</p> <p>THEN there is a risk that there is insufficient capacity to deliver the IMTP</p> <p>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</p>	Director of Strategy Planning and Performance	<p>12 (3x4)</p> 

Annex 2 - Risk Scoring Matrix

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	Catastrophic
Safety & Well-being - Patients/ Staff/Public	Minimal injury requiring no/minimal intervention or treatment. No time off work. Physical injury to self/others that requires no treatment or first aid. Minimum psychological impact requiring no support. Low vulnerability to abuse or exploitation - needs no intervention. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Requires time off work for >3 days Increased hospital stay 1-3 days. Slight physical injury to self/others that may require first aid. Emotional distress requiring minimal intervention. Increased vulnerability to abuse or exploitation, low level intervention. Category 2 pressure ulcer.	Moderate injury/professional intervention. Requires time off work 4-14 days. Increased hospital stay 4-15 days. RIDDOR/Agency reportable incident. Impacts on a small number of patients. Physical injury to self/others requiring medical treatment. Psychological distress requiring formal intervention by MH professionals. Vulnerability to abuse or exploitation requiring increased intervention. Category 3 pressure ulcer.	Major injury leading to long-term disability. Requires time off work >14 days. Increased hospital stay >15 days. RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. Patient mismanagement, long-term effects. Significant physical harm to self or others. Significant psychological distress needing specialist intervention. Vulnerability to abuse or exploitation requiring high levels of intervention. Category 4 pressure ulcer.	Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/ Complaints/ Assurance/ Patient Outcomes	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment/service suboptimal. Formal complaint (Stage 1). Local resolution. Single failure of internal standards. Minor implications for patient safety. Reduced performance.	Treatment/service has significantly reduced effectiveness. Formal complaint (Stage 2). Escalation. Local resolution (poss. independent review). Repeated failure of internal standards. Major patient safety implications.	Non-compliance with national standards with significant risk to patients. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety. Inquest/ombudsman/inquiry. Gross failure to meet national standards/requirements.
Workforce/ Organisational Development/ Staffing/ Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level (>1 day)/competence. Low staff morale. Poor staff attendance for mandatory/key professional training.	Uncertain delivery of key objective/ service due to lack/loss of staff. Unsafe staffing level (>5 days)/competence. Very low staff morale. Significant numbers of staff not attending mandatory/key professional training.	Non-delivery of key objective/service due to loss of several key staff. Ongoing unsafe staffing levels or competence/skill mix. No staff attending mandatory/professional training.
Statutory Duty, Regulation, Mandatory Requirements	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/ delivery requirements. Critical report.	Multiple breaches in statutory duty. Zero performance rating. Prosecution. Severely critical report. Total system change needed.
Adverse Publicity or Reputation	Rumours. Low level negative social media. Potential for public concern.	Local media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets.10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised, other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate/ Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/ service/property.	Moderate impact on environment/ service/property.	Major impact on environment/ service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	Catastrophic
1 Highly Unlikely: Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely: Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Likely: It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Highly Likely: Will probably happen/recur, but not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain: Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25

Annex 3 - Frequency of Risk Review


Risk Score	Review Frequency	Risk Rating
15 – 25 Red	Review monthly	High
8 – 12 Amber	Review quarterly	Medium
1 – 6 Green	Review every 6 months	Low

Annex 4 – Board Assurance Framework

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death			Date of Review:		21/03/2023		TREND	25 (5x5)
				Date of Next Review:		22/04/2023		➡	
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			
Risk Commentary Q4 2022/23 The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death as a result of the Trust not being able to reach patients in the community. There were over 28,000 hours lost outside EDs in March 2023, a comparable figure to the pre Christmas delays. Whilst there has been improvement in some Health Board areas (Cardiff and Vale where there has been a corresponding improvement in red performance), other Health Board continue to experience protracted delays. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Improvement actions led by Welsh Government and system partners include: - 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)									
CONTROLS				ASSURANCES					
1. Patient Flow Co-Ordination based in the Grange University Hospital				Internal Management (1 st Line of Assurance) 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					
2. Regional Escalation Protocol				2. Daily conference calls to agree RE levels in conjunction with Health Boards					
3. Immediate release protocol				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)					
4. Resource Escalation Action Plan (REAP)				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.					
5. 24/7 Operational Delivery Unit (ODU)				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.					
6. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans				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.					
7. Limited Alternative Care Pathways in place				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.					
8. Consult and Close (previously Hear and Treat)				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). Consult and Close rate has increased from 12% to circa 15% March 2023.					

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		21/03/2023		TREND	25 (5x5)	
			Date of Next Review:		22/04/2023		➡		
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
9. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation				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. APP Navigation – Test of Change Framework (Swansea Bay & Hywel Dda). Review of despatch criteria for APPs.					
10. Clinical Safety Plan				10. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group					
11. Recruitment and deployment of CFRs				11. Volunteers are another resource for response, Volunteer					
12. ETA scripting				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					
13. Clinical Contact Centre (CCC) emergency rule				13. CCC Emergency Rule is policy that has been signed off by Execs.					
14. National Risk Huddle				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.					
15.				15.					
16. Summer/Winter initiatives				16. Monitoring through SLT and STB					
17. CHARU implementation				17. Monitored via the EMS project Board					
18. National Transfer & Discharge Model				18.					
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, however assurance is limited given that the acceptance of paramedic referrals is low (less than 1%) and inconsistent.					
21. Mental Health Practitioners in cars				21.					
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)					
26. Information sharing				26. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
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. Despite a reduction in delays over January and February, current handover delays have demonstrated a deteriorating picture with March delays at December levels									
8. During industrial action days, Health Boards demonstrated compliance with reducing handover delays in order to maximise WAST resources. Despite a reduced volume of conveyance as a result of the industrial action, there is however a demonstration that reduced handover delays are achievable, and this therefore warrants a triangulation of data.				10					

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		21/03/2023		TREND	25 (5x5)	
			Date of Next Review:		22/04/2023		➡		
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
9. 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.									
10. 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									
11. Patient Flow Co-ordinators - Health Boards to consider the value of deploying PFCs at emergency departments to aid flow									
12. Handover Improvement Plans agreed between WAST and Health Boards				12. Handover Improvement Plans have been replaced by ICAPS and are subject to review with EASC; However, it is noted that previous plans did not demonstrate sufficient improvement in reducing handover delays					
18.				18. National Transfer & Discharge model is yet to be determined. A task and finish has been established to progress this piece of work					
21.				21. Mental Health Practitioners – not yet implemented but part of the Care Closer to Home workstream					
Please note that the gaps listed are not WAST’s and are therefore outside of the control of WAST									
Actions to reduce risk score or address gaps in controls and assurances				Action Owner	By When/Milestone	Progress Notes:			
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	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)			
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)				ADLT Sub-Group	30.09.22 - Superseded				
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters				Assistant Director of Operations EMS	Complete	Majority of EMS rosters complete and implemented			
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]				Director of Paramedicine / Director of Workforce & OD	30.07.23 Checkpoint	Offers to 22 in July 2023. 13.33 FTE uplift. Continue to seek opportunities for funding APPs to improve service delivery.			
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	31.03.23 Complete	Work undertaken to map influences and progress towards each. Current % of Consult and Close increased from 12% to 15% at March 2023.			
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	Complete 21.03.23	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. Volunteer team has recruited and trained 173 additional volunteers between November and March 2023.			
10. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]					Superseded				
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	Ended March 2023	Level 2 Falls Service implemented as a pilot. Awaiting evaluation of the pilot and assessment of outcomes and potential longevity of this initiative. Falls service in place with enhanced day and night provision; Utilisation of resources reviewed at weekly performance meetings by Operations SLT.			

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:		26/04/2023		TREND		25 (5x5)
				Date of Next Review:		26/05/2023				
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			
Risk Commentary Q4 2022/23										
The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. There were over 2,883 +4 hour patient handovers in December 2022; the target being 0 from September 2022. Currently < 0.025% of the Trust’s demand is going into Same Day Emergency Care currently is <0.025% (modelling 4%). The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. The Joint Investigation Framework (pilot phase) to embed with good engagement from system partners.										
Improvement actions led by Welsh Government and system partners include:										
a) 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 – (Welsh Government) <i>by the end of April 2025</i>										
b) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (LHB CEOs) <i>by September 2022</i>										
c) Alternative capacity equivalent to 1,000 beds project (LHB CEOs)										
d) 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? (Audit Wales)										
e) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (Welsh Government: Chief Medical Officer and Chief Nursing Officer)										
CONTROLS					ASSURANCES					
					Internal Management (1 st 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 Joint Investigation Framework which is currently in pilot phase and an evaluation is to be undertaken in quarter 1 2023/24 by EASC. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.					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.					
2. WAST membership of the working group (Executive Director of Quality & Nursing) 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 commenced in August 2022.					2. Workshop with system partners in place with executive directors of nursing attendance – the pilot is in progress ,and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the ‘Six Goals for Urgent and Emergency Care’ work.					
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 via local managers and the Operational Delivery Unit.					
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 NWAS 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.					
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.					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 is via the Strategic Command structure.					

12

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:		26/04/2023		TREND	25 (5x5)	
			Date of Next Review:		26/05/2023		➡		
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
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 oversight by ODU with dynamic CSP review and system escalation as required. 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.				9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (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 EMT, 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 and pressure damage prevention, dementia awareness, mental health.				12. Integrated Quality and Performance Report (December 2022 overall 84% - mandatory training target just below target at 84.6%.					
13. Clinical audit programme in place.				13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.					
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 Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.					
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 including ‘Actions to Mitigate Avoidable Patient Harm Report’ (last presented to Trust Board March 2023 and Board sub-committee oversight and escalation through ‘Alert, Advise and Assure’ reports.					
16. Implementation of Duty of Quality, Duty of Candour and new Quality Standards requirements in April 2023 (soft launch).				16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of February 2023 is ‘Implementing and operationalising’.					
				External Sources of Assurance Management (1 st Line of Assurance)					
				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 (JET) 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 EASC					
				3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1.				1.					
2.				2. Implementation of the revised Joint Investigation process remains in pilot stage with good engagement seen by system partners. A number of overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 30 (as of 07.03.2023) overdue nationally reportable incident investigations.					
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. 2,098 hours were lost in December 2022, an increase compared to 18,773 lost hours in December 2021.					

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				Date of Next Review:		26/05/2023	➡		
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
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS*.				4. Strengthening of patient safety reports and audit processes as e PCR 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. Fit to Sit programme is not progressing currently.					
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.					
				External Gaps in Assurance					
				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:				
1. Representation at the Right care, right place, first time Six Goals for Urgent and Emergency Care Delivery Boards and Clinical Advisory Board.			Chief Executive Officer	• Completed	• 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 • WAST will be represented on the Clinical Reference Group by Andy Swinburn with first meeting now held. • The Trust recently reported to EASC that is has further updated how it maps into six goals programmes. The programme structure nationally is being embedded and the Trust now has presence on goals 2, 5 & 6 at delivery board level and on the clinical advisory board.				
2. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project			WAST QI Team (QSPE)	• TBC - Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).				
3. 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	• Q4 2023/24	• Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. • Access to ePCR data (NEWS) now available. Work on-going with Health Informatics regarding patient safety dashboards.				
4. 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	• Monthly and as required.	• Monthly meetings continue to be held and networking through EDoNS.				
5. HIW Improvement Plan / Workshop– WAST inputs / influencing improvements			Assistant Director of Quality & Nursing	• Completed	• No further requests from HIW to date.				
14									

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					Date of Next Review:		26/05/2023	➡	
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
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.									
6. 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>		Executive Director of Quality & Nursing	• Q3 2023/24	• Revised joint investigation approach agreed and now in pilot phase. • Meeting April 2023 cancelled by EASC due to system pressures.					
7. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation		Director of Workforce & Organisational Development	• Q3 2023/24	• Strong focus from Executives with detailed updates to EMT every two weeks. • Estimated year end position is +90 FTEs against the target of 100. • Overall across the whole establishment, this equates to a vacancy factor of just 0.5%,					
8. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE		Director of Paramedicine	• Q4 2023/24	• Bid not successful. Feedback received from Welsh Government that will be incorporated into future bids. However, Trust decision to proceed with 18 MSC places. 10 started in September (North) with the balance (eight) on target for March 2023 start. • 17 trainee APPs expected to “tip out” of training in Jun-23. Currently they have not been offered contracts and the Trust risks losing some of them. • Some additional funding available to bid against for AHPs (bid submitted by May 2023).					
9. Transition Plan		Chief Executive Officer	• Q2 2023/24	• Formally submitted to Commissioners in December 2021. As above +100 FTEs secured although non-recurring at this point in time. • Also as above, funding for additional APPs not secured via Value Based Healthcare fund; however, decision of Trust to proceed with take up of 18 MSC places anyway. • Further discussions as part of IMTP 2023-2026 have been undertaken on additionality into next year, with letter written to the CASC about what further full time equivalent additionality it could recruit and train if funding was available in 2023/24 (maximum 100).					
10. Overnight falls service extension		Executive Director of Quality & Nursing	• June 2023	• Night Car Scheme extension agreed to 31 March 2023 (2 regional resources) • Aim to achieve 60% utilisation of Falls Assistant resources, by December 2022 and achieve consistent utilisation of 60% + through Jan-Mar 2023. Good progress has been made on this. • Falls level 1 and 2 impact evaluation report completed - presenting to Clinical Quality Governance Group (CQGG) 18 Jan-2023.					
11. Consideration of additional WAST schemes to support overall risk mitigation through winter		Director of Operations	• Q2 2023/24	• Good progress on Performance Improvement Plan (pip) There were only 15 PIP actions live in Dec-22, so the PIP closed down and the remaining actions transferred into other assurance mechanisms like this report. • Specific seasonal and strike structures stood up. • Trust demonstrating continued focus and creativity on approach to seasonal and strike mitigations.					
12. National 111 awareness campaign		Director of Partnerships and Engagement Director of Digital	• Q4 2022/23	• The national awareness campaign is now fully live through to the • end of the financial year. • The second phase was launched in Q4 28 Feb-23 and included a new TV ad on ITV, S4C and Video on Demand (ITV Hub, Sky, All4). This phase also includes a digital radio advert, social media. • (Organic and paid), influencer activity, case studies, and out of home advertising on digital billboards across Wales along high traffic carriageways. • National toolkit containing key messages and social media assets distributed to stakeholders. • Campaign ending end of March 2023.					
13. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 (soft launch with Welsh Government Roadmap in place) with supporting monitoring and oversight systems in place and embedded.		Executive Director of Quality & Nursing	• Q3 2023/24	• Monthly updates to progress against actions following the baseline assessment and readiness returns. • Key policies updated and approved. • Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly.					
14. Virtual Ward		Executive Director of Quality & Nursing	• Q2 2023/24	• A proposed innovative “eyes on” service provided by the third sector (organisation and volunteers), supported by the Clinical Support Desk and supported by technology. • The proposed service will support patient safety and improved hospital flow. • The Trust has completed a business case at pace, which has been sent to the CASC for consideration.					
15. Organisational change process of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.		Executive Director of Quality & Nursing	• July 2023	• To commence consultation phase by May 2023.					

15

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation				Date of Review:		30/04/2023		TREND	16 (4x4)
					Date of Next Review:		01/06/2023		➡	
IF the Trust does: <ul style="list-style-type: none">not achieve financial breakeven and/ordoes not meet the planning framework requirements and/ordoes not work within the EFL and/orfails to meet the 95% PSPP target and/ordoes not receive an agreement with commissioners on funding (linked to 458)			THEN 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)		RESULTING IN 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										
EXECUTIVE OWNER			Executive Director of Finance and Corporate Resources			ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS						ASSURANCES				
						Internal Management (1 st Line of Assurance)				
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.				
						External Assurances Management (1 st Line of Assurance)				
						5. Monthly Monitoring Returns to Welsh Government				
						7. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.				
						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				
						Independent Assurances (3 rd Line of Assurance)				
						1-10 Internal audit reviews covering				
						1-10 External audit reviews				
GAPS IN CONTROLS						GAPS IN ASSURANCE				
<ul style="list-style-type: none">Lack of formalised service contracts between Commissioner and WAST as a commissioned body						None identified.				
						16				
Actions to reduce risk score or address gaps in controls and assurances			Action Owner		By When/Milestone	Progress Notes:				

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:	30/04/2023	TREND	16 (4x4)
				Date of Next Review:	01/06/2023	➡	
IF the Trust does: <ul style="list-style-type: none"> not achieve financial breakeven and/or does not meet the planning framework requirements and/or does not work within the EFL and/or fails to meet the 95% PSPP target and/or does not receive an agreement with commissioners on funding (linked to 458) 		THEN 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)	RESULTING IN 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
1. Continuing negotiations with Commissioners	Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/24 – Checkpoint Date	22/23 Finances have been agreed as part of year end agreement of balances. Issue currently around the 100 WTE £6m funding and negotiations continue.				
2. Embed a transformative savings plan and ensure organisational buy in	ADLT and Savings subgroup	31/03/24 – Checkpoint Date	The Financial Sustainability workstreams that were launched in May 2023 have now been rebranded as the Financial Sustainability Program (FSP) and the work of the program underpins the need of the organisation to deliver transformative savings via the Achieving Efficiencies and Income Generation subgroups.				
3. Embed value-based healthcare working through the organisation	Executive Management Team and Value Based Healthcare Group	31/03/24 – Checkpoint Date	Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.				
4. WIIN support for procurement, savings and efficiencies	WAST Improvement and Innovation Network group	31/03/24 – Checkpoint Date	WIIN ideas are regularly communicated across to the Achieving Efficiencies subgroup of the FSP.				
5. Foundational economy, Decommissioning and procurement to mitigate social and economic wellbeing of Wales	Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/24 – Checkpoint Date	The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best vfm while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales.				

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:		04/04/2023	TREND	16 (4x4)
				Date of Next Review:		05/05/2023	➡	
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		Executive Director of Finance & Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS				ASSURANCES				
				Internal Management (1 st 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				
6. Additional floor space taken at Llangunnor site				6. Agreed floor plan available which was agreed by CCC Management				
				External Not applicable				
GAPS IN CONTROLS				GAPS IN ASSURANCE				
• If CAD is not functional then any impact of current controls would be negated by need to move physical staff				• Business continuity plan requires increased duties for existing staff as a result of lack of physical accommodation (link to risk 244)				
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:	
TBC								

Risk ID 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			Date of Review:	30/04/2023		TREND	16 (4x4)	
				Date of Next Review:	01/06/2023		➡		
IF 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.		THEN 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.		RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage			Likelihood	Consequence	Score
						Inherent	3	4	12
						Current	4	4	16
						Target	2	4	8
IMTP Deliverable Numbers: 2, 12, 16, 18, 23, 24, 25, 26, 28,30, 34, 37, 38									
EXECUTIVE OWNER		Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
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				External Management (1 st Line of Assurance) 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				Independent Assurance (3 rd Line of Assurance) 2. Internal Audit reviews of financial policies & procedures as part of their audit plan					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
• 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)					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.			Executive Management Team	31.12.23	Update: 22/23 Recurrent & non-recurrent Finances have been agreed as part of year end agreement of balances. Issue currently around the 100 WTE £6m funding and negotiations continue.				
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	31.12.23	Update: Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.				

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:		12/04/2023		TREND	15 (3x5)
				Date of Next Review:		13/05/2023		➡	
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					
				Internal Management (1 st Line of Assurance)					
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					
				External Independent Assurance 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					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
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				20					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				

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:		12/04/2023		TREND	15 (3x5)
				Date of Next Review:		13/05/2023		➡	
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
1. Establish Cyber and Information Security KPIs		Director of Digital Services	31.03.23 complete		KPI format agreed and will be produced from Q1 2023-24 with a retrospective annual report produced for 2022-23.				
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	30.06.23 – Checkpoint Date		Draft in review and CRU Assessment due May 2023.				
6. Implement Meta Compliance Policy Solution		Senior ICT Security Specialist	30.06.23 – Checkpoint Date		Additional learning modules purchased, and both will be rolled out from Q1 2023-24				


Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems			Date of Review:		12/04/2023		TREND	15 (3x5)
				Date of Next Review:		13/05/2023		➡	
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: TBC									
EXECUTIVE OWNER		Director of Digital Services		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
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					
				External Independent Assurance <ul style="list-style-type: none">2021_16 Internal Audit review of IM&T Control Assessment – baseline exercise2021_19 Internal Audit review of ICT Disaster Recovery – Limited AssuranceNIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)					
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 Extended to 30.06.23	Ongoing		
2. Exercise template report which shows recommendations to be created				North Resilience Manager		31.12.22 Extended to 30.06.23	Ongoing		
3. Cyber Essentials assessment to be completed				Head of ICT		30.06.23 Checkpoint date	Evidence submitted to assessor – awaiting feedback. CRU Assessment due May 2023		

NEW	The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death			Date of Review:		29/04/2023		TREND	15 (3x5)
				Date of Next Review:		30/05/2023		NEW	
IF a major incident or mass casualty incident is declared		THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers: TBC									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance & Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Immediate release protocol				1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services.					
2. Resource Escalation Action Plan (REAP)				2. 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.					
3. Regional Escalation Protocol				3. Daily conference calls to agree RES levels in conjunction with Health Boards					
4. Incident Response Plan				4. The Incident Response Plan has been ratified via EMT					
5. Mutual Aid arrangement with NARU				5. AACE National Policy on mutual aid in place					
6. Clinical Safety Plan				6. CSP adopted by EMT and operational; reviewed annually by SLT					
7. Operational Delivery Unit 24/7 cover				7. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end of shift					
8. In hours and Out of hours command cover				8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan					
9. Notification and Escalation Procedure				9. Published procedure in operation, reviewed 3 yearly by SLT					
10. Continued escalation of risk to partners and stakeholders				10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasises at the face to face COO Peer Group meeting on 14 April 2023.					
				External Independent Assurance N/A					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.				The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.					
				Following two incidents (Pembroke Dock Ferry fire on 11 th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance.					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans			CEO/DOO	3 Jan 2023					
2. Multi Agency Exercise to be arranged			4 x LRF	Dec 2023					
3. Review of Manchester Arena Inquiry			EPRR Team	Dec 2023					
4. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration			DOO	Feb 2023 - Complete	All Health Boards responded with assurance of plans except BCU and HDUHB.				

Risk ID 100	Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:		05/05/2023		TREND	12 (3x4)
				Date of Next Review:		03/08/2023		➡	
IF WAST fails to persuade EASC/Health Boards about WAST ambitions		THEN there is a risk of a delay or failure to receive funding and support	RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	3	4	12		
				Target	2	4	8		
IMTP Deliverable Numbers: 2, 3, 4, 6, 11, 14, 29, 34									
EXECUTIVE OWNER		Director of Strategy, Planning & Performance		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal & External Management (1 st Line of Assurance)					
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					
				External Management (1 st Line of Assurance) 1. Plans go to every bi-monthly meeting 2. Meet bi-monthly and agendas, minutes and action logs available					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. EASC meetings focus largely on EMS and cursory note of NEPTS				1.					
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. Actioned but has lapsed due to capacity and resourcing in NCCU team. HB to reboot.					
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)									
Actions to reduce risk score or address gaps in controls and assurances				Action Owner	By When/Milestone	Progress Notes:			
1. Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST				CEO WAST	02/08/23 Checkpoint Date	30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23. 12/01/23 Recurrent funding for the +100 not secure. 02.05.23 Recurrent funding still not secure.			
2. Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours				CEO WAST	02/08/23 Checkpoint Date	30.09.22 4 hour handover backstop agreed and -25% reduction in handover from October 2021 baseline. 12/01/23 There has been a significant worsening picture. 02.05.23 Continued worsening picture with almost 29,000 lost in March 2023.			
3. Increased understanding of NEPTS by EASC				Director of Strategy Planning and Performance	02/08/23 Checkpoint Date	30.09.22 “Focus on” session at May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU. 02.05.23 Continued attendance by NCCU at Ambulance Care Transformation Programme.			
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface				Assistant Director Commissioning & Performance	02/08/23 Checkpoint Date	30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability ofNCCU to undertake.			
5. Utilising the engagement framework to engage with the stakeholders				Director of Partnerships & Engagement AD Planning & Transformation	02/08/23 Checkpoint Date	30.09.22 Significant engagement through roster review briefings. 12/01/23 Engagement on roster review largely concluded, with some political interest continuing in a few areas. 02.05.23 Continued interest from various stakeholders as the roster review concludes.			

Risk ID 100	Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:		05/05/2023	TREND	12 (3x4)	
				Date of Next Review:		03/08/2023	➡		
IF WAST fails to persuade EASC/Health Boards about WAST ambitions		THEN there is a risk of a delay or failure to receive funding and support		RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	3	4	12
						Target	2	4	8
1. Engage with key stakeholders to reduce handover delays		CASC	02.08.23 – Checkpoint Date	30.09.22 Reduction commitments agreed, but trend is still upwards. 12/01/23 Extreme and upward trend. 02.05.23 handover hours remain extreme.					
2. Reduce abstractions in particular sickness absence		Deputy Director of Workforce & OD	02.08.23 Checkpoint Date	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100. 12/01/23 Abstractions have reduced, but still very high. Sickness is reducing and on trend to achieving the 10% Mar-23 target. High abstractions linked to internal movements caused by internal recruitment. 02.025.23 the Trust achieved 7.99% in Feb-23 but levels are higher in Operations. Continued focus into 2023/24 to reach 6% by 31/03/23.					
3. Engage with Assistant Director of Planning and Transformation on process for PID updates		Assistant Director – Commissioning & Performance	02.08.23 Checkpoint Date	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date. 12/01/23 PID has been further updated but requires sign off by the SRO and STB. 02.05.23 PID has been updated but needs to be signed off by Executive Sponsors.					

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:	02/05/2023		TREND	12 (3x4)
				Date of Next Review:	03/08/2023		➡	
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				
				Internal Management (1 st Line of Assurance)				
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				
				External Management (1 st Line of Assurance)				
				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. The PID has been updated for 2023/24 and reflects the budget, commissioning intentions and IMTP.				
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. The SRO continues to provide the HLR, but the PID needs to be signed off by the Executive Sponsors. This can be done outside of STB.				
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:			
4. Increase in engagement on the specifics of change through facilitation mechanisms			Assistant Director – Commissioning & Performance	02.08.23 Checkpoint Date	30.09.22 Significant engagement through roster review project. 12/01/23 Largely complete. 02.05.23 There remains some minor engagement as the project concludes.			
5. More capacity requested (transition plan)			Assistant Director of Planning & Transformation	02.08.23 – Checkpoint Date	30.09.22 Transition plan not funded, but +100 FTE agreed. 12/01/23 Recurrent funding not secure. 02.05.23 this has not been forthcoming and handover lost hours are offsetting all of the gains that the Trust has made.			
6. Engage with key stakeholders to reduce handover delays			CASC	02.08.23 – Checkpoint Date	30.09.22 Reduction commitments agreed, but trend is still upwards. 12/01/23 Extreme and upward trend. 02.05.23 handover hours remain extreme.			
7. Reduce abstractions in particular sickness absence			Deputy Director of Workforce & OD	02.08.23 Checkpoint Date	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100. 12/01/23 Abstractions have reduced, but still very high. Sickness is reducing and on trend to achieving the 10% Mar-23 target. High abstractions linked to internal movements caused by internal recruitment. 02.025.23 the Trust achieved 7.99% in Feb-23 but levels are higher in Operations. Continued focus into 2023/24 to reach 6% by 31/03/23.			

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		02/05/2023	TREND	12 (3x4)	
				Date of Next Review:		03/08/2023			
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
8. Engage with Assistant Director of Planning and Transformation on process for PID updates		Assistant Director – Commissioning & Performance		02.08.23 Checkpoint Date	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date. 12/01/23 PID has been further updated but requires sign off by the SRO and STB. 02.05.23 PID has been updated but nees to be signed off by Executive Sponsors.				

Risk ID 424	Resource availability (capital) to deliver the organisation’s Integrated Medium-Term Plan (IMTP)		Date of Review:		29/03/2023		TREND	12 (3x4)
			Date of Next Review:		30/06/2023		➡	
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								
EXECUTIVE OWNER		Director of Strategy, Planning & Performance	ASSURANCE COMMITTEE		Strategic Transformation Board and Finance and Performance Committee			
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
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					
			Independent Assurance (3 rd Line of Assurance) 2. Subject to Internal Audit					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
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)								
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:				
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	Extended from 31.03.23 – To 31.06.23 Checkpoint Date	Currently (January 2023) working through delivery structures for 2023-26 which will inform the PPM review – changed checkpoint date to 31.06.23				
2. 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. Further extend to 31.06.23 checkpoint date	Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing.				
3. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)		Director of Finance	31.12.22 – checkpoint date 31.06.23	Extend checkpoint date to 31.03.2023 on basis of new financial allocations for 2023 to be worked through with Commissioner				

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
No.	IMTP Deliverable
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



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	8
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

Integrated Medium Term Plan (IMTP) 2022-2025 End of Year Position FY22/23

MEETING	Finance & Performance Committee
DATE	15 th May 2023
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation Heather Holden – Head of Transformation
CONTACT	Heather.holden@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to provide Finance & Performance Committee with the end of year position on actions in the IMTP 2022-25, including the Accountability Conditions set by Welsh Government. An assurance report reflecting on delivery during FY22/23 and confirming the forward view for FY23/24 is being developed by the Head of Transformation in consultation with delivery leads across the organisation. This report will be presented to STB on 22nd May and will be available at the next Finance & Performance Committee.

RECOMMENDED:

That the Finance & Performance Committee:

1. Notes the update against WAST's IMTP Accountability Conditions;
2. Notes the overall delivery of the IMTP detailed in this paper.

KEY ISSUES/IMPLICATIONS

The WAST IMTP for 2022-25 was approved by Welsh Government on 13 July 2022 with the following conditions set out in a subsequent accountability letter dated 22 July 2022:

- Six Goals for Urgent and Emergency Care – requirement to articulate how our actions relating to the six goals programme will translate into improved outcomes and performance;
- Value Based HealthCare – strengthen our approach to Value Based HealthCare;
- Minimum Data Set (MDS) – further expansion of the data provided through the MDS quarterly refreshes;
- Improvement of sickness and absence rates;
- Delivery of workforce efficiencies, notably the delivery of the EMS roster review project.

By year end we made significant progress on these conditions, as follows:

Six Goals	<p>WAST has a greater presence for goals 2, 5 & 6 at delivery board level and on the clinical advisory board, with engagement/representation on goals 1, 3 and 4 at various levels including through the Strategic Programme for Primary Care and the Same Day Emergency Care national action group.</p> <p>The Integrated Commissioning Action Plan (ICAP) process, established by NCCU as a joint planning process with health boards, is becoming more established across Wales and WAST is developing a set of service offers for each health board based on successful implementation in other areas of Wales. The ICAPs will align to six goals policy and some actions will directly support the policy targets (e.g. SDEC development) whilst others will indirectly impact on the six goals programme in support of delivery targets.</p> <p>WAST's IMTP for 2023-26 includes deliverables which align directly to the six goals policy, with actions and outcomes clearly articulated in appendix 1 of the IMTP.</p>
Value Based Healthcare	<p>The Value Based Healthcare Working Group in WAST continues to develop its work programme alongside the Financial Sustainability Programme. There has been some slippage in implementation of Patient Level Information and Costing (PLICs), with data quality issues pushing implementation back to Q3 or Q4 in 2023/24.</p> <p>The work to trial Patient Reported Experience Measures (PREMS) with Aneurin Bevan University Health Board has been live during quarter 4 and we expect the results in Q1 2023/24.</p> <p>We will be holding a workshop facilitated by Value in Health Centre in May 2023 to further enhance our understanding of Value Based HealthCare and how we can apply it across pre-hospital urgent and emergency care. Following this workshop we will establish a Value Based HealthCare steering group with Executive leadership to guide the organisation in embedding Value Based HealthCare across all of our</p>

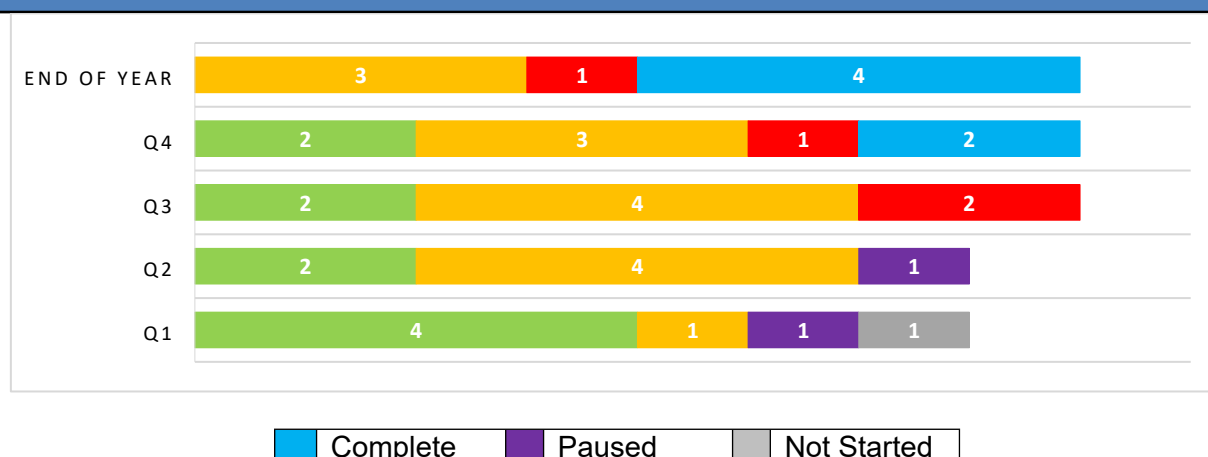
	activities. This is a commitment that has been made in our IMTP this year.
Minimum Data Set	We worked in 2022/23 with Welsh Government to define a more meaningful set of activity data for ambulance services, data which informs our planning. This is now being refreshed quarterly with the required data applied. A new MDS was submitted to Welsh Government with our IMTP on 31 st March 2023 for the period 2023/24.
Improvement in sickness absence	<p>The Managing Attendance Programme continues to work through the actions required to address absences with regular reporting and assurance provided at People and Culture Committee.</p> <p>By year end WAST hit its target of 8% and a trajectory is included in this year's IMTP to take WAST to 6% in line with pre-COVID levels of absence.</p>
Delivery of workforce efficiencies	A range of efficiencies in EMS were delivered and resulted in the increase of around 1,200 additional shifts. This includes the EMS re-rostering, sickness absence reduction, additional WTEs and increase in consult and close rates. Further efficiencies have been included in the IMTP this year, taking into account commitments agreed as part of Industrial Action negotiations, which include a trajectory for consult and close rates to increase to 17% and (as above) further sickness absence reduction.

An IMTP delivery tracker has been in place throughout FY22/23 to map all priorities back into the agreed transformation and enabling programmes established within the IMTP delivery structure. The following sets out the end of year position of IMTP delivery priorities, and any slippage or status changes that should be noted by STB.

The tracker is currently being refreshed for FY23/24 and will include any outstanding actions from FY22/23.

Transformation Programmes

EMS Operational Transformation – End of Year Position

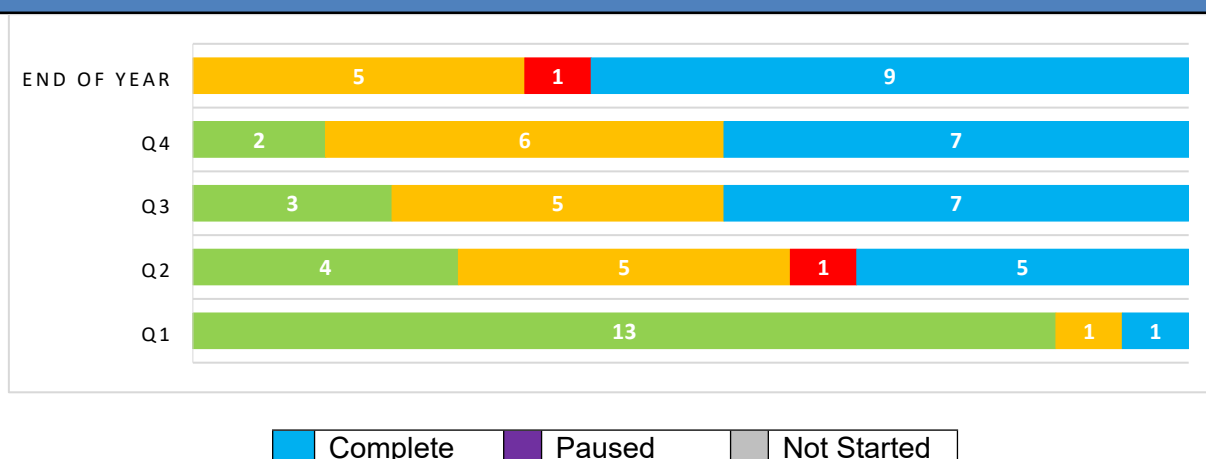


4 ongoing actions; 3 Amber, 1 Red: Two actions have been closed during Q4. The target establishment of 1,761FTE for FY22/23 has been delivered with a minimal shortfall of <10FTE. This represents a vacancy level of 0.5%. Maintaining this capacity at commissioned levels will now be managed through business as usual (BAU). Delivery of the year 2 actions of our volunteering strategy is also complete against the revised target of +80FTE, with +54FTE Community First Responders in post, and +26FTE in training.

The programme aims to complete formal evaluation and closure of the EMS Response Roster project during Q1 FY23/24 which is currently Amber and delayed as Project Management was withdrawn following roster implementation. Full rollout of CHARU is aimed for mid-May, however, remains Amber due to an estimated shortfall of 40FTE caused by rural recruitment challenges. An options paper is being reviewed by Ops Senior Leadership Team (SLT). Similarly, work to address gaps in rural establishment is now Amber and an options paper is being considered by Executive Management Team (EMT).

Ambulance handover times remain extreme (Red), however CVUHB has been recognised as a positive outlier and will be reviewed through ICAPs. This action will be closed to the EMS programme as this is an organisational priority overseen by EMT which will remain the governance route for escalation and assurance.

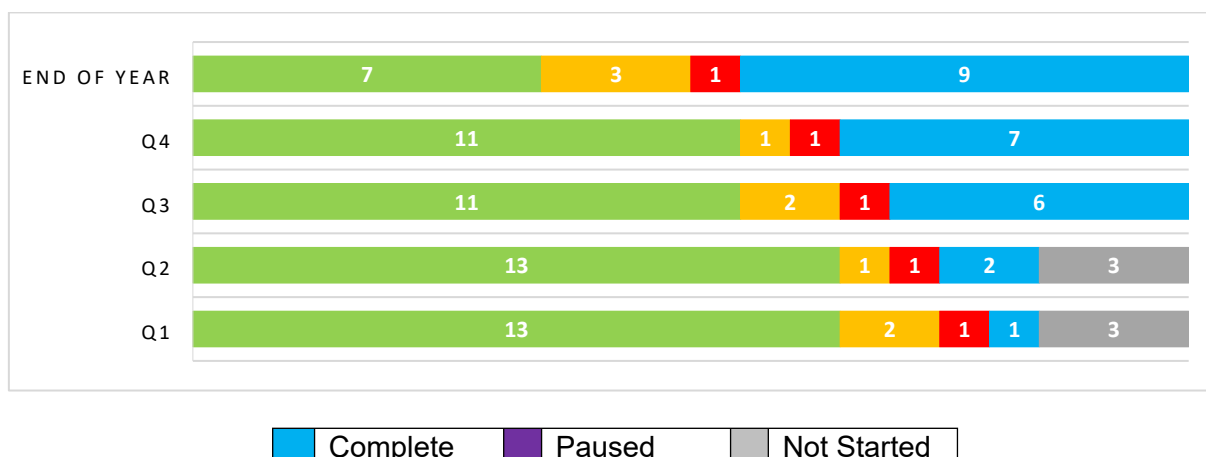
Ambulance Care Transformation – End of Year Position



6 ongoing actions; 5 Amber, 1 Red: Transport Solutions project has been formally closed, including the 2 associated IMTP actions. PID development for the NEPTS Roster Review pan-Wales continues to be developed; NET centre roster keys have been agreed and the PID is being revisited for approval through SLT.. ORH modelling continues to progress for the Transfer & Discharge service and is due for completion during Q1. The BCU trial around discharge lounge cancellations has been on hold since FY22/23 Q1 due to operational pressures in BCU, however the trial has recommenced and will be evaluated.

The re-roster of NET centre staff remains off track and has increased from Amber to Red. A project brief will be developed to formally initiate the project; however, progress has been significantly impacted by capacity constraints and de-prioritisation during Q4.

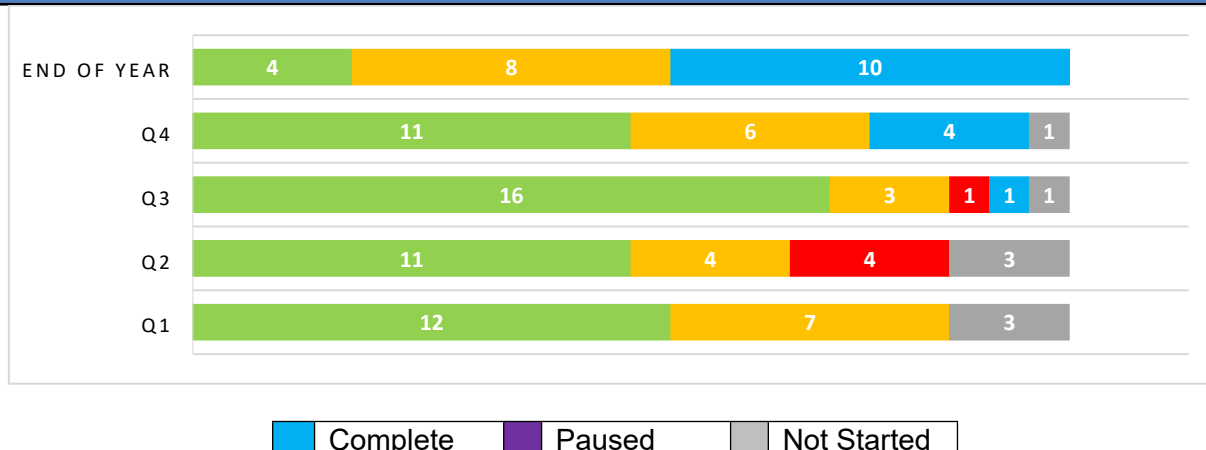
Gateway to Care Transformation – End of Year Position



11 ongoing actions; 7 Green, 3 Amber, 1 Red: Two actions remain open following the CCC Clinical Review – the completion of the formal closure report, and implementation of SMS functionality into ECNS. Both actions will continue to be progressed through the CSD stabilisation and transformation plan, with an aim to complete during Q1. A business case is in development for longer-term funding to support 111 digital development including continued improvements to the 111.Wales website and to the Directory of Service (DoS). All Health Boards are now live with a 111 Press 2 mental health service except CTMUB (due by the end of April) and Powys (timescales TBC due to recruitment challenges). The service will continue to be evaluated and developed to deliver a 24/7 service in line with Welsh Government expectations. PTaS is now live in CTM, and discussions are underway with Powys to assess feasibility. The NCCU have confirmed that discussions with CVUHB should be paused due to competing organisational priorities.

SALUS implementation remains Red; this project is externally led as part of the national 6 Goals. There have been significant and ongoing delays throughout FY22/23 in the national 111 programme board agreeing and approving the Capita Delivery Plan. The formal delivery date of the SALUS system has been confirmed as 20th November 2023, however the 111 go-live date will need to be confirmed. The national 111 programme team are seeking support from WAST as the Authority to continue progress aligned with this final delivery plan and discussions are progressing through Ops SLT and EMT.

Clinical Transformation – End of Year Position



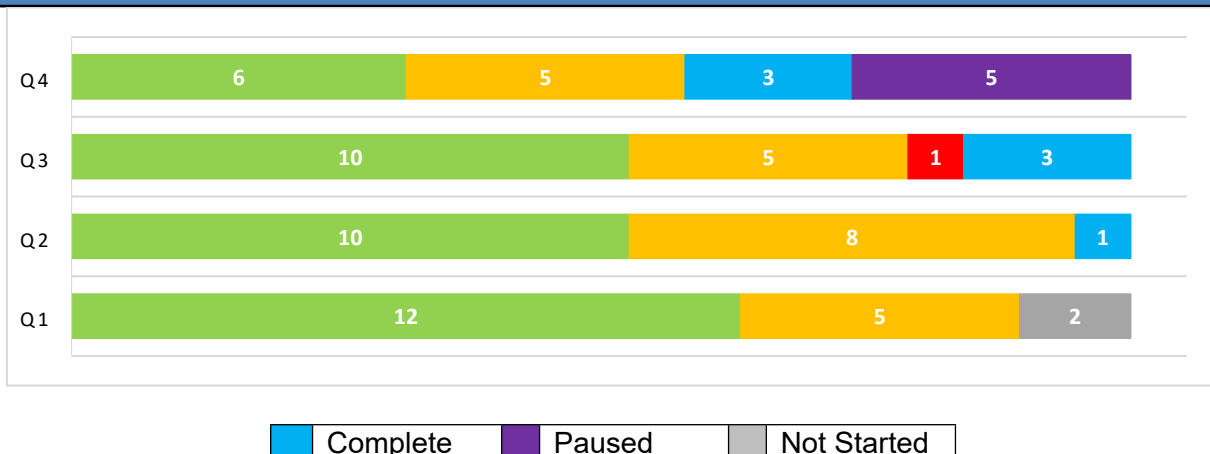
12 ongoing actions; 8 Amber, 4 Green: Independent Prescribing training has been delivered for 10FTE's. Education funding has been received for 18 people to complete a full-time MSc, however the longer-term growth of APPs remains Amber due to the number of APPs due out of placement within the next 3-years without a funded position. An SBAR has been to EMT confirming the position and workforce planning have agreed the education commissioned funding for FY24/25. Work with HEIW to develop a Faculty of Emergency Mental Health Practice will no longer be progressed due to lack of funding, but a

potential pilot of Mental Health Practitioners in response cars has been approved and will be progressed by the Mental Health Board.

DigiPen decommissioning is now complete with 2,473 DigiPens returned and processed. The ePCR project is in closure stage and benefits realisation and lessons learnt is underway. The Powys Care Home PDSA of the iStumble tool is now complete and saw a 23% reduction in call outs for falls between Nov-22 (38%) and Feb-23 (15%). The PDSA is being fully evaluated to inform further spread and scale, subject to funding. Opportunities to develop eReferral pathways for frontline patient facing clinicians continue to be explored and technical bridge testing to connect WAST iPads directly to referral services for non-injured falls, hypoglycaemia, and epilepsy is underway. WAST continue to support the development of Urgent Primary Care Centre, and SDEC pathways, however this is dependent on the national 6 Goals programme and Health Board readiness/appetite to implement direct referral pathways. WAST have made multiple engagement attempts and have raised with the National Delivery Unit (NDU) to understand the challenges, however there is currently limited traction.

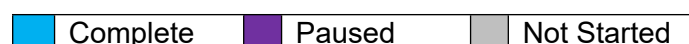
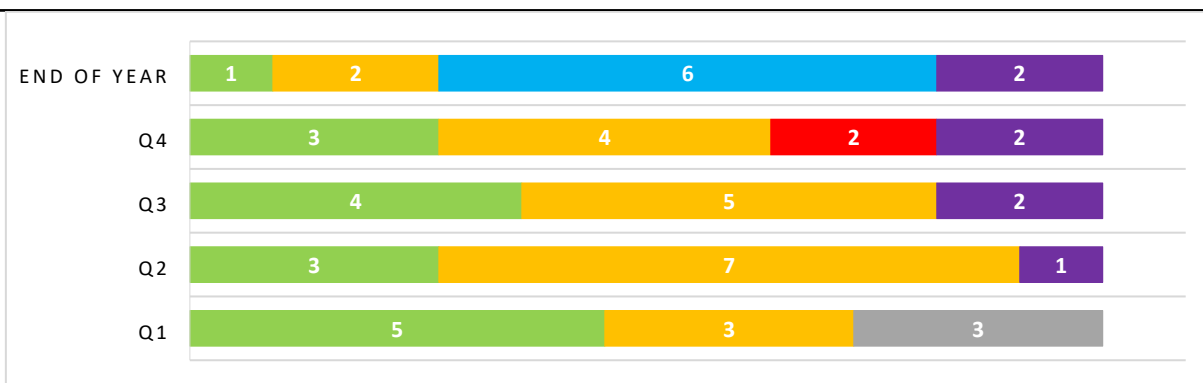
Enabling Programmes

Our People – End of Year Position



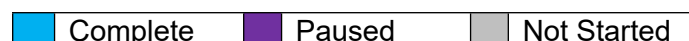
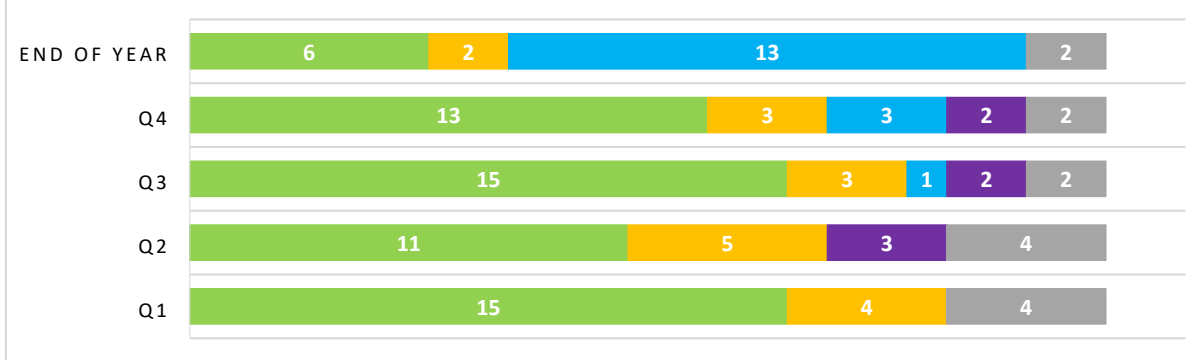
11 ongoing actions; 5 Amber, 6 Green: The absence management recovery plan is being updated for FY23/24 to maintain current interventions and enhance further. The end of year position saw sickness reduced to 7.95% in Feb-23, which was the lowest since June 2021. The national Speaking up Safely policy is still in consultation and the implementation plan will be developed in Q1 FY23/24. Compassionate Practices training sessions have remained paused due to IA monitoring and case reviews but will recommence in May-23. Work to identify opportunities to develop agile ways of working including matrix working and organisational redesign have accelerated with the commencement of Change Management training in Q4 FY22/23, and the initiation of an organisation wide Admin Review in Q1 FY23/24. The implementation of Hive HR will kick-off in May-23, and will support improved staff engagement. Work to create operational efficiencies will continue into FY23/24 including the Leading Service Change programme and ACAS plan delivery. Centre is now validated to deliver the new FutureQuals course. CPD packages may require minor refinement in response to finalised legislation associated with Section 19 of the Road Traffic Act regarding driver education; legislation not yet implemented so this continues into FY23/24.

Innovation & Technology – End of Year Position



3 ongoing actions; 2 Amber, 1 Green; Delivery of the new control room solution was completed. Migration commenced as planned and all 3 clinical contact centres went live successfully by 26th April with positive feedback received to date. Data warehouse migration was also completed in April including review and consolidation of existing (ageing) servers to new server clusters. This will provide improved resilience and efficiency and could potentially reduce costs through annual service license renewal. The Robotic Process Automation (RPA) pilot has been delivered successfully with multiple automated processes embedded. Further investment would be required to develop further RPA initiatives. Significant progress has been made on the Mobile Data Vehicle solution and planning for live operational testing is underway and scheduled for w/c 15th May. Agreements have been reached on suitable estate to support vehicle installation activities with a target to commence roll-out in Q2 FY23/24 and taking c.12 months to complete. The 999-platform upgrade has been delayed by supplier side readiness, and testing is now likely to commence in Jul/Aug.

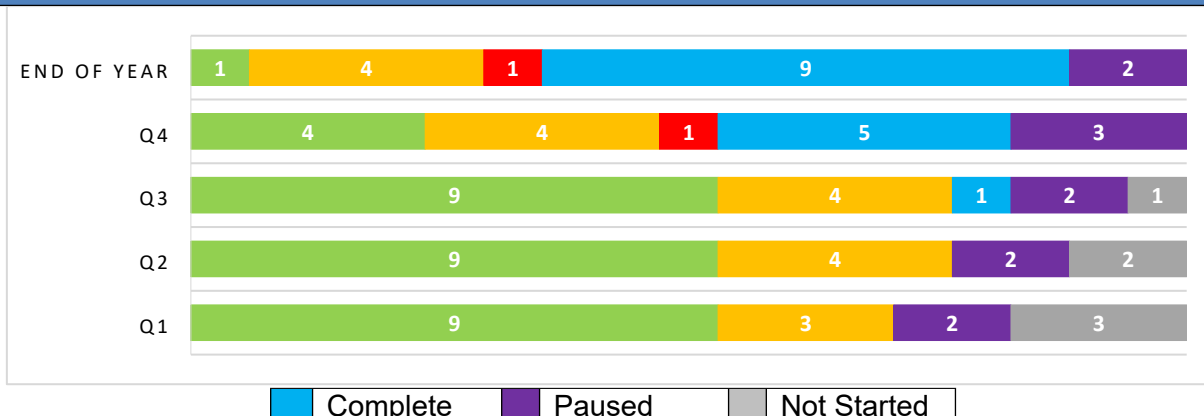
Infrastructure – End of Year Position



8 ongoing actions; 6 Green, 2 Amber: All FY22/23 actions relating to the Environment and Sustainability strategy are complete and a formal programme board has been established to oversee the continued delivery of the Decarbonisation Action Plan. Significant progress was made modernising our fleet with 23 hybrid RRVs rolled out in year, supported by 67 charging points over 54 sites. The redevelopment of VPH as an Operational Hub including enhanced facilities for CCC staff is now complete and all areas are now occupied and operational. A solution has been implemented to address capacity challenges in the North of Anglesey (Amlwch) with the lease on additional storage in an adjacent unit signed by Trust Board. Development of long-term solutions in Llangunnor and Dolgellau remain Amber, however positive steps have been made including the establishment of a CCC Task & Finish Group to progress Llangunnor, and completion of a pre-planning application with positive stakeholder feedback and plans to complete an ecological survey to progress Dolgellau.

All estates, fleet, and decarbonisation work reports into Finance & Performance Committee through the Capital Management Board. To avoid duplication of this established governance route it is proposed that all ongoing delivery will be monitored through this route, with updates by exception to the Strategic Transformation Board.

Fundamentals (including Risk Management) – End of Year Position



Quality:

2 ongoing actions; 1 Amber, 1 Green: Initial discussions to agree the Trust Quality Management System model are in progress, utilising best practice guidance from Improvement Cymru and the NHS Wales Delivery Unit. Evaluation of the Trust Quality Governance sub-structure is now complete and final Terms of Reference have been approved by the Clinical Quality Governance Group. Implementation of the Once for Wales CIVICA system is now complete and all WAST experience surveys have been transferred to the new system. A further review of the surveys will be undertaken once the national 'core validated' questions have been approved and incorporated. The People & Community Network has officially launched and continues to register new volunteers.

Value Based Healthcare:

2 ongoing actions; 2 Amber: The governance structure for Value Based Healthcare (VBC) is being reviewed with the proposed establishment of an Exec-led Steering Group. A workshop has been arranged with Value in Health colleagues for Summer 2023, with a workshop planning session scheduled for the 19th May. The Information Governance team continues to work with Digital Health & Care Wales and partners to overcome data sharing arrangements, however this remains an issue. The minimum dataset has been developed and data definitions will now be agreed prior to distribution. The PLICS project has been delayed due to persistent data quality issues. The expected delivery date for Phase 1 has now been pushed back to Q3/Q4 23/24.

Corporate Governance:

2 ongoing actions; 1 Amber, 1 Red: The Risk Management Policy has been drafted and will be presented to Audit Committee in July. **Implementation of the Once for Wales Datix Risk Module remains Red;** whilst there has been some progress with Datix's development, the improvements suggested by the Once for Wales Task and Finish Group will not be realised by the provider as planned. A road map is being created with the providers to achieve implementation and roll out; however, the implementation date is now extended as a result with no agreed date in place.

Forward View – IMTP Assurance 2023/24

Following final publication of the IMTP, the Transformation and Planning teams have been working with transformation programme SROs and leads for enabling and fundamental workstreams to formally document the priority work linked to the IMTP for delivery during FY23/24.

- Projects and workstreams are being clearly defined, including their scope;
- Milestones are being agreed for delivery during Q1;
- Project/workstream progress will be monitored by the Transformation and Planning teams by way of progress against agreed milestones;
- This will be presented in a streamlined, quarterly written assurance report to STB (first due to STB on 22nd May), that will include RAG status against agreed milestones, highlighting any slippage;
- This report will also include the agreed milestones for the next quarter;
- The quarterly written assurance report will be shared with Finance & Performance Committee for information;
- Verbal updates will be provided at every alternate STB; meeting minutes will be shared with Finance & Performance Committee for information.

In addition to establishing a revised IMTP assurance process for FY23/24, the Transformation Support Office (TSO) has also commenced work with Verto 365 to deploy a centralised project portfolio management system. This system is used extensively across NHS Wales and presents an opportunity to strengthen and streamline our IMTP assurance reporting. The project is currently in scope, and discovery work is underway to develop a prioritised requirements list. Early iterations of the system will focus on creating a central repository of all projects and workstreams aligned to our IMTP transformation programmes, with further iterative rollout throughout FY23/24 to enabling workstreams.

We will continue to produce written assurance reports as the system is designed, tested, and deployed, but will be reviewing our assurance reports in line with Verto 365 adoption.

REPORT APPROVAL ROUTE

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



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AGENDA ITEM No	10
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – March/April 2023

MEETING	Finance & Performance Committee
DATE	15 th May 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Mark Thomas – Commissioning & Performance Manager Nicola Quiller – Senior Commissioning & Performance Analyst
CONTACT	Hugh.bennett2@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Nicola.Quiller@wales.nhs.uk

EXECUTIVE SUMMARY

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 **March/April 2023** (with the exception of sickness, where February 2023 is reported).

This report contains information on 26 key indicators. The indicators used at this high-level shows a reduction in system pressure, in particular, handover lost hours and therefore improving quality and performance for the Emergency Medical Service (EMS), but from a low base and with continued extreme handover lost hours. 111 was more stable, having recovered from the business continuity incident in December, but call abandonment remains a problem. The Non-Emergency Patient Transport Service's (NEPTS) performance is stable. Overall the picture remains a poor one in terms of the quality and safety of the service that the Trust can provide to its patients.

RECOMMENDATION

The Committee is asked to: -

- **Consider** the March/April 2023 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 **March/April 2023**.

BACKGROUND

2. This Integrated Quality & Performance Report contains information on 26 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 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 the Trust’s plans (Integrated Medium-Term Plan - IMTP) and strategies. This report is based upon the annual review that was endorsed at the July 2022 Finance & Performance Committee with a further annual review now taking place early in May 2023.

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 call demand through the year; however, in March 2023 the median and 65th percentile performance were good. The **95th percentile performance declined to a six second answer** time, which is still a good level of performance. An Intelligent Routing Platform (IRP) was switched on in November 2022, which enables BT to re-route 999 calls between different ambulance services in the UK. These re-routed 999 calls accounted for up to 9% of the Trust’s daily 999 demand. This percentage continued to increase during December 2022 and on the 21 December 2022 it was suspended, which is a clear factor in the uplift in the Trust’s performance. The IRP has now been switched back; however, call volumes at present through this stream are low.
7. No additional funding was secured into 2022/23 for 999 call handlers (demand/relief gap 39 FTEs). A re-roster has been completed within the existing resource envelope.

8. **111 call answering performance remains poorer** than the Trust would want. December 2022 saw unprecedented levels of demand and poor performance. Performance did improve in January, but then declined in February to 28.7%. It has improved marginally in both March and April, with the latest figure being 31.9%, but still remains substantially off target (95%). Negotiations with commissioners earlier in the year suggested that the Trust has broadly the right number of commissioned and funded call handlers in post; however, there has been a recent agreement to uplift numbers by 10 WTE and work is ongoing to recruit these additional staff. Further work is required to reduce capacity lost through sickness absence, aligning capacity with demand and improving the efficient use of resource. A priority is now re-rostering 111, which will involve a further consideration of the required FTEs to meet demand, the best way to service the demand e.g. dynamic v fixed rosters and implementation of.
9. **111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back time target for the highest priority 111 calls (P1CT) the P2 and P3 call back times continue to fall below the 90% performance target, with the respective figures for April being 81.6% and 81.9%. These were both improvements on the March 2023 figures. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies. An urgent set of actions within a focused plan are now in place to increase clinician numbers. This includes the introduction of a new base for staff within the Cardiff area, a more focussed recruitment campaign and consideration of expanded numbers of clinical professions. The Trust is currently in dialogue with 111 commissioners on the 2023/24 establishment for 111 clinicians.
10. **Ambulance Response** (safety / patient experience): the Red 8-minute response performance for April 2023 was 53%, an improvement when compared to March 2023, but still far below the target of 65%. The Amber 1 median was 59 minutes (ideal 18 minutes) and the Amber 1 95th percentile was 4 hours 13 minutes. Although both times show significant improvements compared to March 2023, these long response times continue to have a direct impact on outcomes for many patients. Actions within the Trust's control include:

Capacity:

 - Recruitment: the Trust received an additional £3m non-recurring funding in 2022/23 which has allowed the Trust to target the recruitment of 100 FTEs over and above the existing establishment. The Trust had delivered most of the additionality by the end of quarter four with an overall vacancy level of less than 1%. It should be noted that the Trust's 2023-2026 IMTP is predicated on funding for the additionality being recurring, but this is not secure at this time. Some additional funding has also been made available to pilot an Amber Virtual Ward in partnership with St John Cymru.
 - Additional Unscheduled Care Service (UCS) Capacity: the Trust has made additional funding available for third party capacity. Four vehicles a day, seven days a week have been secured with funding through to the end of the financial year (31 March 2023).

Efficiency (rosters, abstractions/sickness absence and post-production lost hours)

- The Ambulance Response roster review completed its go live in November 2022. This was a complex large-scale project involving 1,800 staff, 146 rosters, and 60 working parties. This will have had the equivalent performance impact of +72 FTEs. A project evaluation is being undertaken but is delayed due to no project manager or project support at this time.
- 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).
- Discussions with trade union partners on a range of other potential workforce efficiencies have paused due to industrial action.

Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close rate, achieving 13.8% in March 2023.

Red Improvement Actions

- The full roll out of the Cymru High Acuity Response Units (CHARUs). Recruitment and training is being undertaken at pace with the aim to fully populate the CHARU rosters keys (153 full time equivalents – FTEs, less a Senior Paramedic contribution of 11.5 FTEs). The Trust is commissioned for 52 FTEs currently, so the 89.5 FTEs is an internal movement between the emergency ambulance roster and the CHARU rosters, not additional resource.
 - The clinical screening of Red calls. This is being undertaken within additional resource, when possible, but ideally clinical screening, as previously modelled, would require additional FTEs. A further request to model the balance between consult & close v clinical screening is currently being actioned.
 - A more efficient response logic. This is complex and is currently being worked through between the Clinical & Medical Directorate and Operations.
 - The modelling of the impact of these changes (complete).
- 11.** One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 23,082 hours were lost in April 2023, a decrease compared to the 28,620 hours lost in March 2023. The levels remain so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss. Despite urgent and high-level discussions taking place between the Trust, Health Board CEOs and the Minister, required improvements have not been made. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus, which is providing food for thought for WG about arrangements in the other six health boards. Immediate Release figures for March 2023 were: Red 246 accepted and 19 declined; and Amber 1 160 accepted and 397 declined.

12. Ambulance Care (formally NEPTS) (Patient Experience): performance remains above target for enhanced renal patient arrivals prior to appointment. Discharge performance improved to 83% (target 90%). Overall demand for the service continues to increase, although it has not yet recovered to pre-CoVID-19 levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: improved procurement through the plurality model, aligning clinic patient ready times to ambulance availability, re-rostering (NET Centre and NEPTS transport) and addressing oncology performance. The Unscheduled Care Service (UCS), part of Ambulance Care, is currently being rebased via a modelling exercise.

13. National Reportable Incidents (NRIs) / Concerns Response: the Trust reported three NRIs to the Delivery Unit in March 2023, compared to twelve in February 2023; fifteen serious patient safety incidents were referred to health boards in March 2023. It should be noted that the relatively small numbers may represent a delay in referral across rather than an actual drop in numbers of serious cases. In March 2023 complaint response times remained low at 20%, 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 has put more capacity into the Putting Things Right (PTR), which has had a positive impact for the Legal Team and Concerns Administrators responding to patients and families by email and telephone, however, vacancies and the level of concerns continues to severely affect the team. The Trust is concerned for the welfare of the team, given the nature and volume of what colleagues are reviewing. Consideration is being given to what further support can be provided in terms of the team's welfare; and an organisational change process discussion is due to start in April 2023.

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 Computer Aided Dispatch (CAD) and quality assure metrics. The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 72.2% in March 2023, 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) – criteria to define 'call to door' and a reporting dashboard were determined.
- Q4 (Jan – Mar 2023) – the data will be tested internally to include data from April 2022.
- April-June 2023 – approve for ASI reporting.

Our People (workforce resourcing, experience, and safety)

15. Hours Produced: The Trust produced 118,141 Ambulance Response ambulance unit hours in April 2023. Emergency ambulance unit hours production (UHP) was 98% in April 2023, thus achieving the 95% target. CHARU UHP also increased month on month to 96% in April (note this is of the commissioned level, which is not the full roll out, which would halve this number). Key to the number of hours

produced are roster abstractions, which remain above benchmark, but are reducing i.e. improving, and the completion of planned recruitment into the CHARUs. It is important to note that the Trust is not fully funded for the CHARU service (52 FTEs v a modelled need of 153 FTEs).

16. **Response Abstractions:** abstraction levels increased to 39% in March 2023, remaining higher than the 30% benchmark. A deep dive is being organised on abstractions. EMS Response sickness abstractions stood at 10.75% in March 2023 (benchmark 5.99%).
17. **Trust sickness absence:** the Trust's overall sickness percentage was 8.94% in January, improving to 7.99% in February 2023, with indicative figures for March 2023 indicating a move back about 8%. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level.
18. **Staff training and PADRs:** PADR rates did not achieve the 85% target in March 2023 (72.1%), compliance for Statutory and Mandatory training also dropped significantly below the target achieving 73.69%. The reasons for this decline in Statutory & Mandatory training are being reviewed with a possible reason being new courses.

Finance and Value

19. **Financial Balance:** The Trust has reported outturn performance for February 2023 with a surplus of £12,000, 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.
20. **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. Dialogue between the Trust and TU partners on options for change has paused due to industrial action.

Partnerships/ System Contribution

21. **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 13.8% in March 2023, close to the Trust's 2022/23 IMTP ambition of 15%.
22. The Trust **conveyed** 35% of patients to emergency departments in March 2023. This figure needs to be treated with 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 March 2023, over 9,600 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 709 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. The Trust has

proceeded with growing the numbers of APPs in training. The current focus is on developing a “strategic case for change” and a stakeholder engagement process.

Summary

- 26.** The indicators used in this high-level report paint a continued poor picture in terms of the quality and safety of the EMS. 111 call answering rates remain problematic, but the clinician call back rates are above or close to target. Ambulance Care NEPTS performance is stable with the UCS being rebased through a modelling exercise. EASC, WG and the 111 Programme Board were very supportive of the Trust through the pandemic, investing in a range of mitigations; however, funding for further initiatives is currently limited and is expected to worsen significantly in 2023/24. 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 and Ambulance Care (UCS) 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. It remains critical to patient safety that handover lost hours are reduced in line with Ministerial expectation and that further actions to shift patient demand left are supported.

RECOMMENDATIONS

The Committee is asked to: -

- **Consider** the March/April 2023 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.

REPORT APPROVAL ROUTE	
Date	Meeting
10 May-23	Executive Management Team
15 May-23	Finance & Performance Committee

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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

Welsh Ambulance Services NHS Trust

Monthly Integrated Quality & Performance Report

March/April 2023

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Annex 1 – Top Indicator Dashboard
Version 1.0
Released: April 2023

by Commissioning & Performance Department



Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Mar-23	Apr-23	2 Year Trend	RAG	Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Mar-23	Apr-23	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience							Our People						
							Capacity						
NHS111 Abandoned Calls	< 5%	18.60%	15.4%	11.8%		R	EMS Abstraction Rate	29.92%	42.00%	39%	-		R
999 Call Answer Times 95th Percentile	95% in 00:00:06	00:52	00:06	-		G	Hours Produced for Emergency Ambulances	95%	95.0%	95%	98%		G
							Health and Wellbeing						
999 Red Response within 8 minutes	65%	55.2%	47.5%	53.0%		R	Sickness Absence (all staff)	8.00%	10.48%	-	-		G
999 Amber 1 Median	00:18	01:10	01:35	00:59		R	EMS Operations Sickness Rates	8.00%	7.76%	10.75%	-		R
Stroke Patients with Appropriate Care	95%	TBD	72.2%	-		R	Staff Turnover Rate	Reduction Trend	8.71%	10.38%	-		A
Acute Coronary Syndrome Patients with Appropriate Care	95%	TBD	35.2%	-		R	Statutory & Mandatory Training	>85%	82.3%	65.05%	75.55%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	72%	-		G	PADR/Medical Appraisal	>85%	60%	72.1%	-		A
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	82.6%	-		A	Value						
National Reportable Incidents reports (NRI)	Reduction Trend	5	3	-		A	Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	-	-		G
Concerns Response within 30 Days	75%	61%	20.0%	-		R	Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	TBD	9916	9631		R
							Partnerships / System Contribution						
							NHS111 Consult and Close	Increasing Trend	TBD	973	-		A
							Combined 999 & NHS111 Consult & Close	15.0%	TBD	13.8%	-		A
							% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	11.92%	11.11%	-		A
							Number of Handover Lost Hours	25% reduction from Oct-21	15,955	28,620	23,082		R

In-Month RAG Indicates =

- Green: Performance is at or has exceeded the target (Indicates no action is required)
- Amber: Performance is at or within 10% of target (Indicates some issues/risks to performance (monitoring is required))
- Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)
- TBD: Status cannot be calculated (To Be Determined)

Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators

(Responsible Officer: Lee Brooks)

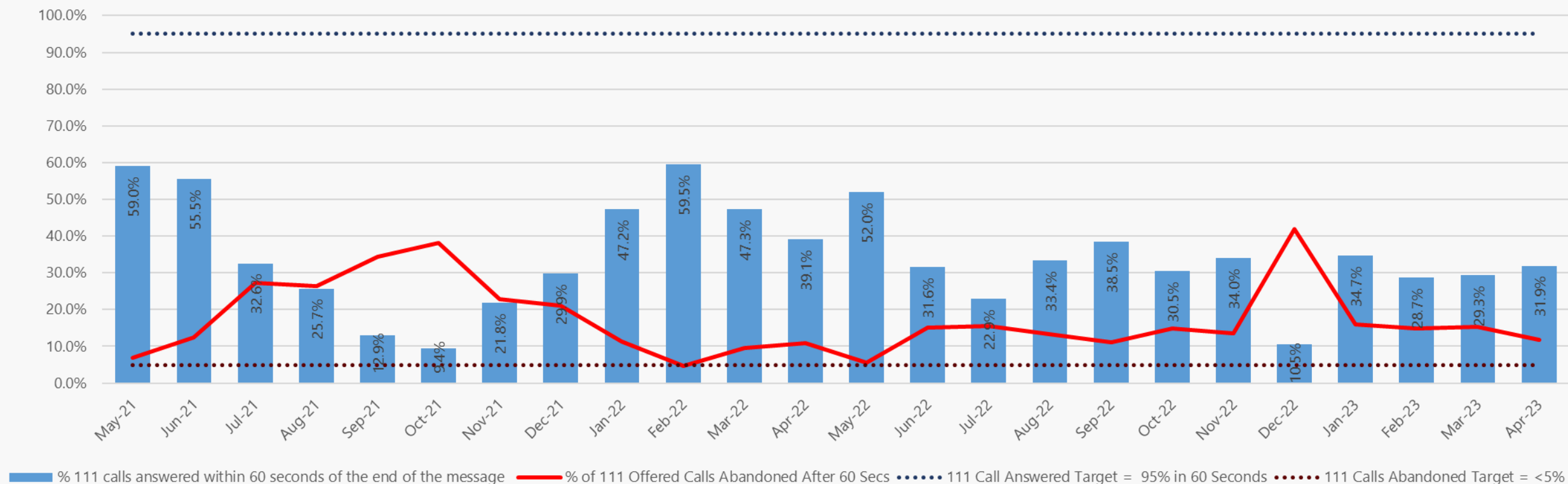
R

FPC

Influencing Factors – Demand and Call Handling Hours Produced

NB: Apr-23 Abstraction data not yet published

NHS111 Calls Answered vs Calls Abandoned within 60 Seconds



Analysis

111 call abandonment is a key patient safety indicator for the service. **April 2023** saw an abandonment rate of 11.8%, an improvement when compared to the 15.4% figure seen in March 2023, but still failing to meet the 5% target. April 2023 also saw 111 call demand increase by 4.3% when compared to March, seeing 82,567 calls offered during the month.

The percentage of 111 calls answered within 60 seconds of the end of the message increased again in April 2023 to 31.9%, which is the second month in a row to see an improvement, but remains significantly below the 95% target.

Capacity (staff hours) has generally been increasing in line with the recruitment plan; however, this is impacted by sickness abstractions for Call Handlers (including COVID-19 Sickness) which remains higher than the agreed trajectory at 10.77%.

December 2022 saw the service receive unprecedented demand which resulted in a Business Continuity incident. Calls reached as high as 3000-4000 calls during weekdays in late December with weekends seeing highs of over 6000 calls a day. The weekend between Christmas and New Year saw the highest demand, recording over 8000 calls on the Sunday. The demand resulted in infrastructure systems not being able to support the number of calls and immediate resolutions were required to keep the service online. This included changing the call waiting length along with additional servers being installed to meet the demand.

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.

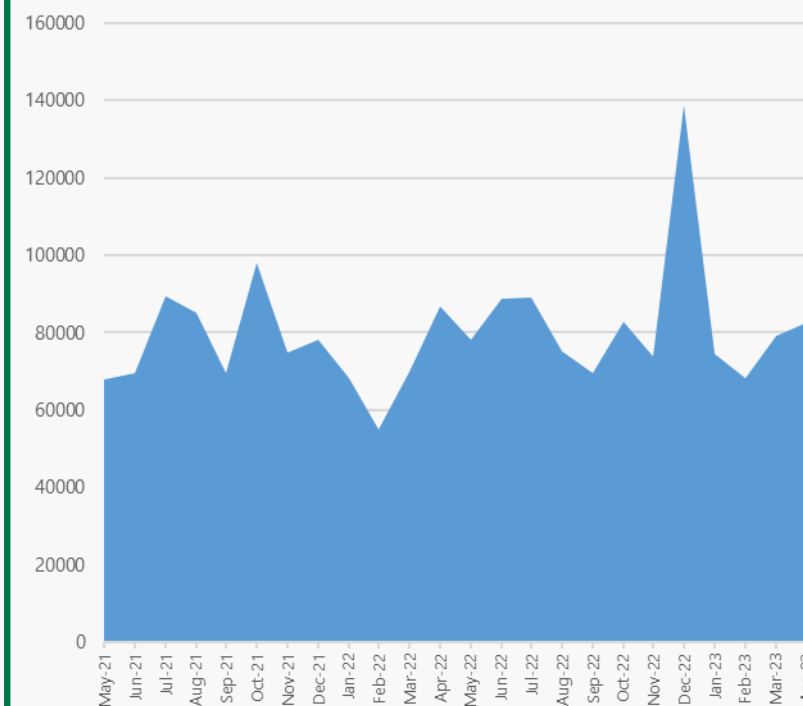
- Agreement has been reached with commissioners that 188 WTE call handlers will be funded in 2023/24. The Trust is currently 21.25 FTE short of establishment; but vacancies have been appointed to.
- Work continues on sickness absence in line with the Trust's managing absence work programme
- Work with the 111 commissioners to review 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 call times are related to clinician availability. At present there are high levels of vacancies in this area.

Expected Performance Trajectory

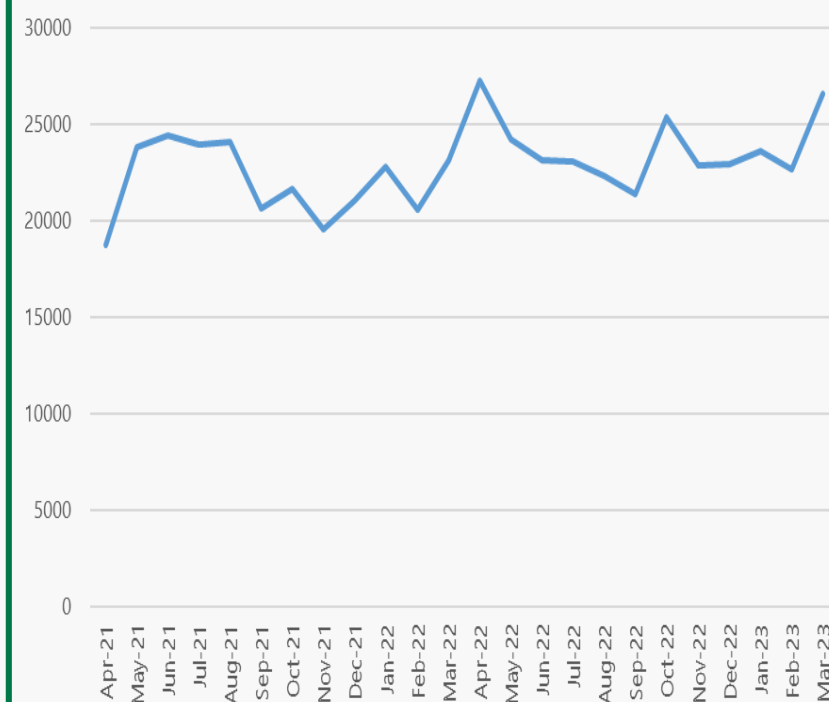
As call handler numbers broadly reach commissioned levels, call answering times will only be further improved through efficiency gains (reducing sickness absence, re-rostering, reducing time for CAL line). If high demand levels persist, performance will continue to be affected due to levels of call handlers and clinicians not matching the demand.

Welsh Ambulance Services NHS Trust

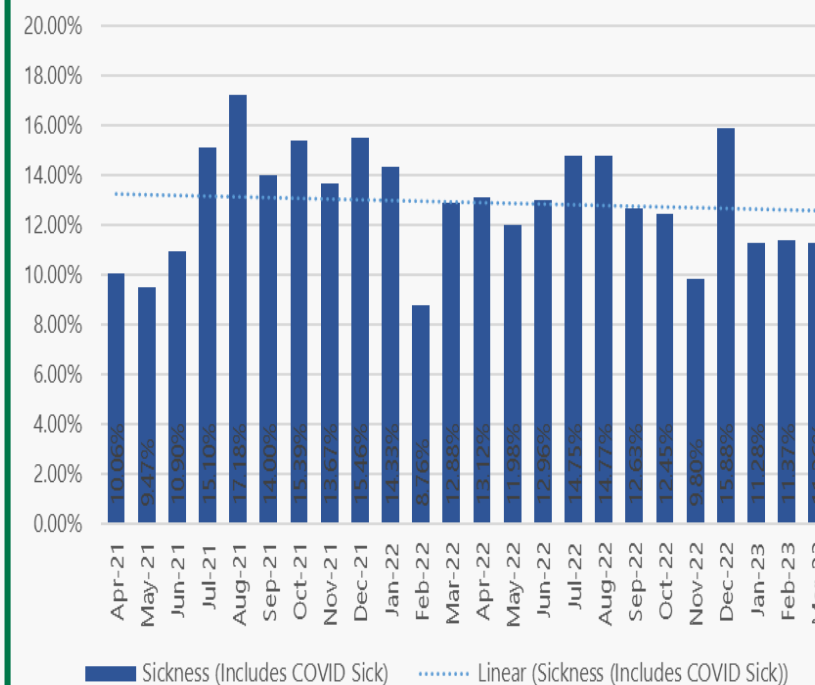
Total NHS111 Calls Offered



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

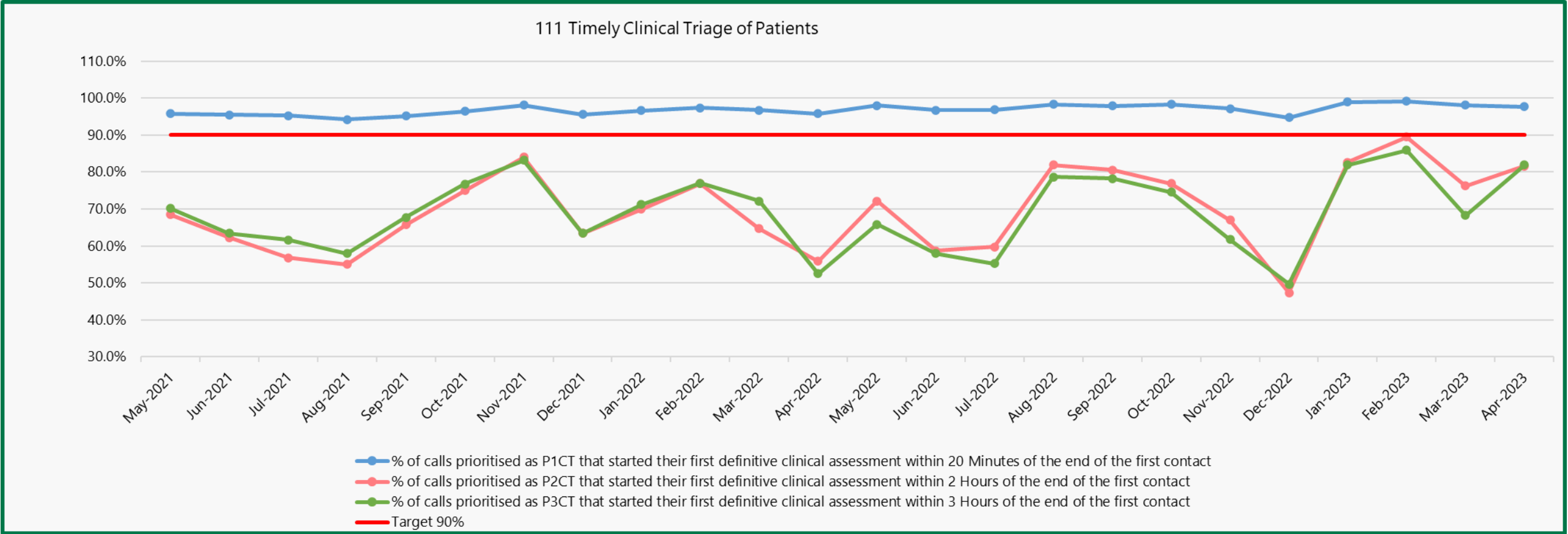
Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

P1CT

G

FPC



Analysis

The performance of **111 calls receiving a timely response to start their definitive clinical assessment saw a general increase across the priorities. The highest priority calls, P1CT, continues to achieve the 90% target (which it has done for the past 2 years), although the figure for April 2023 decreased slightly to 97.7%.**

For lower category calls (P2CT & P3CT) the figures increased in April 2023 when compared to March, with P2CT achieving 81.6% and P3CT to 81.9%.

Recruitment and retention of clinical staff continues to be a key issue.

13,935 hours were filled by clinicians in March 2023, an increase when compared to the 12,342 seen in February 2023. Clinician sickness absence increased from 10.74% in February 2023 to 11.96% in March 2023.

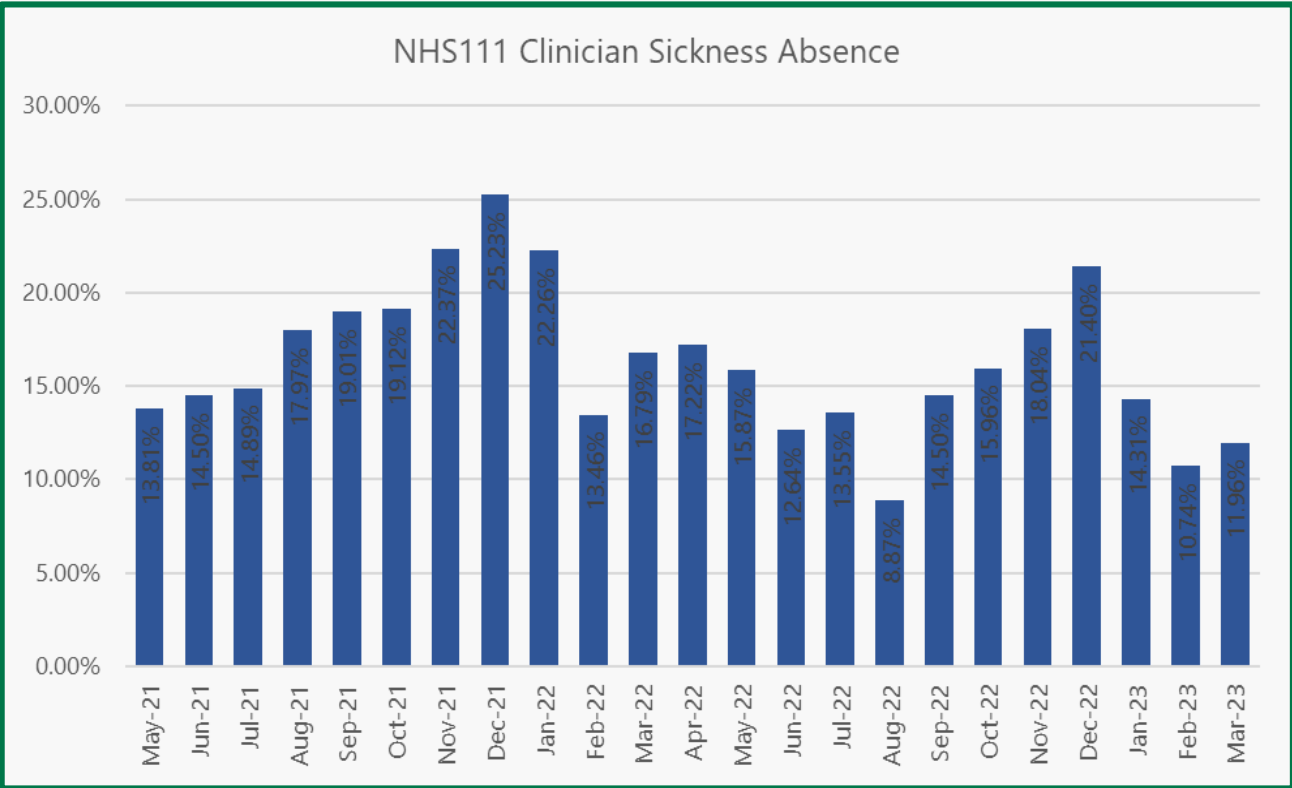
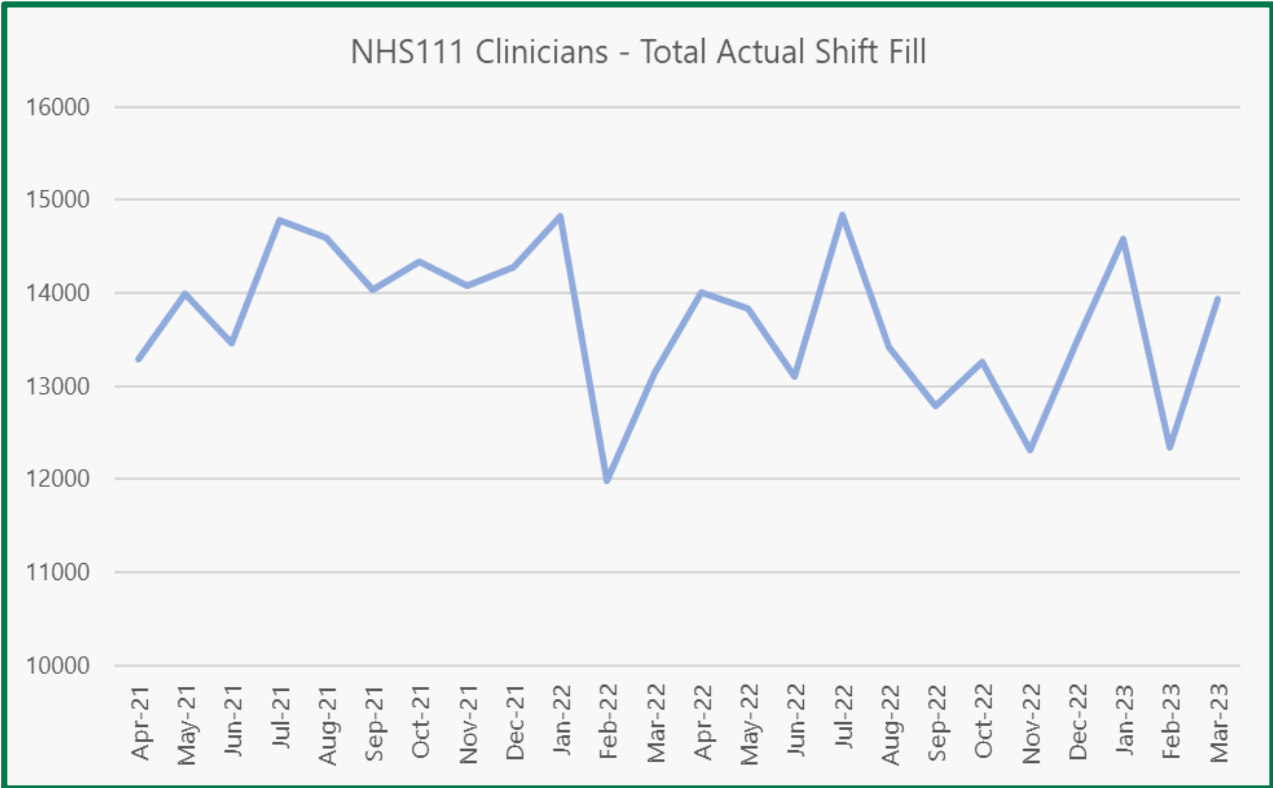
Remedial Plans and Actions

The main driver for improved performance will be the correct number of clinicians in post to manage current and expected demand. At present 104.4 FTE nurses and paramedics are in post, with a vacancy rate of 35.6 FTEs (13.5 clinicians have been appointed). Urgent actions have been put in place to increase recruitment, including:

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

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 now in play, as set out above, performance is likely to remain below expected levels until towards the end of Q4. Demand for the 111 service is also more difficult to forecast as it is often linked to government announcements or media coverage.

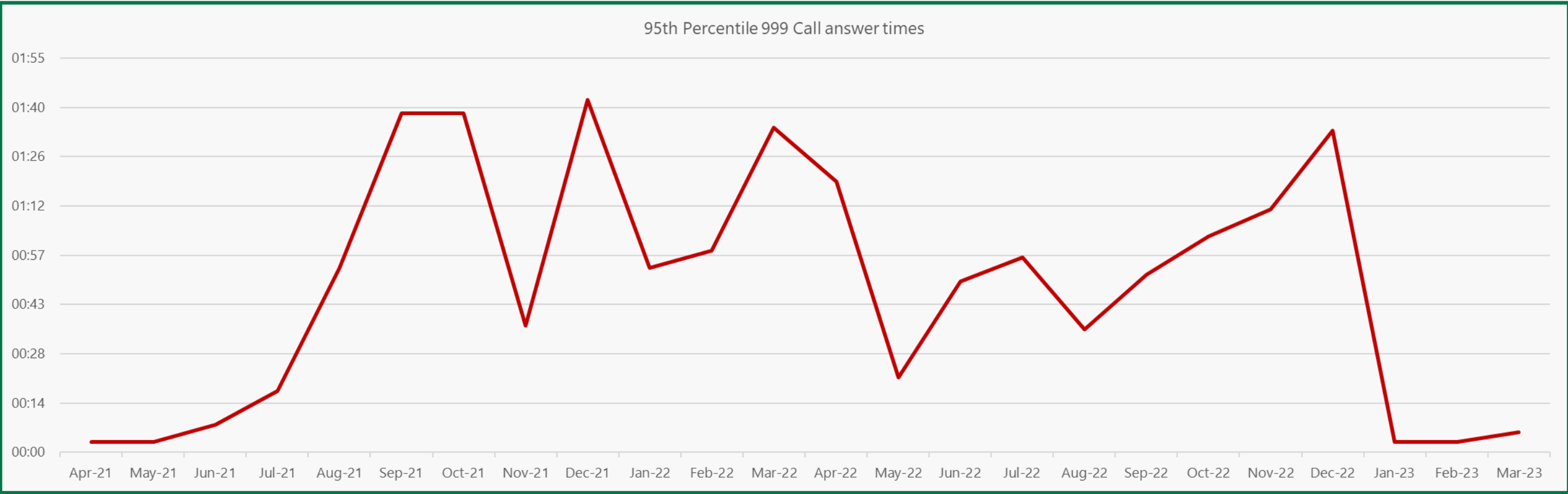
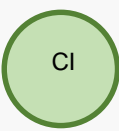


Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors – Demand and Hours Produced

(Responsible Officer: Lee Brooks)



Analysis

The 95th percentile 999 call answering performance increased to 6 seconds which remains within the 6 second target. This continues to be a significant improvement compared to the 1 minute 34 seconds seen in December 2022, but a marginal decline when compared to the 3 seconds achieved in both January and February 2023.

The median call answer time for 999 services remains consistent at 2 seconds.

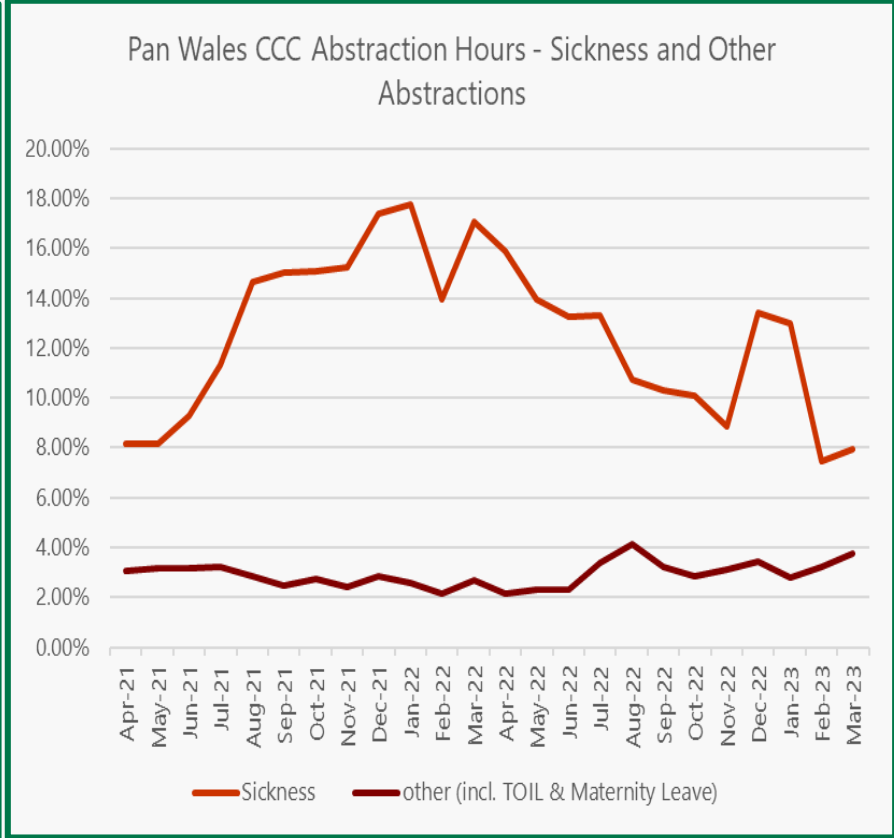
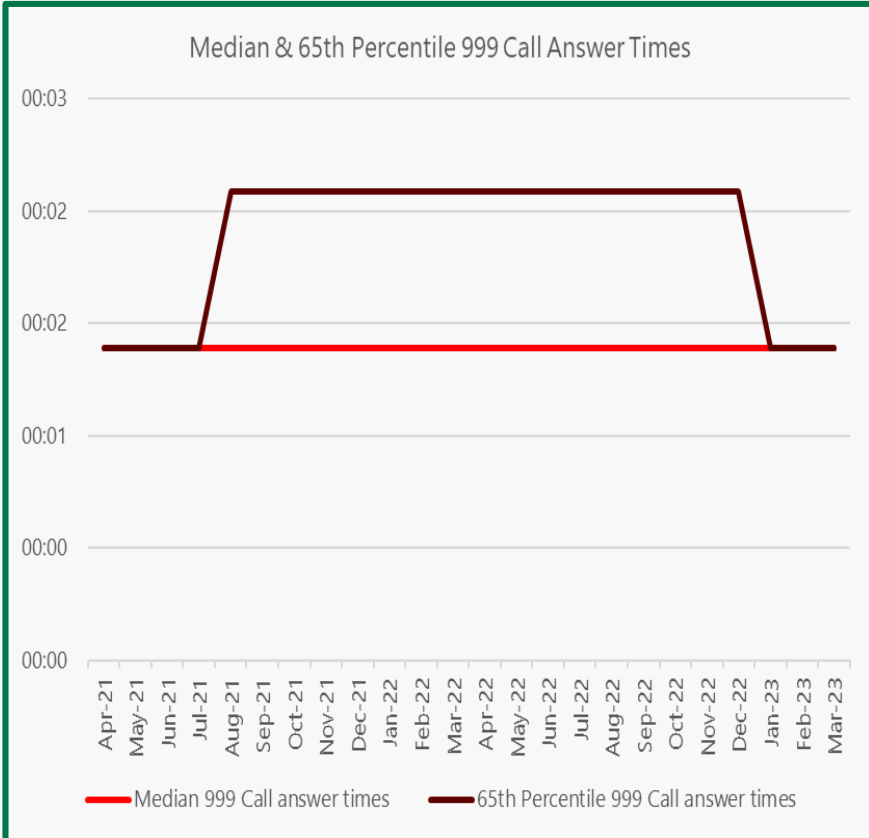
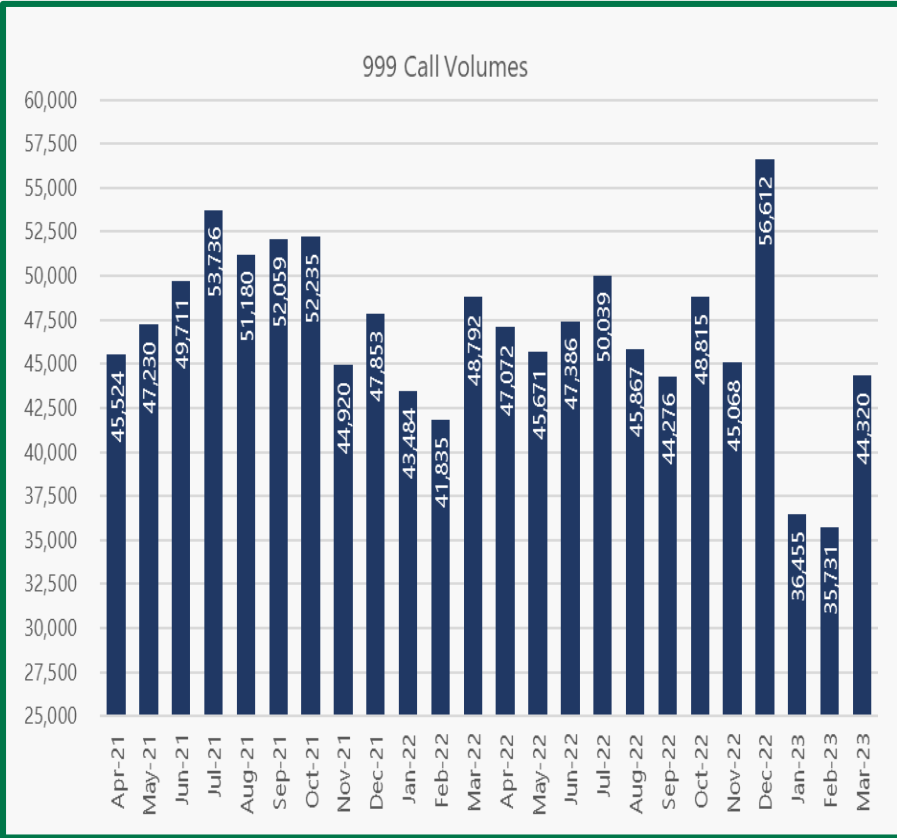
The Trust received 44,320 emergency 999 calls in March 2023, an increase from the 35,731 calls received in February 2023. This increase, along with a small rise in sickness abstractions, impacted slightly on the Trust's ability to answer calls in a timely manner. However overall sickness abstractions are on a downward trajectory, and the figure within EMS Co-ordination pan-Wales remained below 8% for the second consecutive month (7.92%).

Remedial Plans and Actions

- EMS Coordination meet twice weekly to review demand profiles and align staffing levels appropriately.
- No additional funding is available this year to increase numbers of call handlers.
- Increased pressure and sustained levels of 999 demand is impacting on staff attrition and wellbeing.
- EMD FTE is currently 111.34 against a funded establishment of 111.76.
- Intelligent Routing Platform is now in operation following configuration changes
- Additional EMD training cohorts are scheduled for May start dates with further recruitment scheduled for September.
- The final work-streams of the EMS Reconfiguration project have been re-started (these have been delayed by the pandemic and escalation levels).

Expected Performance Trajectory

January, February and March 2023 performance almost met required targets for % answered in 6 seconds; however, demand is going up, there is a 39 FTE gap between the modelled current requirement and funded establishment and there is no more funding available. No performance forecast has been undertaken, but based on the above it is r



Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

65%

R

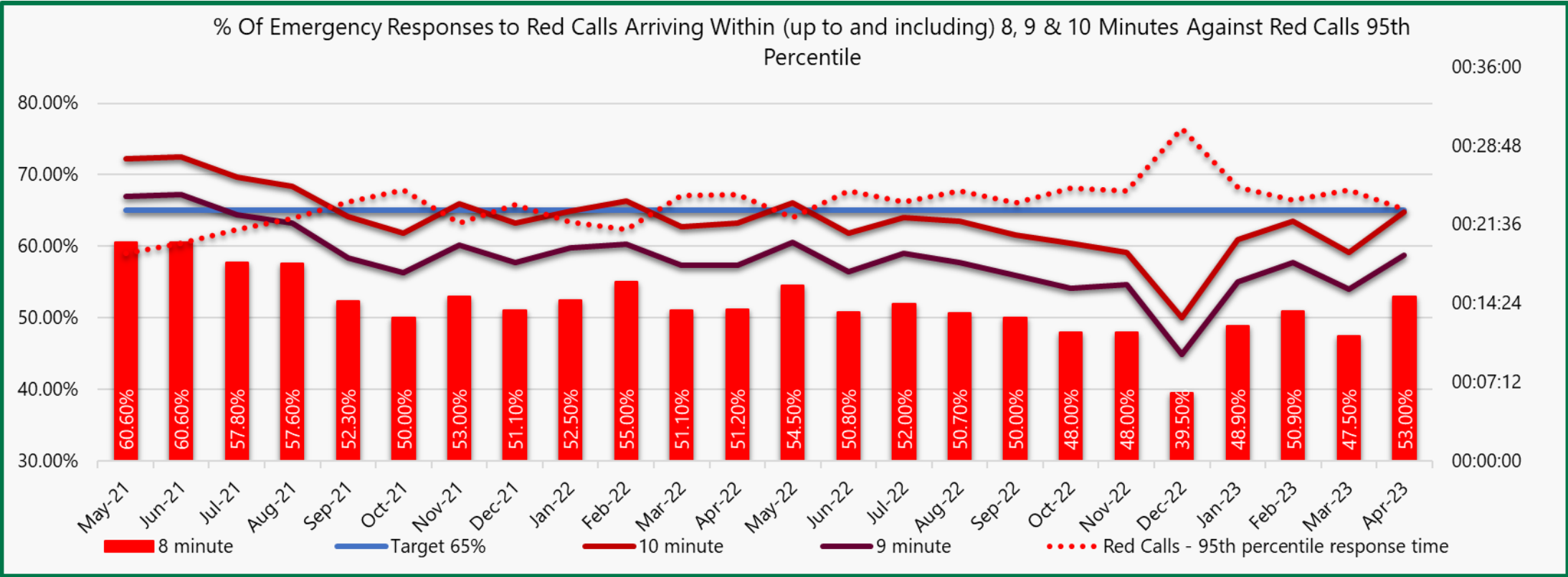
95%

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QUEST

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Analysis

Red performance improved in April 2023, with Red 8 minute performance increasing to 53% but remaining below the 65% target; which has not been achieved since July 2020. Although there was variation between the health boards, none of the seven achieved the 65% target. Red 10-minute performance was 64.8% for April 2023, improving from 59.2% in March.

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

Red demand over the past 2 years had seen a steadily increasing trend, which was outside of normal expected variation, and was impacting upon response times. This reached a peak in December 2022, with demand recorded at 5,961, however, the first 4 months of 2023 have seen reductions in this figure, with April 2023 recording 3,803 incidents. However, red demand continues to remain above levels recorded for the same period last year.

The lower centre graph demonstrates the correlation between overall Red performance and hospital handover lost hours. After peaking at over 32,000 lost hours in December 2022, this area did show a significantly improving picture in January 2023 (23,525) and February 2023 (19,110), before deteriorating again in March 2023 (28,620). However, April 2023 has once again seen the figure decrease to 23,082, although this level continues to have an impact on overall service.

There are other factors which affect Red performance, including additional time taken to don level 3 PPE to Red calls relating to some respiratory disease/issues. Industrial Action days will also affect performance.

Remedial Plans and Actions

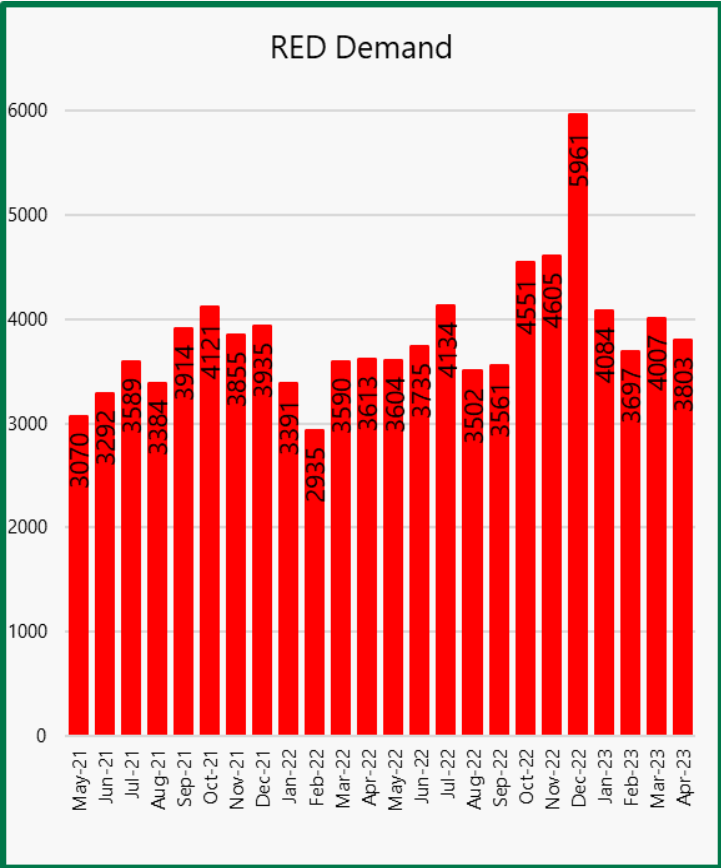
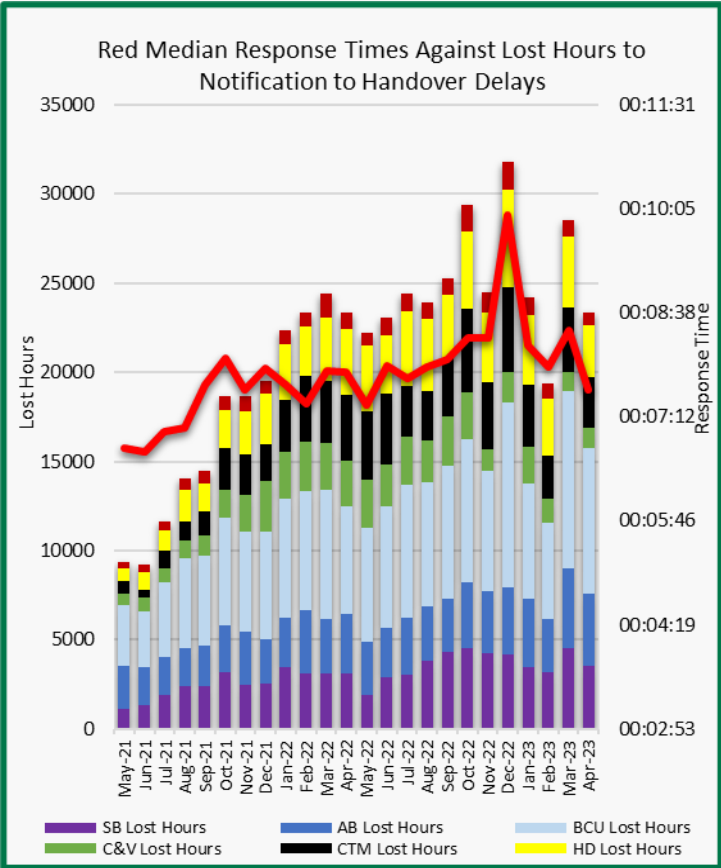
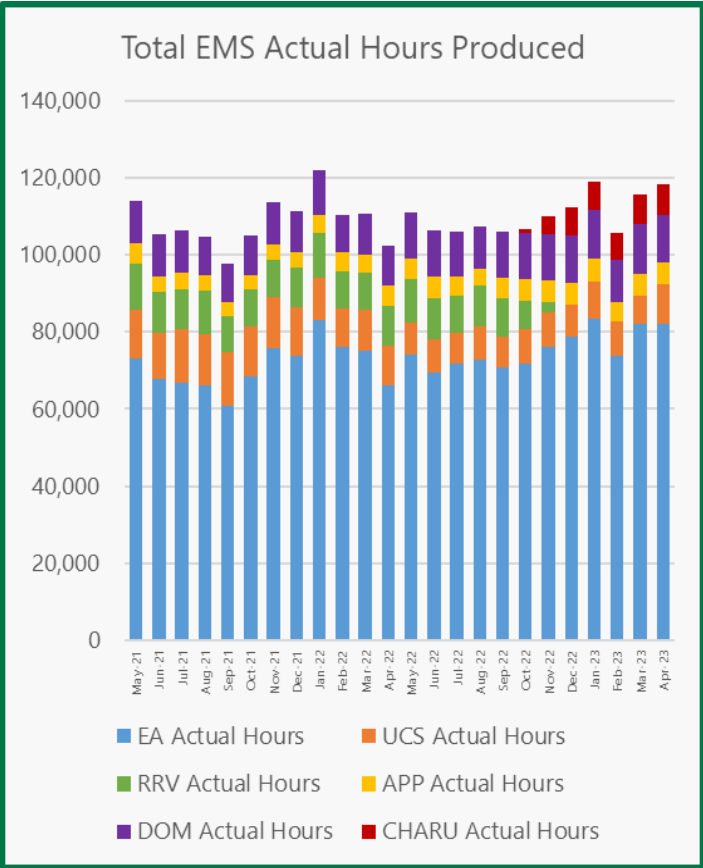
The main improvement actions are:

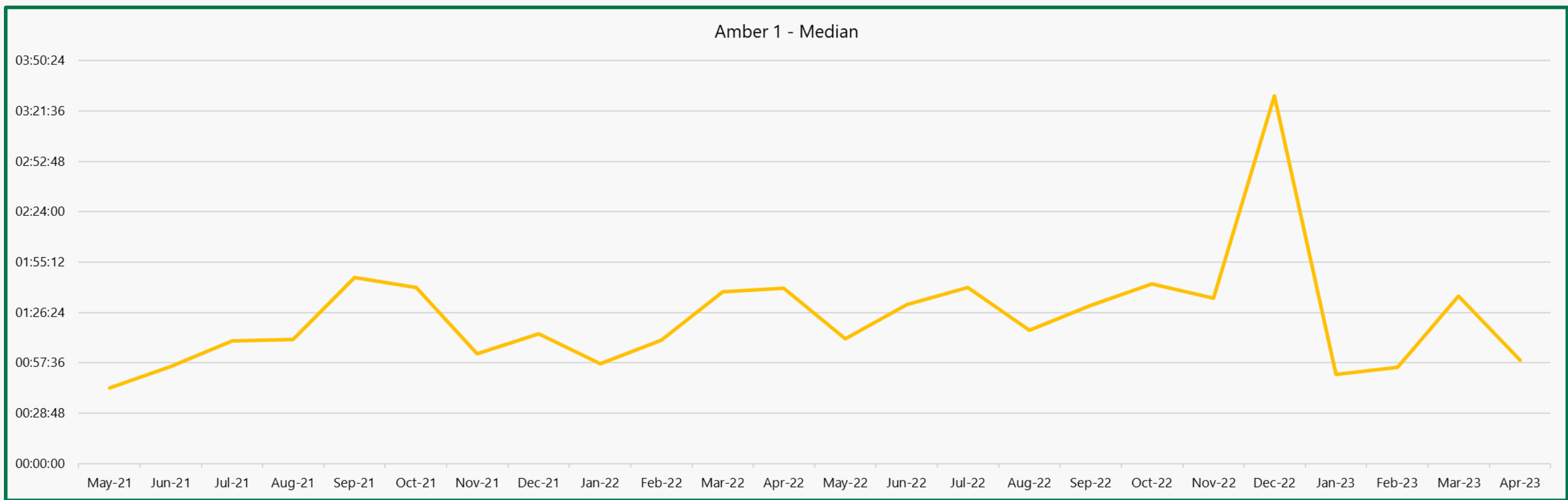
- Increase capacity where funded - recruitment of 100 FTEs, EMTs and ACA2s during 2022/23 (off target by end of Jan 2023, but +90 delivered by the end of Mar 2023);
- Full roll out of the Cymru High Acuity Response Unit (CHARU);
- Potential changes to the response logic and clinical screening of calls;
- Reduce hours lost through sickness absence via managing attendance programme – trajectory for improvement in place as part of Integrated Medium Term Plan (IMTP) (8% by Mar-23/6% Mar-24);
- Health Board handover reduction plans are in place;
- Improving efficiency; the role out of new Response rosters provided the equivalent of 72 WTE additional staff (action complete);
- A clinical review of Red demand using ePCR data (initial findings reported to EMT);
- Tactical responses linked to escalation including: clinical managers responding, DOMs responding, targeted overtime on demand hot spots(actioned);
- Modelling of full roll out of Same Day Emergency Care (SDECs) by health boards and further modelling on Red improvements (completed).

Expected Performance Trajectory

The Red modelling estimates a 7% point improvement in Red 8 minute performance if CHARUs are fully rolled out and associated Red improvement actions are delivered..

*NB: Data correct at time of abstraction





Analysis

Following a slight rise in the Amber 1 median response times during March 2023 to 1 hour 35 minutes, the metric improved in April, falling to 59 minutes and 4 seconds. The ideal Amber 1 median response time is 18 minutes. The 95th percentile also reduced to 4 hours and 13 minutes, which is the lowest it has been since July 2021 (however, this remains above the ideal figure of 40 minutes).

There were still some long patient waits in April 2023, with 2,670 patients (all categories, not just Amber) waiting over 4 hours. This is a very small increase on last month, but is the highest figure so far recorded in 2023.

Amber demand decreased in April 2023 to 24,143 verified incidents.

As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays.

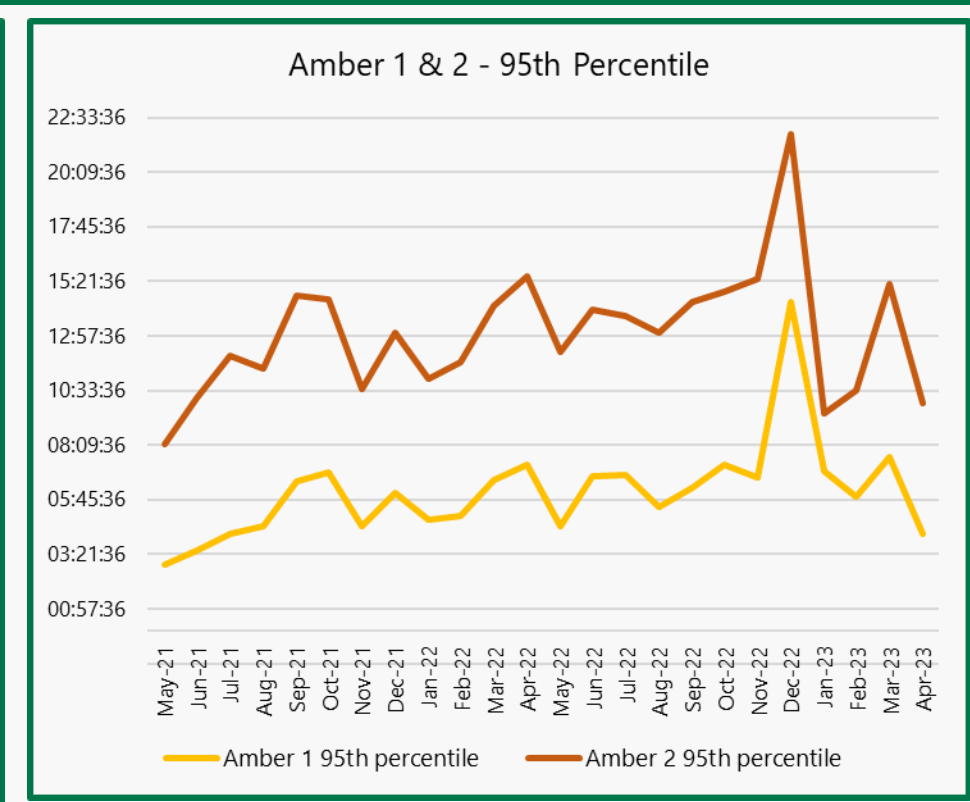
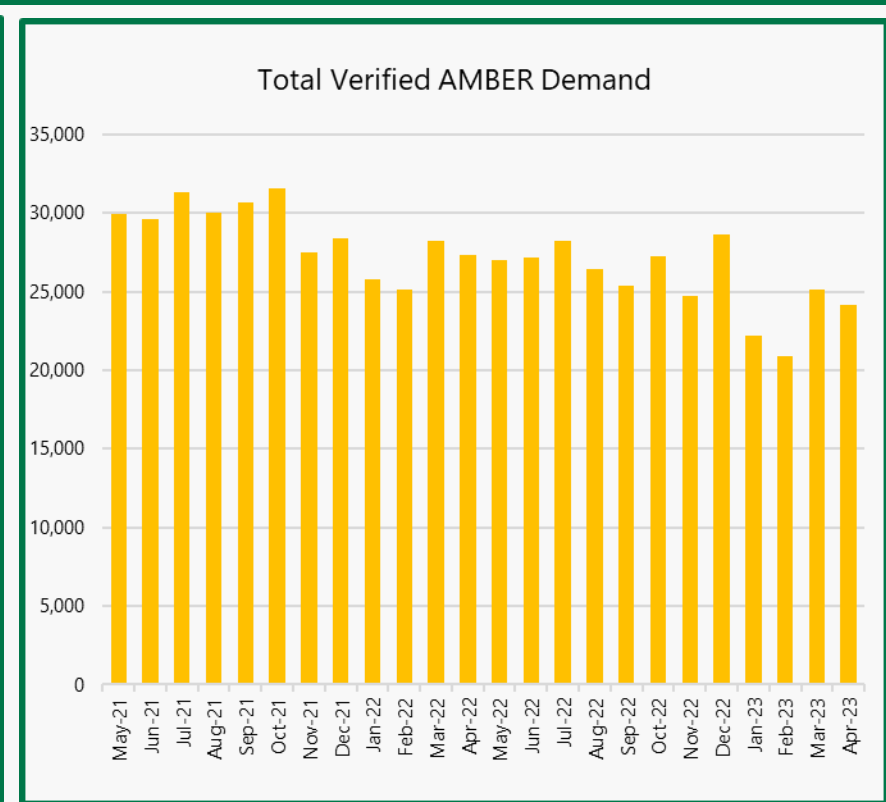
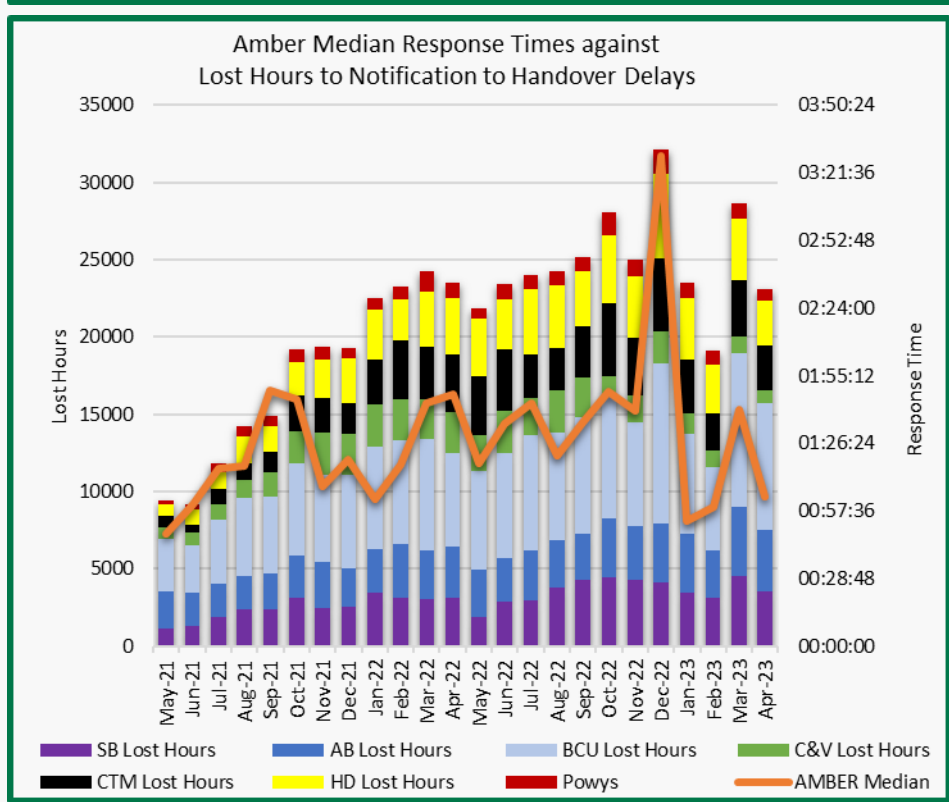
Remedial Plans and Actions

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 and system efficiencies, not all of which are within the Trust's control.

**NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change.*



Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

(Responsible Officer: Andy Swinburn)

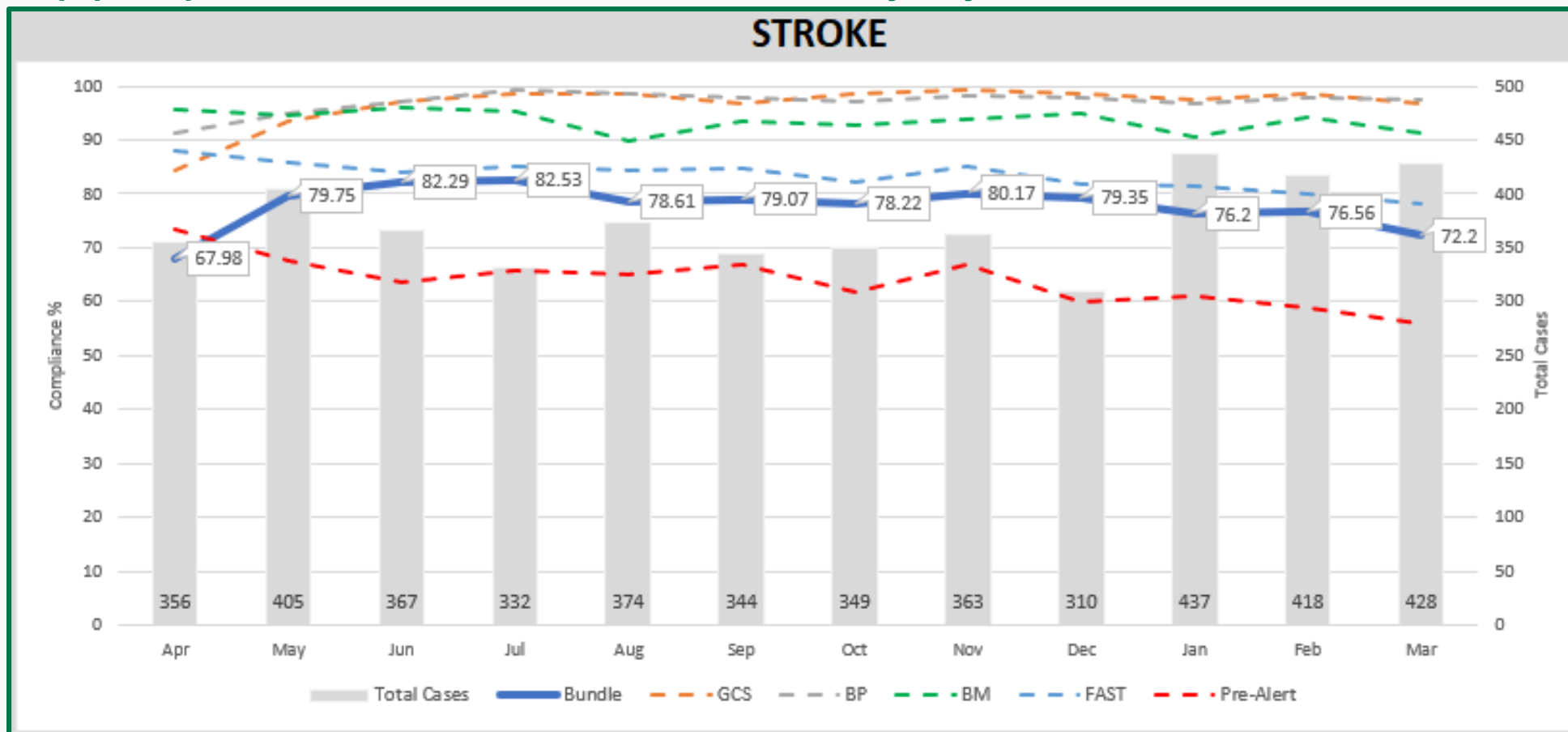
Stroke/Hip
Fracture/Hypo
glycaemic.

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



Analysis

The Trust currently uses ePCR to report five clinical indicators (CI) to the Emergency Ambulance Services Committee (EASC), Fractured Neck of Femur (#NOF), Stroke, ST elevation Myocardial Infarction (STEMI), Hypoglycaemia and Return Of Spontaneous Circulation (ROSC at hospital). Work continues to develop and quality assure these metrics.

It is likely that as the system continues to embed within clinical practice, and as users continue to get used to an adjusted workflow that 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 deep dive quality assurance audits conducted for each of the CIs and reported through the Clinical Intelligence Assurance Group prior to approving publishing CI data as Ambulance Service Indicators to EASC. In addition, the deep dive quality assurance audits are contributing to recommending improvements that can be made to the ePCR user interface to enable better data capture in future versions of the application, change requests have been submitted to Terrafox and are being processed.

Remedial Plans and Actions

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.

New agreed indicators for this year (commissioning intention) include:

- (1) Call to door time for STEMI and Stroke and;
- (2) Reporting on Outcomes (by response type).

There is a lot of work required to agree and then report on these indicators:

Q3 (Oct – Dec 2022)

- (1) Discussions commenced between the CIAT/HI/NCCU to define 'call to door' and 'at hospital' for the STEMI & Stroke time-based metrics. The various data points available are not always consistently available for all calls so options on the best approach will be discussed and decided on at the CIAG.
- (2) Establish initial requirements with the NCCU for Reporting on Outcomes (by response type), this may be by staff grade, patients conveyed or not conveyed. Initial consideration is to use Stroke and #NOF data.

Q4 (Jan – Mar 2023)

- (1) Work continued with CIAT/HI/NCCU to decide on the most appropriate data points, taking into consideration those used by English Ambulance Trusts to look at potentially comparing like-for-like data. HI have produced sample data (December 2022) for discussion at CIAG which has representation from the NCCU. Review potential data points for use as test data/discussed with NCCU. Test reporting with initial data points/discussed with NCCU.

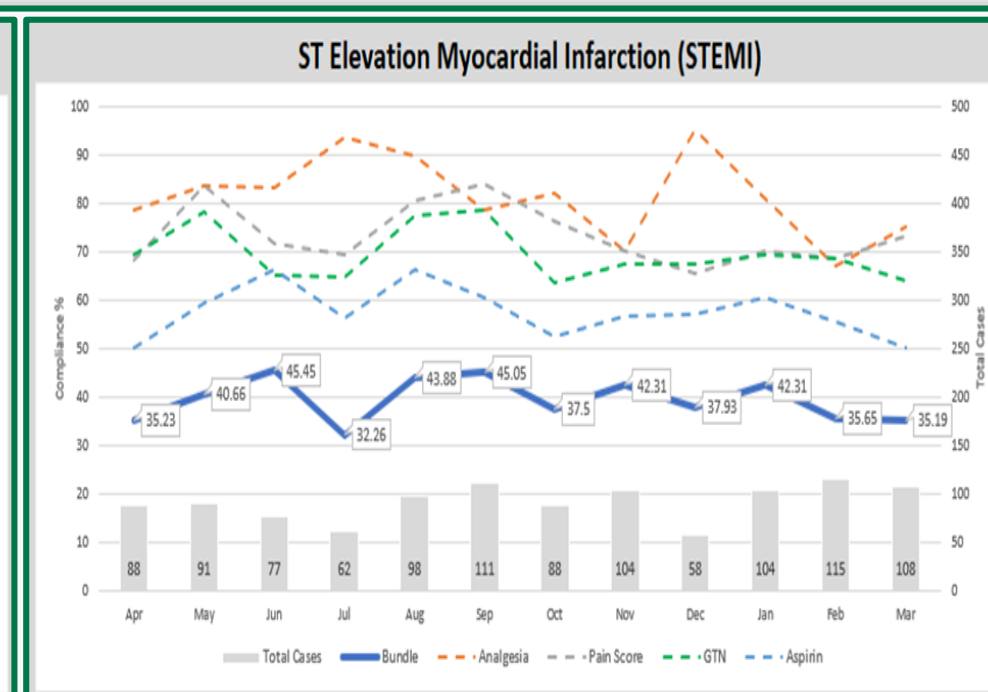
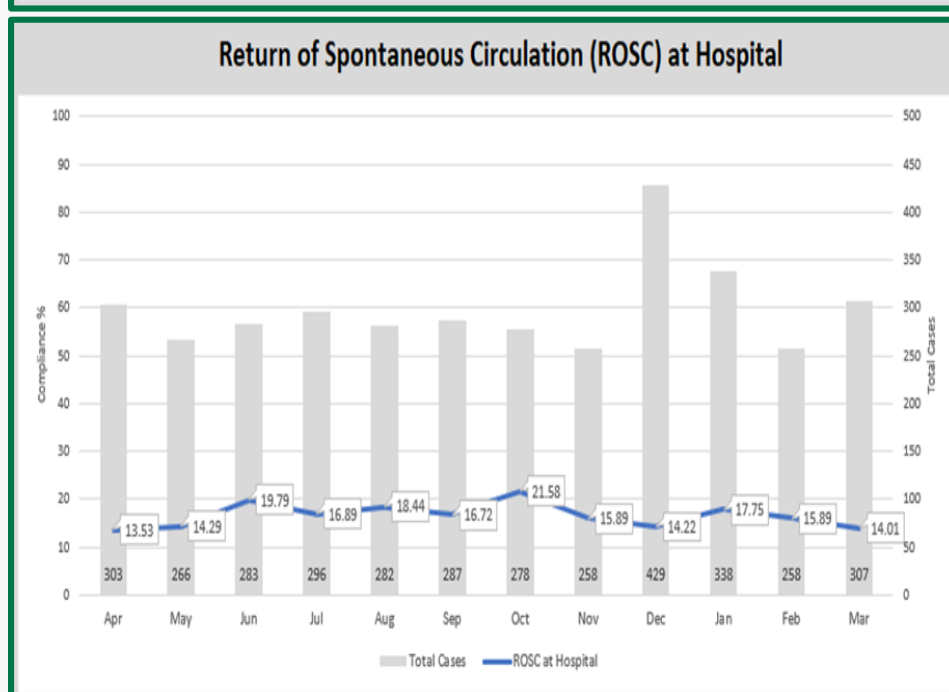
Q1 (Apr - Jun 2023)

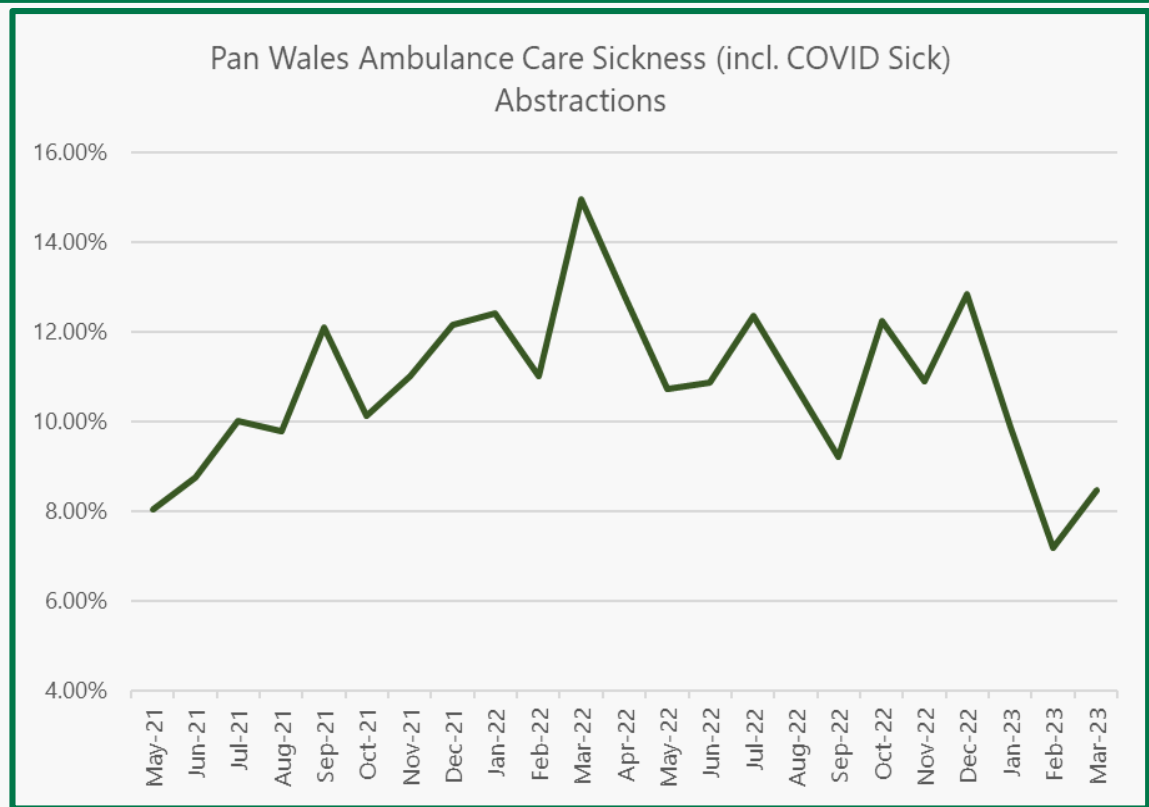
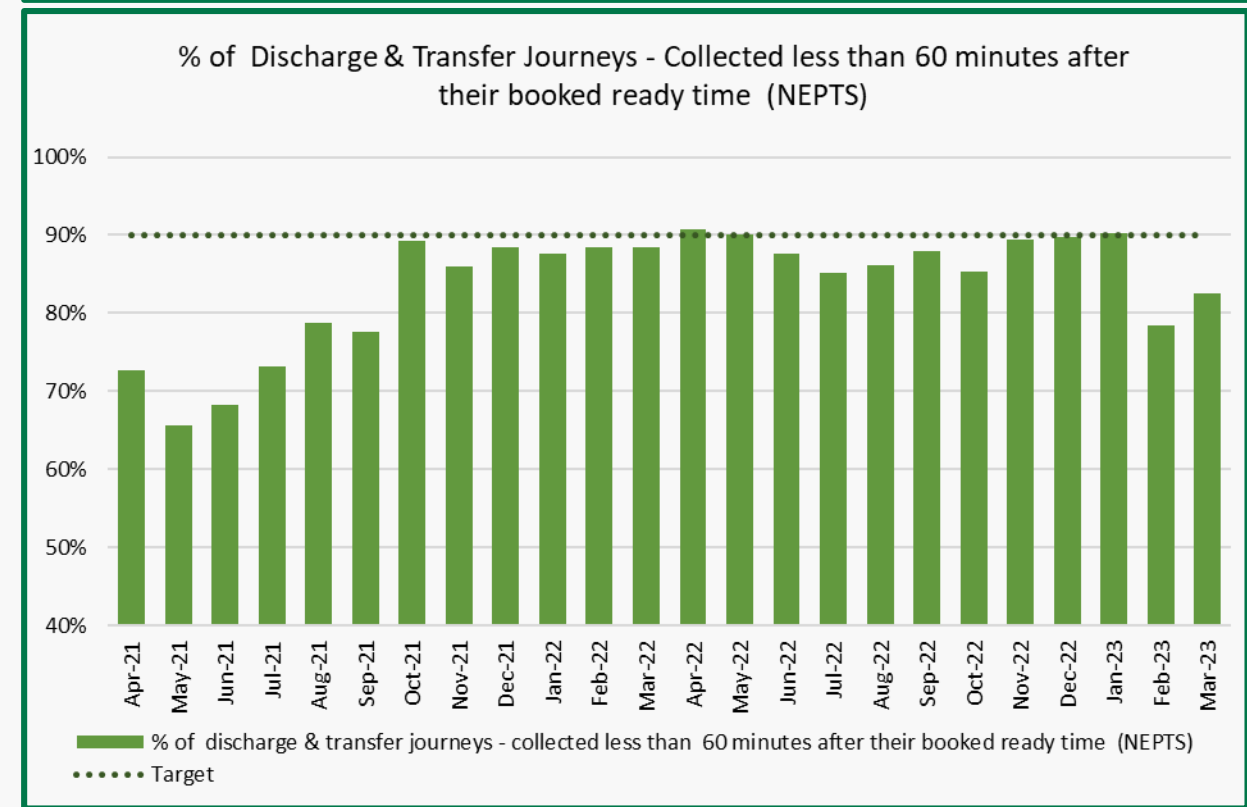
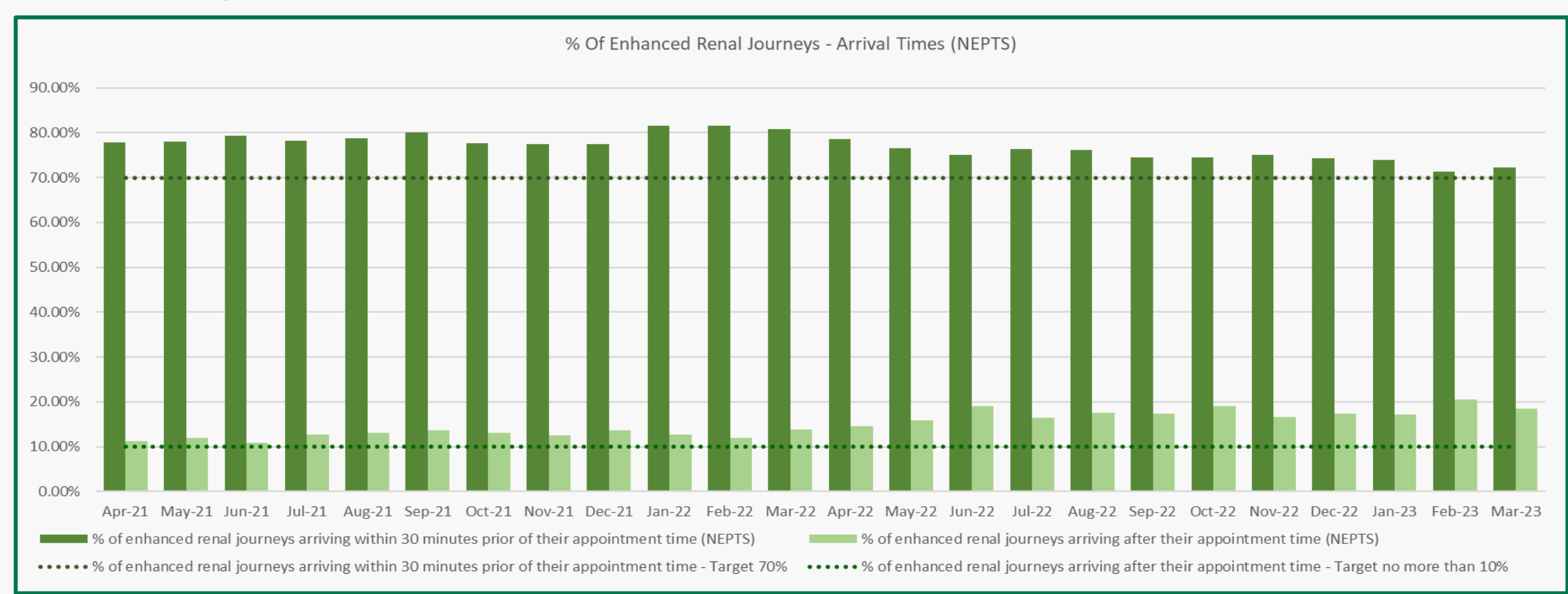
- (1) Agree criteria and reporting format for STEMI and Stroke time based metrics. Develop the time-based metrics dashboard and test the data internally to include data from April 2022. Approve time based metrics for ASI reporting.
- (2) Submit sample data (December 2022) to CIAG for the Reporting on Outcomes (by response type).

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 has been in place since October 2022 in some areas.

Expected Performance Trajectory

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





Analysis
Ambulance Care (NEPTS element) performance improved marginally during March 2023. 72.3% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target, and up from 71.4% the previous month.

83% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, the second consecutive month where the 90% target has not been achieved.

Key factors affecting these indicators are demand and capacity:

- Overall demand has been increasing since the initial reduction at the beginning of the pandemic, but generally it is still not quite at pre-pandemic levels.
- Increased pressure on the unscheduled care system has increased the volume and proportion of on the day, short notice bookings for discharge & transfers
- As the Trust continues to emerge out of pandemic response and the health system is “re-set” it is anticipated that further demand increases will be experienced at which point capacity may be an issue. This has been modelled and mitigations put in place.
- Days of continuing Industrial Action have adversely affected the Trust’s capacity during the past few months.

Remedial Plans and Actions

- D&C Project: currently awaiting feedback from tests of change for revised roster keys. Once received, the draft PID will be completed. Aim was to deliver by November 2022, but delayed linked to escalation levels.
- NEPTS Operational Improvement: Discharge Lounge trial restarted in April 2021. This will help in the development of an improved booking process.
- Transfer and Discharge Service: work is in progress with regards to the modelling (ToR created and data collection almost complete with weekly project call now in place).
- Transport Solutions: Training of Health Boards for the online booking system was completed in December 2022, and going forward telephone bookings from HCP’s will no longer be accepted. A position paper on eligibility is being created and has been discussed with NCCU with the view of then sharing with WG.
- Updated NEPTS performance parameters went live in April 2023, these will separate out on the day and advance booked journeys. At present most bookings are made on the day, which makes it difficult to respond to within the times allowed. A focus on pre-planned discharge should support work being completed by working groups 5&6 of the 6 goals programme board

Expected Performance Trajectory
At present, the uncertainty around demand as HB’s move through system recovery following the pandemic, with the potential addition of austerity and a move to different performance parameters, means that it is difficult to forecast performance. WAST will continue to work with the HB’s through the commissioning DAG (NCCU) to deliver the best performance possible for the patient. It is likely that the service will experience both positive and negative fluctuations of performance until activity normalises across the system.

Welsh Ambulance Services NHS Trust

Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

(Responsible Officer: Liam Williams)

NRI.

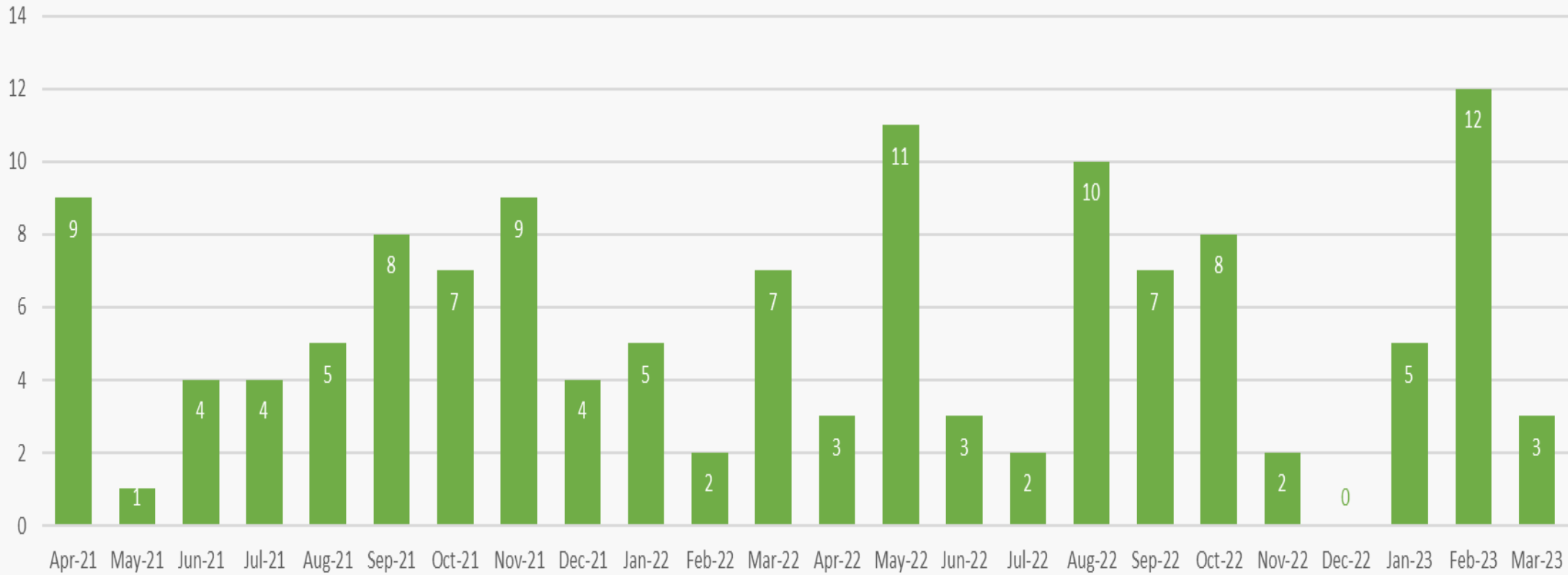
A

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 in March 2023 decreased to 20% 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 Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns continues to decrease with 52 complaints being received in March 2023, however these complaints are frequently complex with the concerns administrators frequently taking lengthy calls from distressed patients or family members.

Six Serious Case Incident Forums (SCIF) were held during the month and thirty-two cases were discussed. Following discussion three serious patient safety incidents were reported to the NHS Wales Delivery Unit and fifteen cases were referred to Health Boards for investigation under the Joint Investigation Framework. The Trust received three referrals from Health Boards under the Joint Investigation Framework during the period.

Themes relating to serious patient safety incidents reported to the NHS Wales Delivery Unit as Nationally Reportable Incidents (NRIs) include delayed community response times and call categorisation.

In March 2023 there was 1 NRI relating to Red calls, 2 relating to Amber calls and 0 in relation to Green calls. There were 2 NRIs prioritised as Amber that should have been Red. As reported earlier, in March, 847 patients waited over 12 hours for an ambulance response, a significant increase month on month, also an increase when compared to 802 in March 2022, but an increase compared to 86 in March 2021.

39 Compliments were received from patients and/or their families in March 2023, a decrease compared to the previous month (36).

Remedial Plans and Actions

A range of actions are in place:-

Recruitment, redeployment and assessment of workload and where to best place resources continues corporately and within the EMS Co-ordination Team. An organisational change process is planned across the putting things right functions in quarter one 2023/24. Additionally, we are working closely with the Trust's Wellbeing Team to understand what additional support can be provided to staff across the PTR functions.

Delayed community response (Risk 223) and handover of care delays at hospitals (Risk 224) are the two highest rated risks on the Trust's Corporate Risk Register (both rated 25) and include detailed mitigations and current actions.

The Joint Investigation Framework pilot (to replace the 'Appendix B' process) continues to have good engagement from system partners overall.

Immediate improvement actions following the SCIF include education and training for individual staff, updates to operating procedures and circulation of bulletins to share learning and provide updates.

The Trust is due to submit the quarter 4 complaints return to Welsh Risk Pool on 14.04.2023 which will be validated and subsequently forwarded to Welsh Government in line with nationally revised reporting requirements.

The key strategic action is the EMS Operational Transformation Programme.

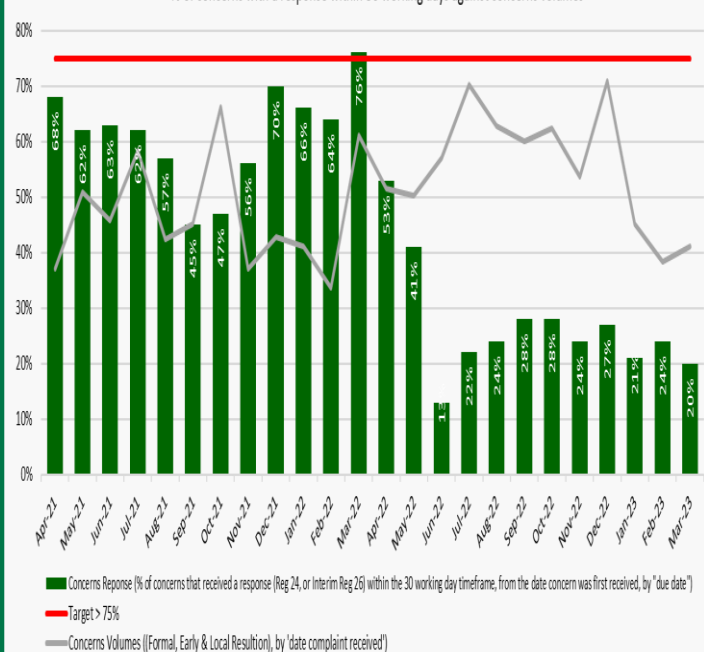
Expected Performance Trajectory

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.

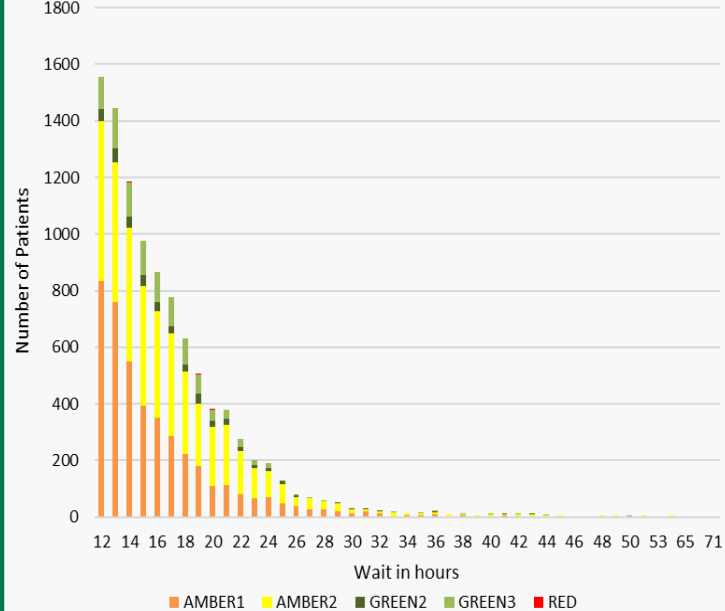
NRI & Concerns Data source: Datix / Longest Waits Data Source: Report Manager

Welsh Ambulance Services NHS Trust

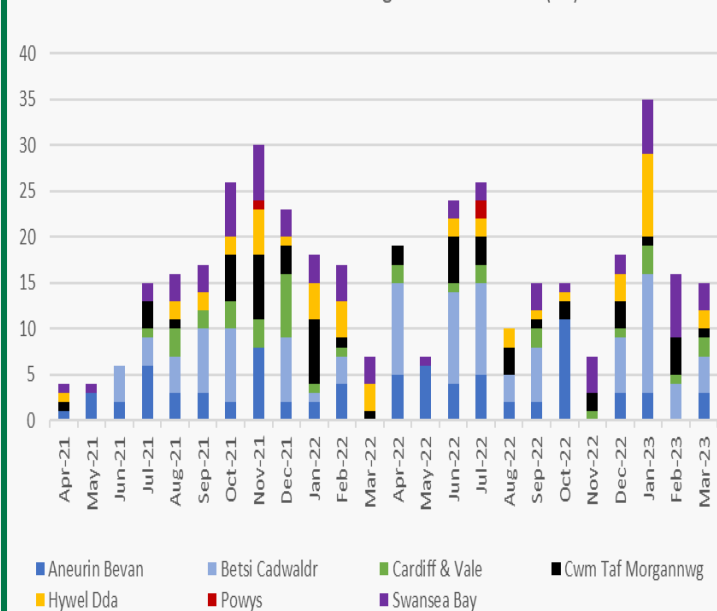
% of concerns with a response within 30 working days against concerns volumes



Number of Patient Waits over 12 hours by Priority Type
Cumulative Position over last 12 months (Apr-22 to Mar-23)



Number of Incidents reviewed at the SCIF reported to the Health Board on the Joint Investigation Framework (JIF).



*NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change

**NB: Complex Case Review will always report 1 month in arrears

Our Patients: Quality, Safety & Patient Experience

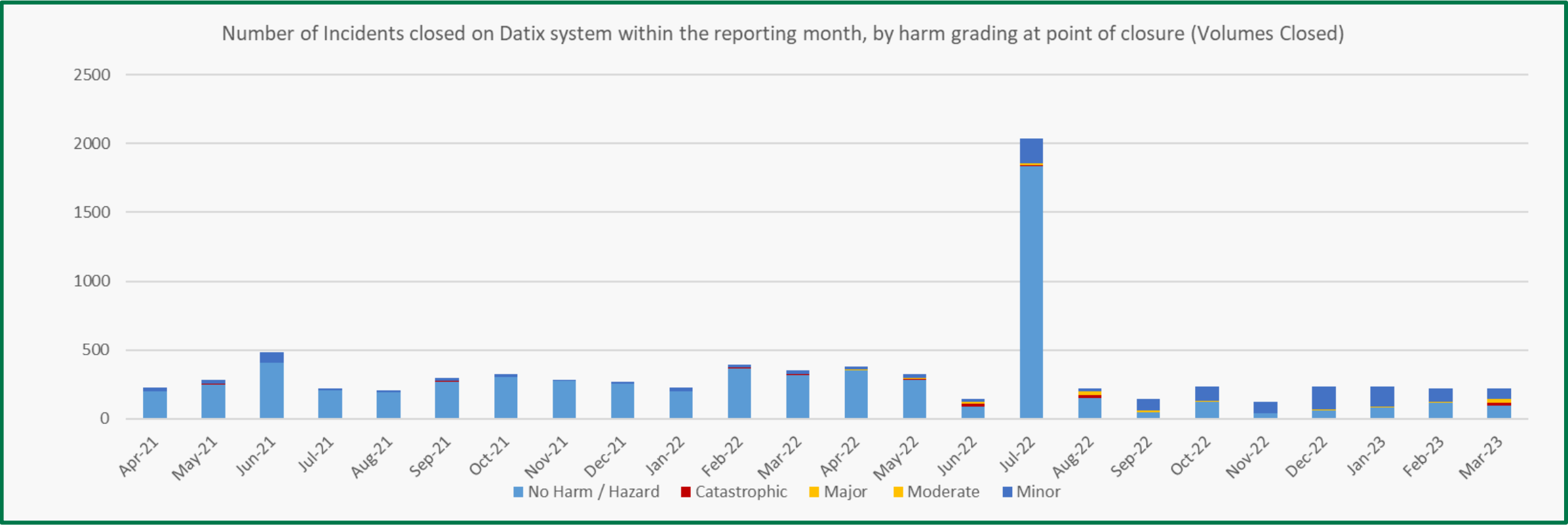
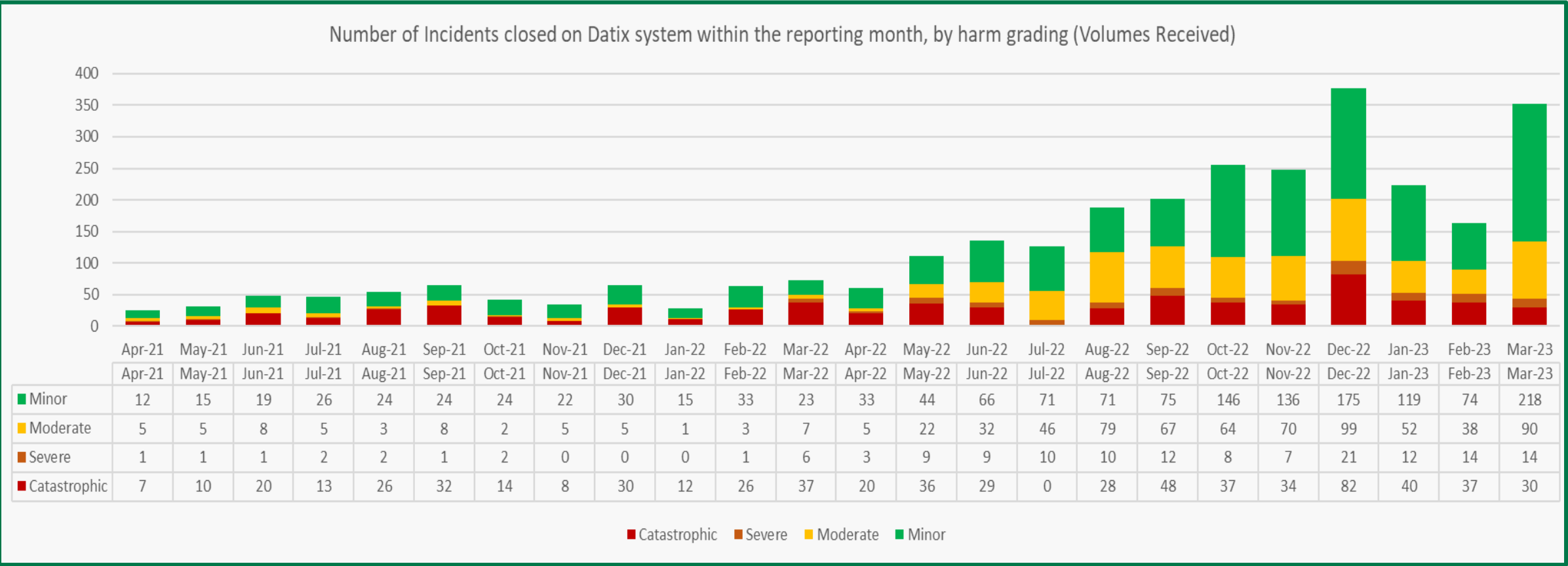
Patient & People Safety Indicators

(Responsible Officer: Liam Williams)

Self Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care



Analysis

Once cases are investigated and any improvement actions / learning is identified by the Patient Safety or Clinical Team, (or for instances where serious harm has occurred referred to the Serious Case Incident Forum (SCIF) for review) they are closed.

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour (2023) and contact patients and families. The Datix Cymru System has recently been updated nationally to allow Duty of Candour to be captured and reported.

- No harm or hazard – 160
- Minor harm – 218
- Moderate harm - 90
- Severe Outcomes - 14
- Catastrophic - 30

(*NB: Volumes at the point of closure).

The bottom graph highlights the 228 Incidents that were closed on the Datix system in March 2023. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

Remedial Plans and Actions

Workload for all members of the team continues to be high due to continued system pressures resulting in a backlog of PTR concerns which are frequently complex. Additionally, during periods of escalation and industrial action members of the team undertook roles outside of their PTR functions. It is expected that implementation of Duty of Candour, Duty of Quality and the Medical Examiner Service will also involve additional activity for the PTR team.

An organisational change process is planned during quarter 1 2023/24 which will consider our local and national priorities and resources to meet the needs of our patients and families, aligning to the Duty of Quality and Duty of Candour requirements which came into force on 1 April 2023.

Expected Performance Trajectory

The Trust will continue to identify quality and safety improvements through the PTR processes.

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

Data source: Datix

Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

(Responsible Officer: Liam Williams)

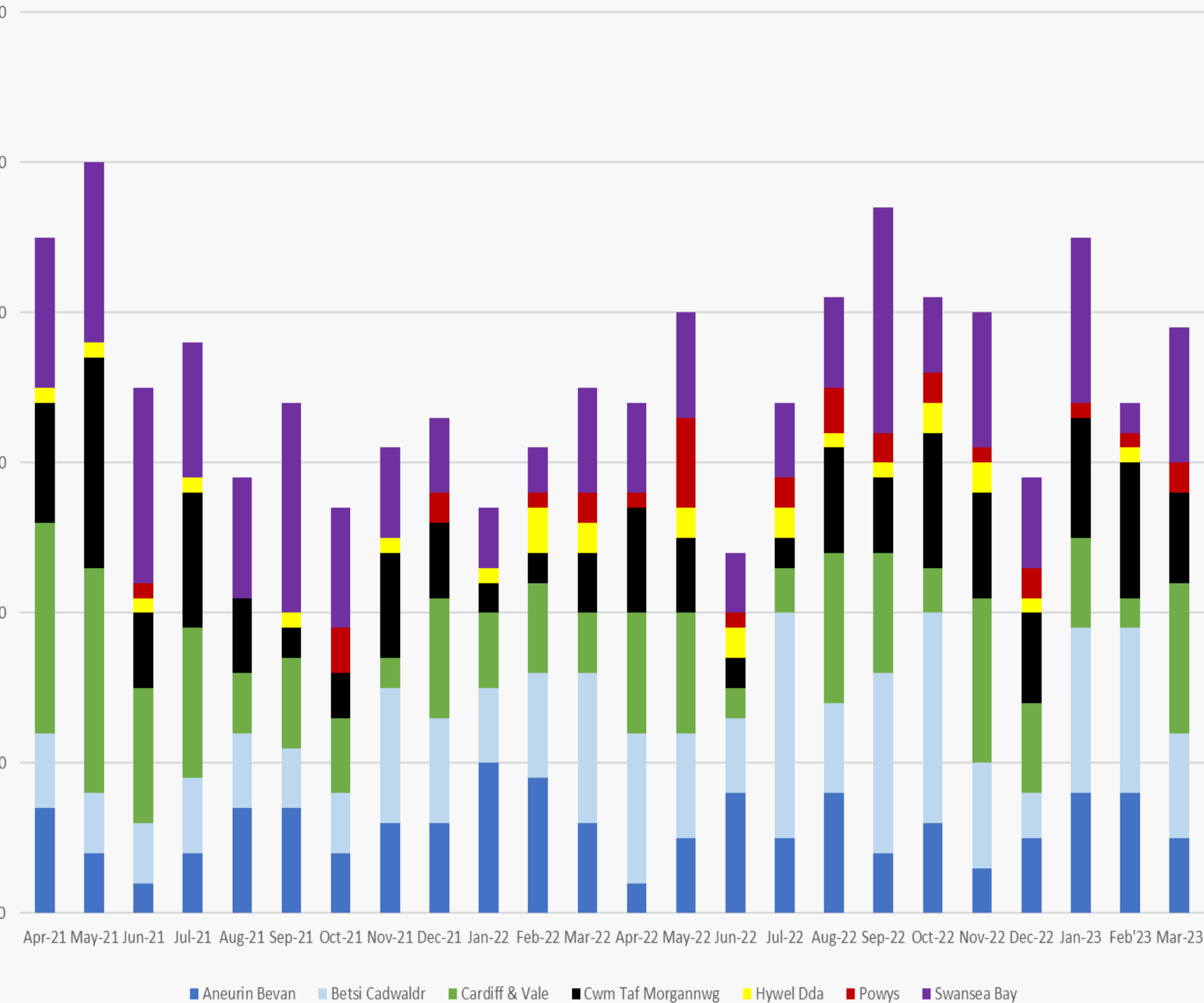
Coroners
Self-Assessment:
Strength of
Internal Control:
Moderate

Mortality
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health – Safe Care

Number of Coroner Requests by Health Board



Analysis

Coroners: The number of in month request continues to be higher than pre pandemic. Pre pandemic a financial year saw 244 cases in 2019/2020. Last financial year saw 450 requests being received. This increased number of approaches is now the norm, rather than the exception. The complexity remains high, with multiple statements per approach, The Trust has responded to a Regulation 28 this month within the 56-day target.

At the end of March 2023 there were 451 claims open; these relate to Personal Injury (75 Claims); Personal Injury - Road Traffic Accidents (59 Claims), Clinical negligence (124 claims); Road Traffic Accident (177 claims) and Damage to Property (16 claims).

Ombudsman: There are currently 12 open Ombudsman cases in March 2023. At present cases are not being investigated, which supports the Trust's actions. Intermediate actions are being agreed to close without full investigations by the Ombudsman.

Mortality Review: The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the patient safety team and clinical colleagues. Data and information is also provided by the Trust as required to the Medical Examiner Service (MES) to inform their reviews of deaths in acute care. To date the Trust has not received any requests to undertake a Level 2 mortality reviews of patients in our care under the new processes in place across NHS Wales. Currently the focus of the MES is undertaking mortality reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the MES from September 2023.

The NHS Wales Delivery Unit (DU) is leading a thematic review of 'do not attempt cardiopulmonary resuscitation' (DNACPR) processes across Wales in May 2023 with WAST representation (End of Life Care Lead). The DU are also arranging a meeting with representatives of the All-Wales Mortality Group to look at defining what should be considered under the "sieve and sort" Stage 1 mortality reviews.

To date the Trust has not received any triggers from the MES to undertake a Level 2 mortality review.

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 now being arranged into 2024. The temporary clerical support has now ceased and whilst the Team had now recruited to vacancy, and following some training, the numbers on hand will be maintained. The Team is also moving to the Datix Cymru system within the next 3 months and what we can record and report on will be affected, for example we will not be able to identify the cases where there is a potential for the Trust to become an IP.

Ombudsmen: The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews under the new approach as requested by the ME'S. The All-Wales Mortality Working Group led by the NHS Wales Delivery Unit meets at least bi-monthly which has WAST representation.

Expected Performance Trajectory

Coroners: Learning has been placed in a Patient Safety Newsletter, for sharing pan Wales.

Ombudsmen: Whilst the multiple benefits of the ME process are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales and the Health Boards (who are at different levels of maturity regarding mortality reviews) start to develop and embed their processes. It is recognised that some cases will have already been reviewed via PTR processes internally.

Data source: Datix

Mortality Reviews Data source: Internal Web Application

Welsh Ambulance Services NHS Trust

Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

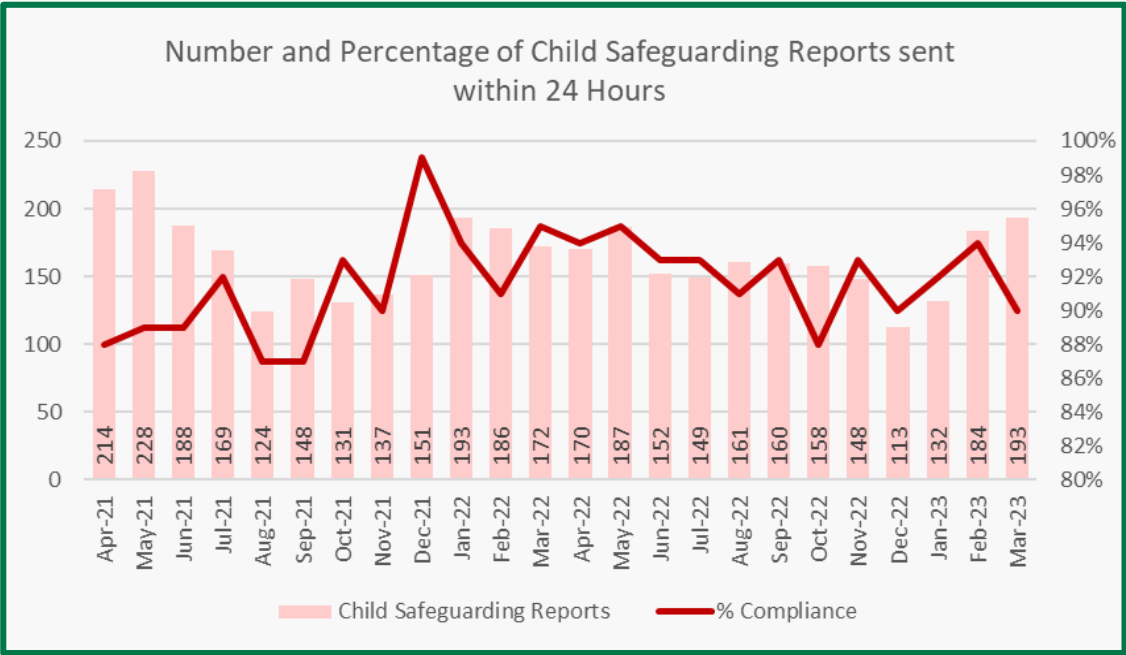
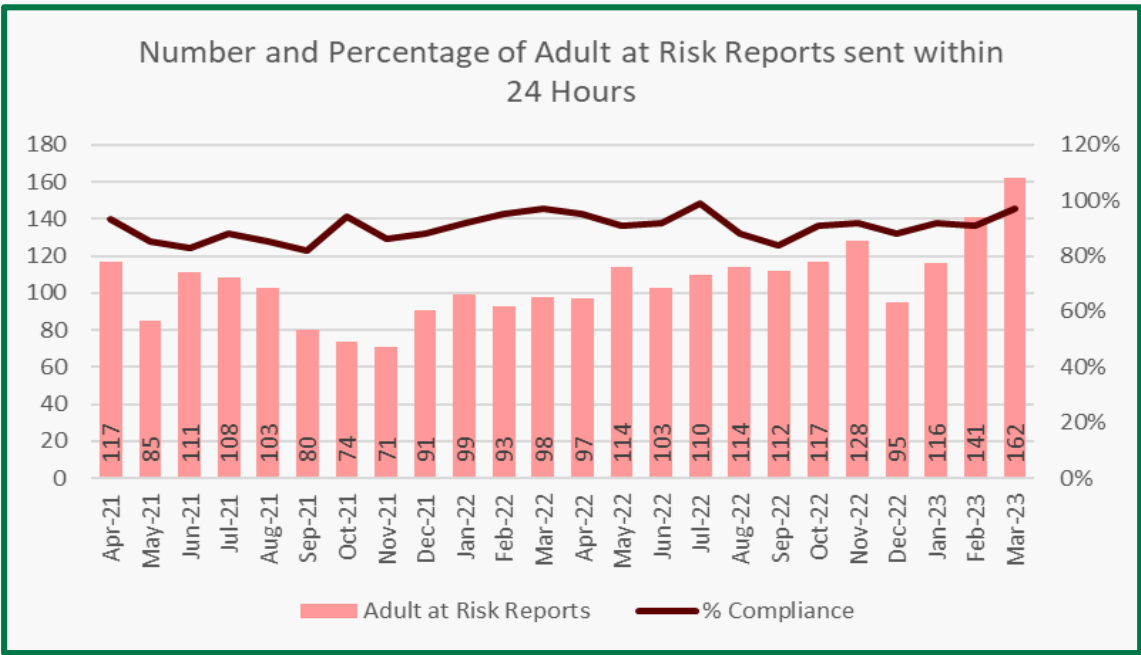
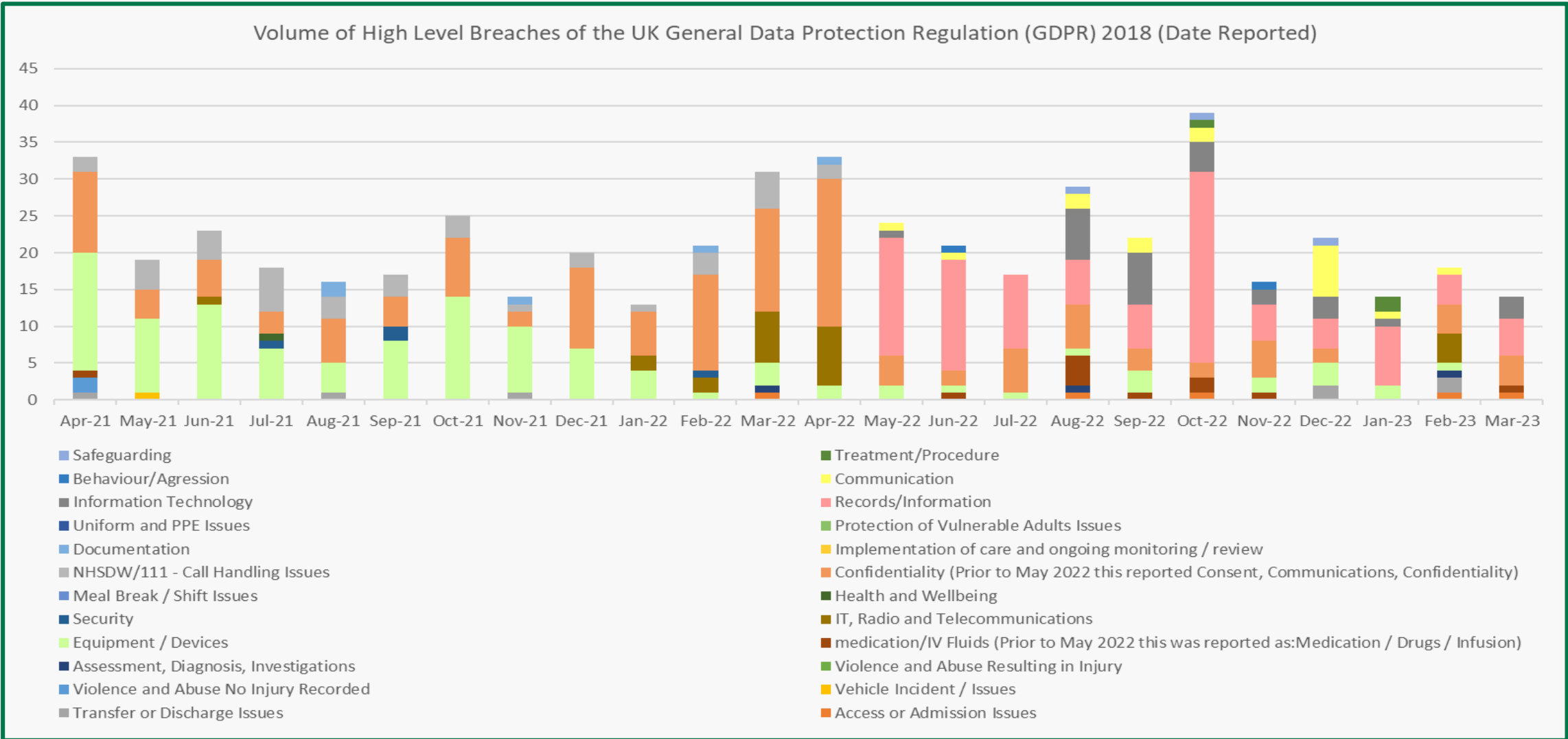
(Responsible Officer: Liam Williams)

Self Assessment:
Strength of
Internal Control:
Moderate

QUEST

Safeguarding Data source: Doc Works

Health & Care
Standard
Health – Safe Care



Analysis

Safeguarding: In March 2023 staff completed a total of 162 Adult at Risk Reports, 97% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 471 referrals were received and processed to the local authority during this reporting period.

There have been 193 Child Safeguarding Reports in March 2023, 90% of these were processed within 24 hours.

Data Governance: In March 2023 there were 14 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 14 breaches, 1 related to medication / IV Fluids, 3 Information technology, 5 records/information, 4 confidentiality, and 1 Access / Admission.

Public Engagement: During March, the Patient Experience and Community Involvement Team attended 8 community engagement opportunities, engaging with 135 people. At engagement events throughout the month, we continued to place an emphasis on sharing information about pressures being experienced by the Trust and were able to provide information about other services people can access in their communities. During March we also continued to make a series of Patient Reported Experience Surveys (PREMS) available, asking people to provide feedback about their interactions with our services. Outcomes of our engagement results collected from surveys remain consistent and tell us that people continue to be concerned that help will not be available when they need it and that people have experienced delays after calling 999. 111 callers have told us that they experienced long waits for their calls to be answered and reported long waits for call backs. NEPTS users told us that overall, they continue to be happy with the transport they receive, but experience long delays when making their initial telephone booking.

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 14-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). The IG team has provided advice and determined remedial actions for reported incidents where appropriate.

Public Engagement: Community involvement and engagement with patients/public will form an integral part of the Trust's ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PECEI Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination. The PECEI Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. In April we will begin to role out the new 'Once for Wales' Patient Experience Recording solution Cívica. Cívica will enable us to improve our patient experience reporting but will rely on us increasing the amount of PREMS data we capture. We are working with colleagues across the Trust to identify suitable processes to ensure our patients and service users are offered opportunities to share their feedback with us.

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 submission for the FY22-23 IG Toolkit opened in February 2023 and is due to close on 30th June 2023. Work continues on collating the evidence required for the submission.

Public Engagement: All feedback received has been shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement.

*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

Our Patients: Quality, Safety & Patient Experience

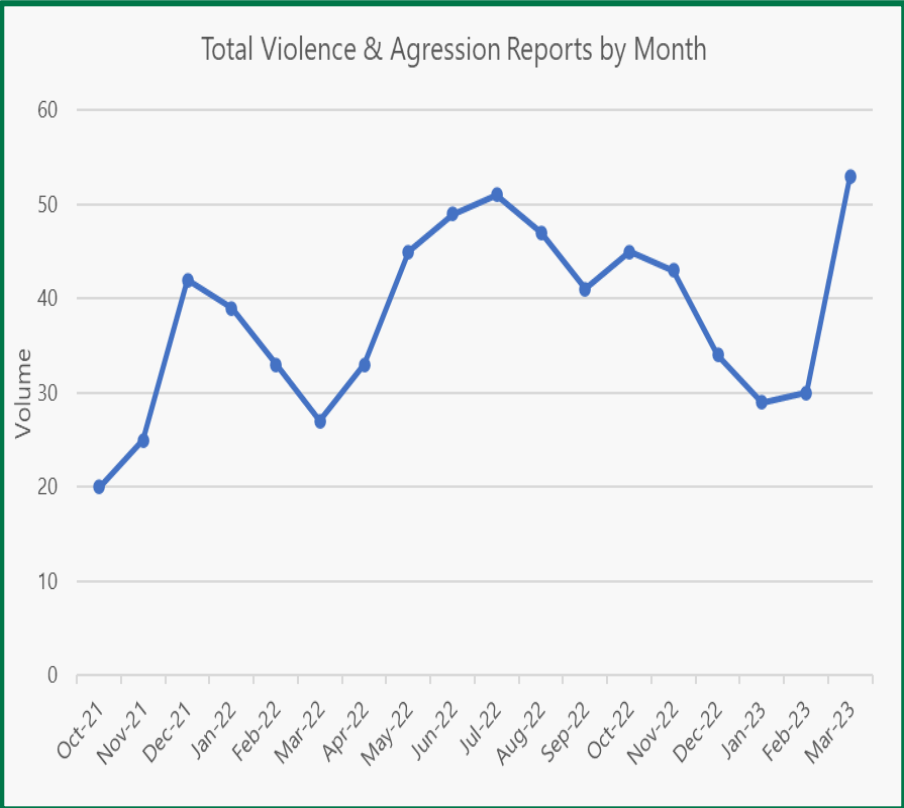
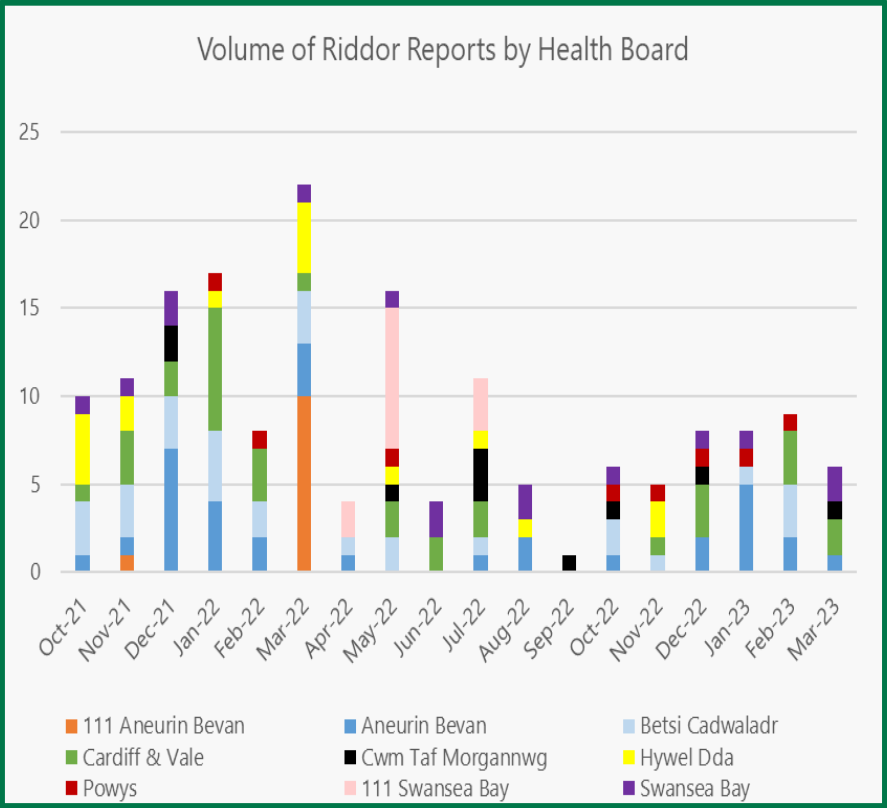
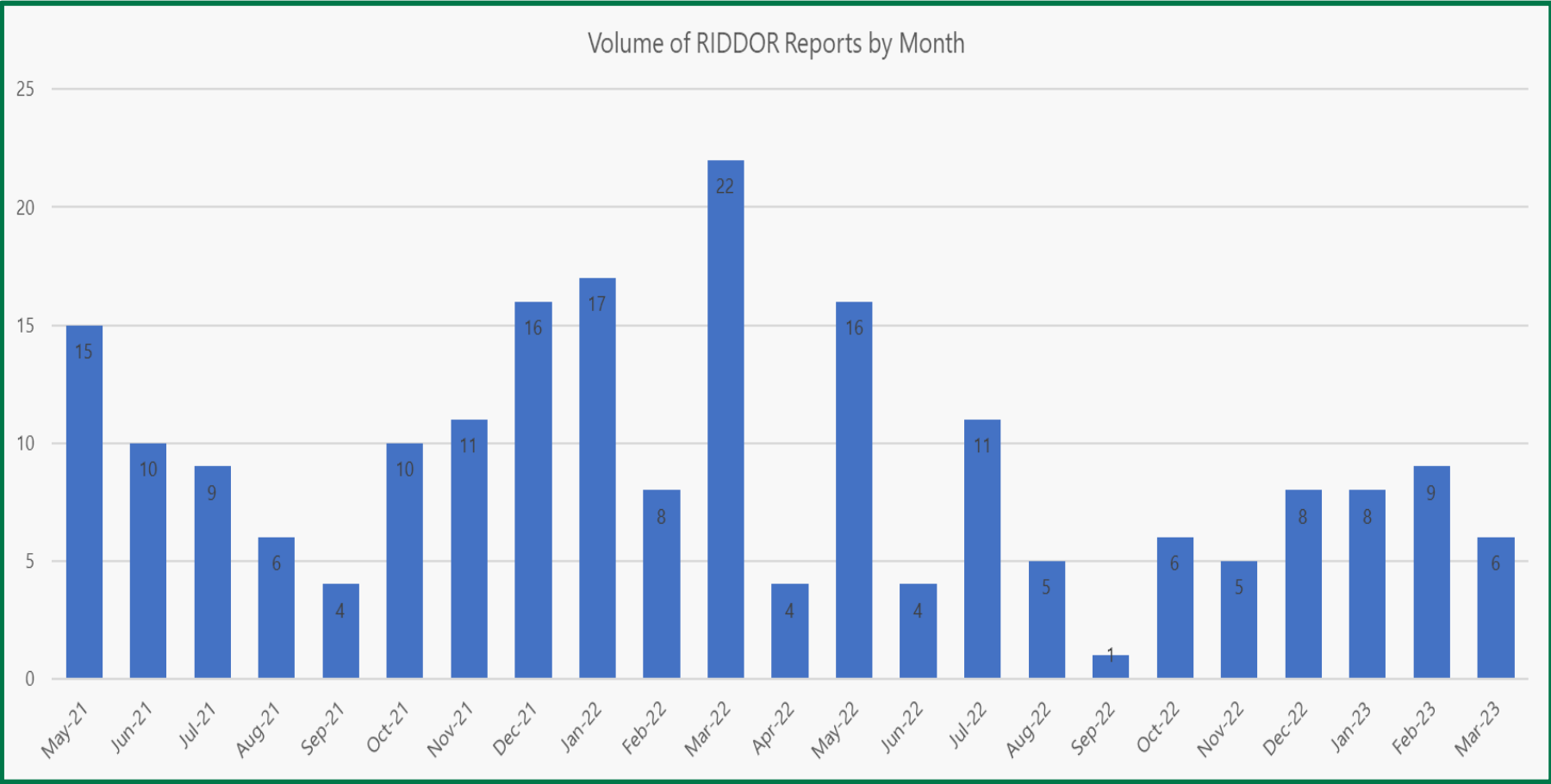
Health & Safety (RIDDORS) Indicators

(Responsible Officer: Liam Williams)

Self Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care



Analysis

RIDDOR: The weekly Datix meeting undertaken by the Health, Safety and V&A Team is continuing to have a positive impact on the reporting of incidents to the HSE under RIDDOR and additionally identifying incidents that require more in-depth investigation. It is of note that of the 18 manual handling incidents recorded in March 2023, 2 resulted in RIDDOR reports to the HSE. Also of note is that there were 4 sharps incidents reported during the month and these continue to be monitored to assess the need to report them to the HSE should a member of staff develop an illness related to the incidents.

Risk 199 is currently rated as 15. The review of the risk rating will be undertaken in Q1 2023/24 to assess impact of the revised Health and Safety Policy and Safety Annual Improvement Plan on controls identified in the risk.

Trend for RIDDOR incidents showed a decrease during March 2023 with 6 reports to the HSE in February however the incidents shows an increase in severity.

There was one report for a specified injury (Scalping) when a sliding door came off the runner on the vehicle being used and 1 report for a patient injury (Ankle Fracture) during the month.

83% reports were completed within the reporting timeframes the reduction in reporting was due in part to the effects of annual leave within the department and other Directorates.

Violence and Aggression: There has been a sharp up-turn in the reporting of V&A incidents for the month of March with 53 incidents of violence and aggression toward staff reported during the month. Incidents relating to aggressive and threatening behaviour rose to 23 for the month from 13 in February. The reason for this is being investigated by the V&A Manager to identify potential controls to minimise the effect on staff.

Support for staff in preparing victim impact statements is ongoing and court outcomes are being recorded and communicated to senior team.

Work is ongoing in the development of further DATIX dashboard to allow for further scrutiny into V&A incidents at Health Board levels to allow for strategic interventions where required.

There were 0 fines, prosecutions and improvement or prohibition notices in March 2023 as no issues requiring contact with the Health & Safety Executive

Remedial Plans and Actions

RIDDOR: A review of the number, nature and severity of manual handling incidents across the Trust is underway to identify any common causation within the incidents. This will inform an improvement plan for manual handling aimed at educating staff on the correct use of equipment and lifting techniques.

An in-depth investigation is being carried out into the specified injury reported for the "Scalping" of a member of staff to identify the mechanism of injury and apply the learnings across the vehicle fleet.

RIDDOR performance continues to be presented in monthly reports and service units business meetings.

Violence and Aggression: The V&A Manager's strategic review in relation to V&A processes within the Trust is still ongoing with the work to date beginning to inform the evaluation report is being prepared. The timescale for the report has been extended to the end of Q1 2022/23 to ensure accuracy of the information within the report.

Collaborative working with Training team regarding V&A training is continuing with the aim of improving the current training to better support staff.

Reestablishment of working relationships with all four Welsh police forces is working well with contacts made pan Wales providing valuable insight into the investigations made in relation to V&A incidents.

Expected Performance Trajectory

RIDDOR: Reporting performance remains higher than 80% due to the efforts of the Health and safety team in conjunction with Line managers the development of Power BI tools further improve the reporting rate as inconsistencies due to fluctuation as investigations are closed out and associated coding's changed.

Violence and Aggression: Work is underway in the development of further DATIX dashboards to allow for further scrutiny into V&A incidents to influence strategic interventions where required.

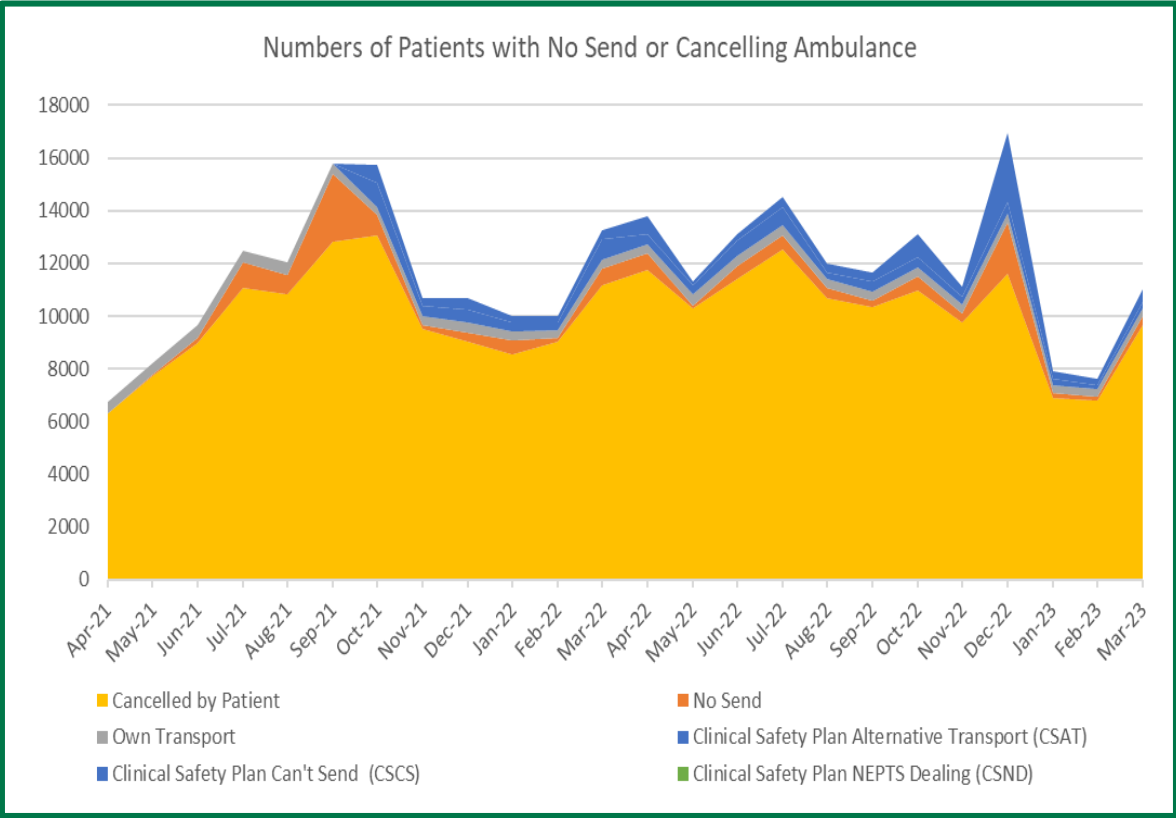
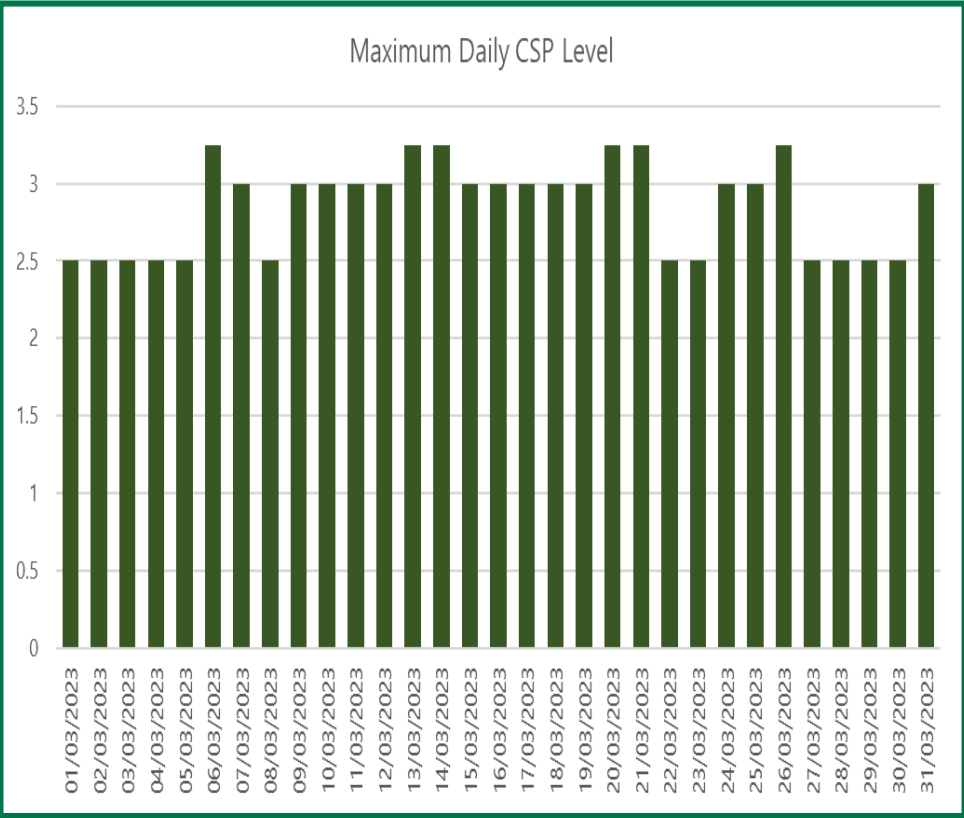
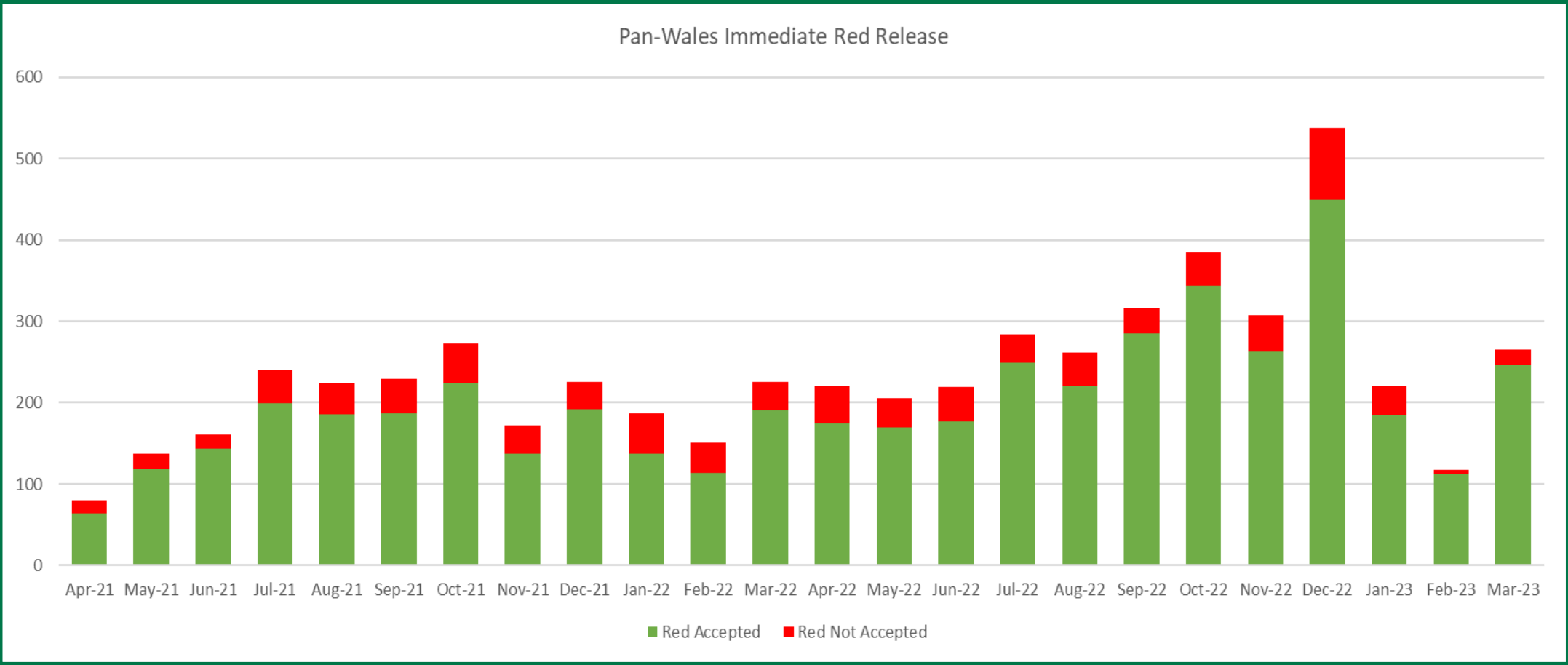
**NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change*

Data source: Datix

Welsh Ambulance Services NHS Trust

Our Patients: Quality, Safety & Patient Experience

Escalation and Patient Experience



Analysis

There were 822 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in March 2023. Of these 246 were accepted and released in the Red category, 19 were not accepted. In conjunction to this, 160 ambulances were released to respond to Amber 1 calls, but 397 were not.

In March 2023, 234 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 474 were stopped as a result of CSP Can't send options. In addition, 9,650 ambulances were cancelled by patients (including patients refusing treatment at scene) and 292 patients made their way to hospital using their own transport.

In March 2023 CSP levels for the Trust were:

CSP Level	No Of Days in February 2023	RED	AMBER 1	AMBER 2	GREEN	HCP
0	0	Business as Usual				
1	0	Respond	Respond	ETA – Alt Transport		
				Respond to Exceptions		
2a	0	Respond	Respond	ETA – Alt Transport		
				Respond to Exceptions		
2b	0	Respond	65 th ETA Script			
			ALT Transport			
			Respond to Exceptions			
2c	12	Respond	65 th ETA Script		Can't Send Respond to Exceptions	Can't Send Pass to ROU or EMG
			ALT Transport			
			Respond to Exceptions			
3a	13	Respond	90 th ETA Script	Clinical Screening	Can't Send	Can't Send
			ALT Transport			
			Respond to Exceptions			
3b	6	Respond	Clinical Screening	Can't Send	Can't Send	Can't Send
4a	0	Clinical Screening		Can't Send	Can't Send	Can't Send
4b	0	Clinical Screening	Can't Send	Can't Send	Can't Send	Can't Send

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. Integrated Commissioning Action Plan (ICAP) meetings have commenced with Health Boards, the Commissioner and the Trust and performance is reviewed monthly with questions posed to Health Boards regarding immediate release and handover reduction plans and actions.

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. Seasonal pressures impact the Trust and planning is being used to prepare for this through a range of measures including the use of forecasting and modelling.

**NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change*

Our People

Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production

G

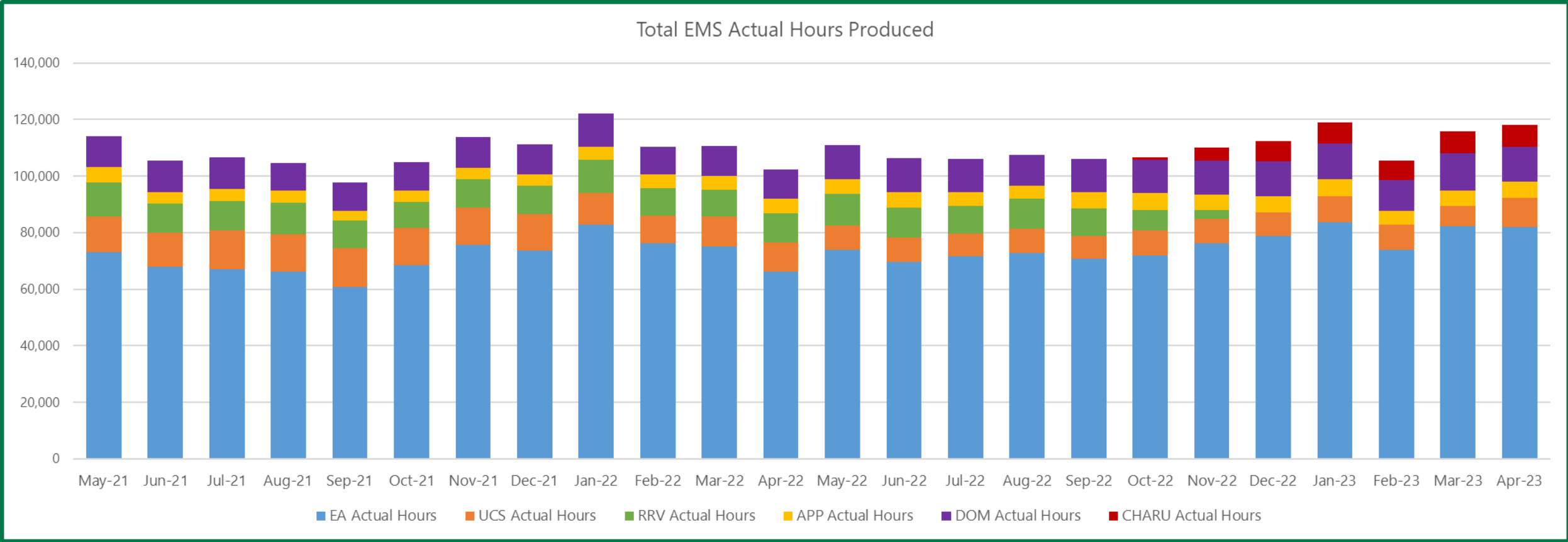
Abstractions

R

CI

PCC

FPC



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 March 2023, total abstractions stood at 38.61%. 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 16.54% and sickness at 10.75%. Sickness abstractions for March 2023 were lower when compared to the previous year (15.47%). COVID-19 (non-sickness) related abstractions decreased again in March 2023 when compared to the previous month and when compared to the same period last year accounting for 0.08% of overall abstractions.

Emergency Ambulance Unit Hours Production (UHP) was 98% in April 2023 (81,925 Actual Hours), therefore achieving the 95% benchmark. CHARU UHP achieved 92% (7,925 Actual Hours) compared to 86% in March 2023 (this is the commissioned level not the modelled level, which would halve the UHP). The total hours produced is a key metric for patient safety. The Trust produced 118,141 hours in April 2023, which is higher than the figure produced in March 2023 (115,647).

Remedial Plans and Actions

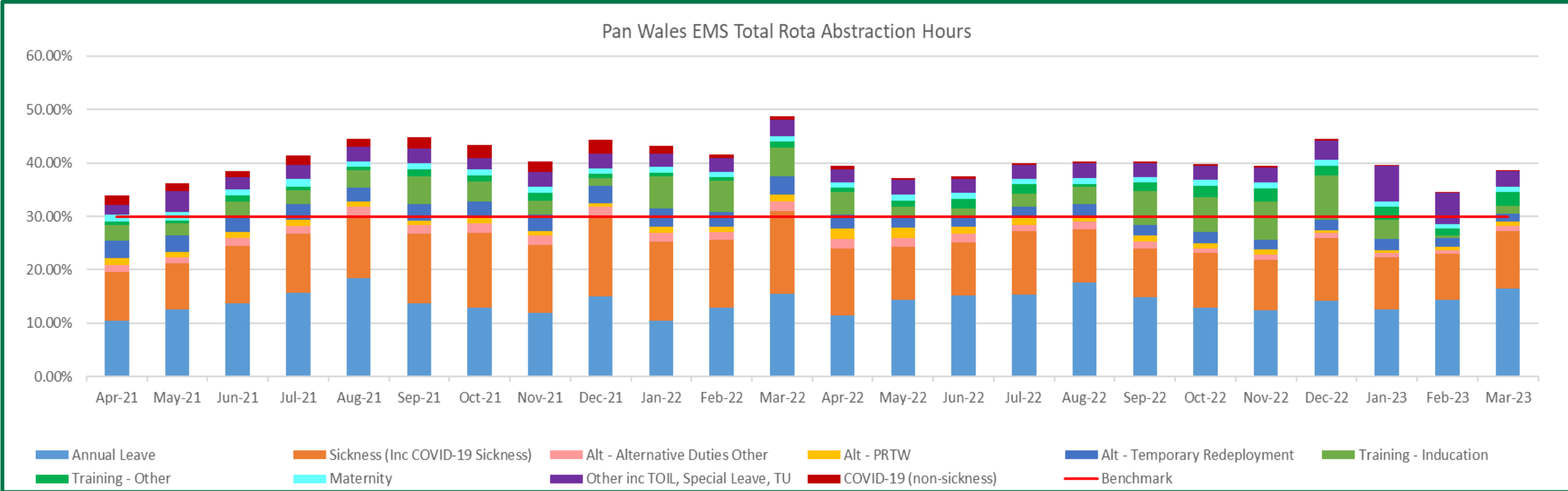
The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A formal programme of work has commenced to review and take action to reduce sickness absence / alternative duties, which is reported into EMT every two weeks.

The Trust has a budgeted establishment of 1,761 FTEs for 2022-23.. The vacancy rate is less than 1%.

The Trust is currently widening out its focus on sickness absence to look at all abstractions recognising that abstractions are already regularly reviewed in Operations performance meetings.

Expected Performance Trajectory

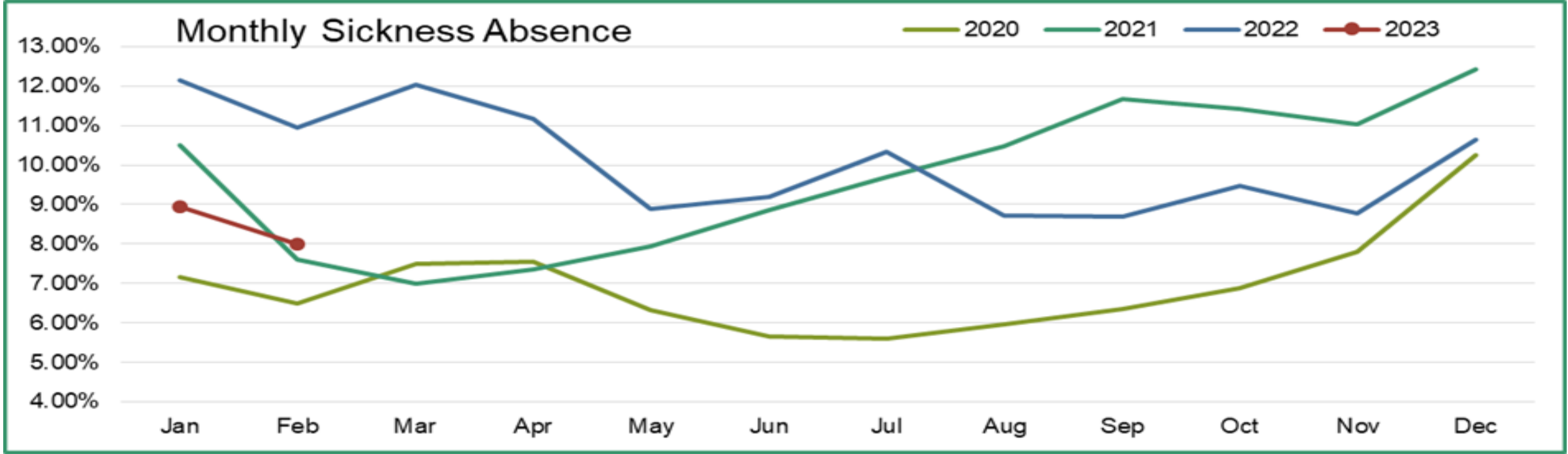
UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to EMT. A further meeting to deep dive and finalise the Trust's position for 2023/24 has been arranged for 17 May 2023.



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 was a decrease in sickness absence in February, going from 8.94% to 7.99%, the lowest level since June 2021. Indicative figures show an increase in March to 8.43%, with an increase in short term absence (3.58%). Long term absence shows a continued decrease at 4.86%.

The number of long COVID cases continues to decline with 3 colleagues absent (as of 04 April 2023) with long Covid compared to 15 in July 2022.

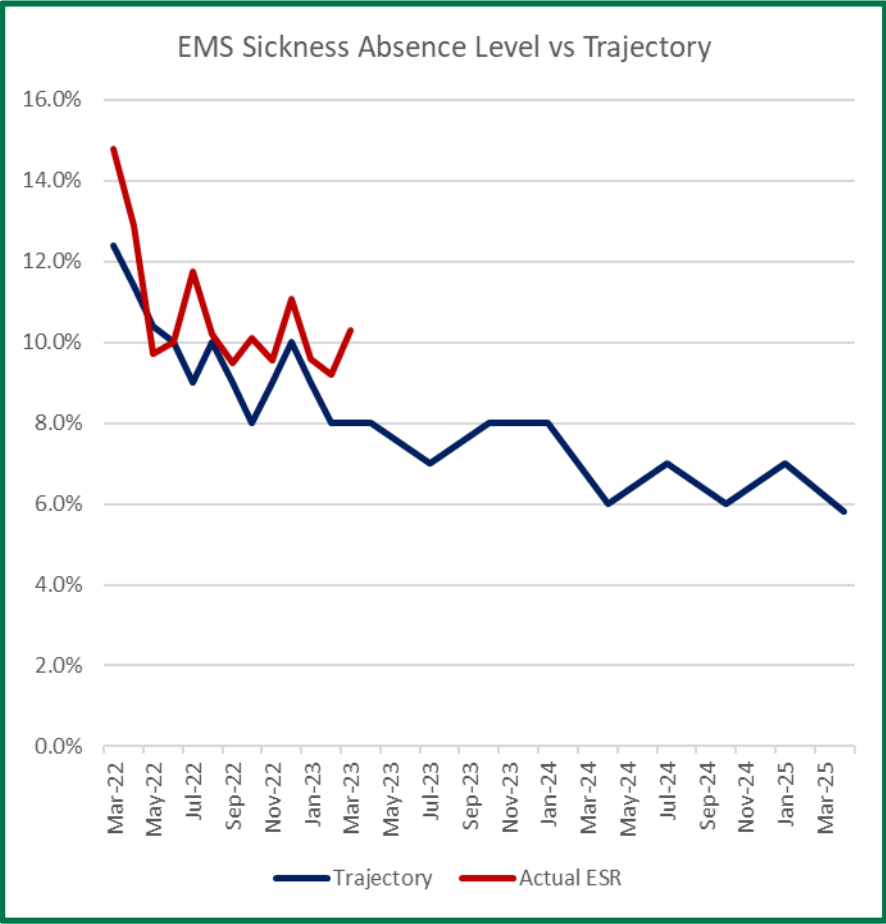
February 2023 noted a decrease in both long term and short-term absences.

Remedial Plans and Actions

- Targeted support continues to be directed to current 'hotspot' areas with ongoing reviews in one HB area. Senior Manager review meetings to track sickness and provide support are undertaken each month.
- Further MAAW training and bitesize training sessions have been scheduled for April & May 2023.
- Long term sickness case management continues and indicative figures for March 2023 show a decrease to 4.91% from 5.76% in February.
- Indicative figures for short term absence in March 2023 shows an increase to 3.57% from 2.22% in February. The highest reason for short term absence was COVID related.
- Long COVID cases are reducing – 3 compared to 15 in July 2022, with comprehensive plans developed.
- Occupational Health continue to engage with Health Board colleagues to fast track appointments and treatment to reduce length of absences
- Physiotherapy: 43 referrals were received in February 2023; this was 10 more than January 2023.
- Average length of time from referral to first contact: 0.85 days.
- Average age of those referred is 48, with shoulder issues being the main reason for referral. At the point of referral, 42% of employees were off work, 5% were on amended duties and 53% were at work on full duties
- Health Assured (EAP): 48 calls to the helpline in February

Expected Performance Trajectory

The Trust is aware that some staff may need more time to recover due to long-CoVID-19 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)

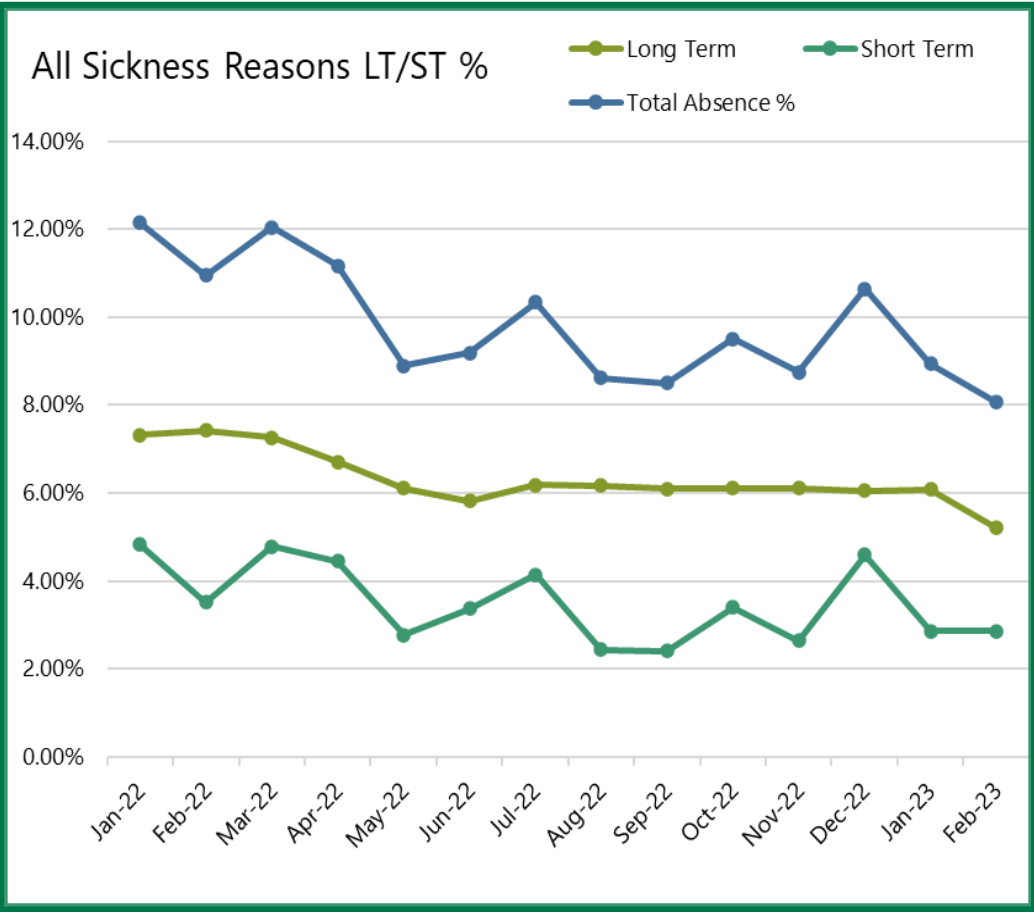
21.86 days

Single month Absence %

7.99%

Long Term	Short Term
5.76%	2.22%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.24%	1.12%

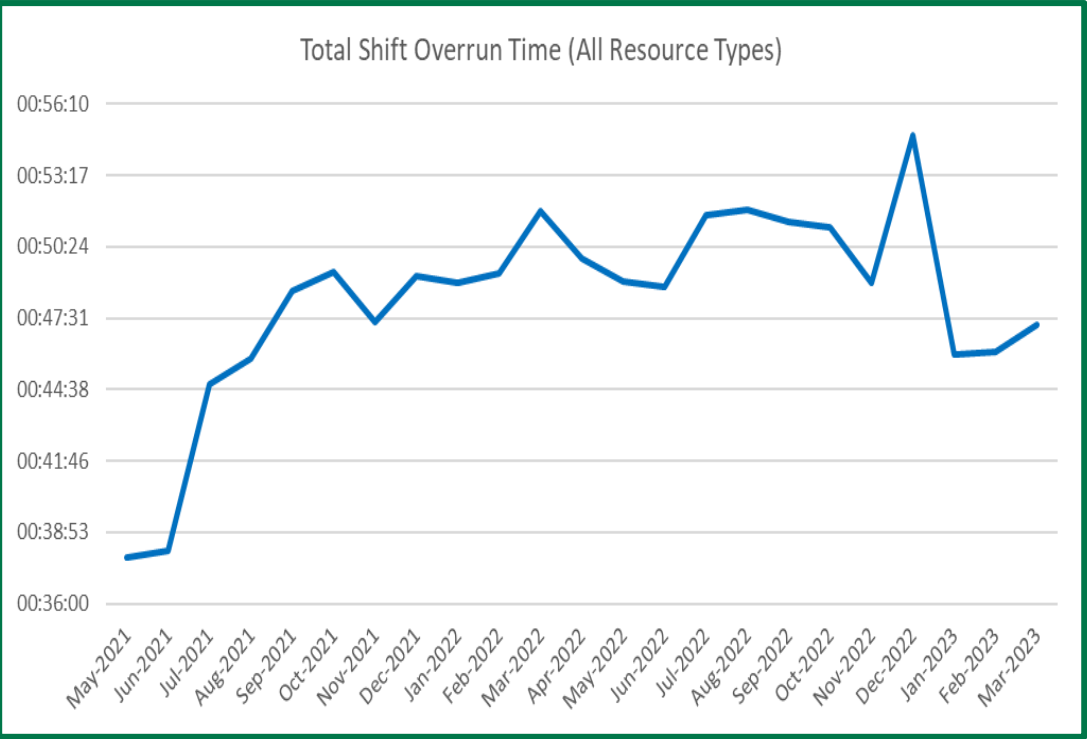
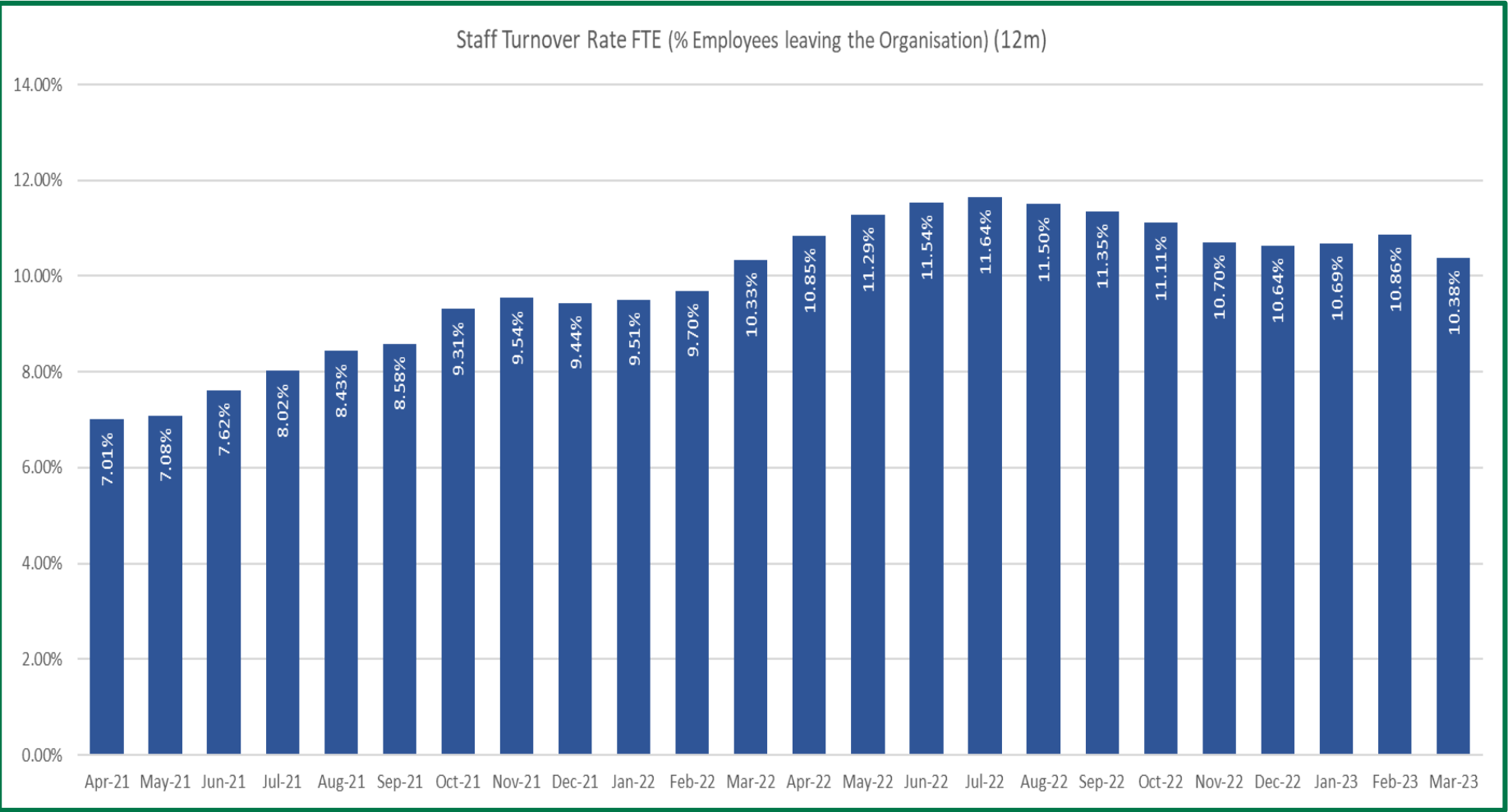
February 2023



Our People

Health and Wellbeing - Turnover

(Responsible Officer: Angela Lewis)



March 2023	FTE by Month
Org L4	2023 / 03
020 Ambulance Care L4 (NX10)	901.89
020 Emergency Medical Services L4 (DX04)	1,800.47
020 Integrated Care L4 (DX03)	430.13
020 National Operations & Support L4 (DX02)	152.72
020 Resourcing & EMS Coordination L4 (DX05)	342.99
3,628.20	
Ambulance Response:	1,543.80
020 Ambulance Care L4 (NX10) ACA2/Team Leaders	290.79

Analysis

Staff turnover rates in March 2023 were 10.38%. In comparison staff turnover rates were 10.33% in March 2022. As highlighted previously the number of staff leavers has increased over the last 3 years with rates remaining high, but relatively static, between 10.3% and 11.7% over the past year. These rates were considerably lower pre-pandemic. Staff leave the Trust for a variety of reasons including promotions, relocations, culture and due to the pressures of NHS working.

Colleague wellbeing remains a focus for WAST. Colleagues are managing a number of challenging issues at the minute with industrial action, the cost of living crisis and fatigue all being concerns. The Trust has been awarded enhanced status of our Gold Award for Corporate Health Standard, demonstrating that colleague wellbeing remains a high priority. EAP support for colleagues has been renewed, to ensure our people can access support 24/7 and have access to counselling. The Trust have arranged for speakers to come in to present to the women’s health group, focusing on nutrition and are delivering regular workshops for colleagues on stress, and wellbeing and resilience to support, and are looking at ways to increase the support that we provide.

Remedial Plans and Actions

Accessible financial wellbeing support is available to colleagues through a dedicated page on Siren. The page links to a short video presentation outlining available support, ideas shared through the digital suggestion box which remains open to all colleagues (including our volunteers) and broader employee benefits information. A podcast has been recorded with the Money & Pensions Service and will be shared through communications platforms in April 2023.

The WAST Voices Network held its first Advocate meeting in March 2023 and activity continues relating to themes of misogyny and sexual safety within the organisation. Reverse mentoring relationships have been established and the impact of these will be measured after 2 sessions of Senior Leaders hearing from lived experience of these issues. The network have a collaborative event with North West Ambulance Services taking place in April.

Work around improving the preparedness of new colleagues has begun and we now facilitate group discussions around anti racism and sexual safety at all welcome sessions. We are also capturing organisational culture experiences through the 3 months check in carried out with all new colleagues. The allyship programme continues to be rolled out for current colleagues and where required, team interventions taking place.

A volunteer wellbeing package has been put together and the OD Team are running monthly evening Warm WAST Welcome sessions for new volunteers.

2nd Carers passport training arranged for 17th May - Carers week workshop being arranged for 8th June. Theme suggested by the unofficial carers network.

WAST Outdoors initiatives being trialled.

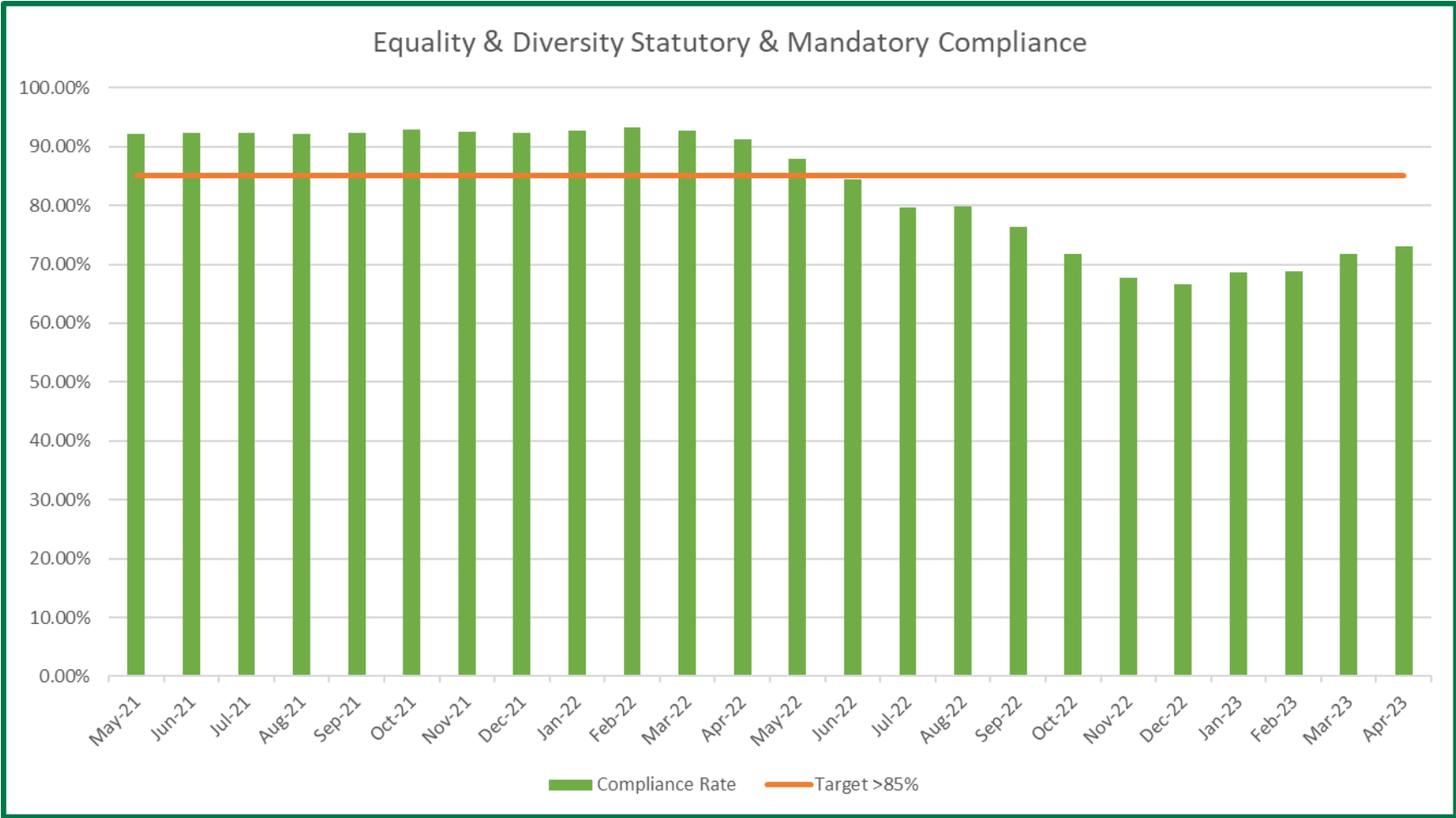
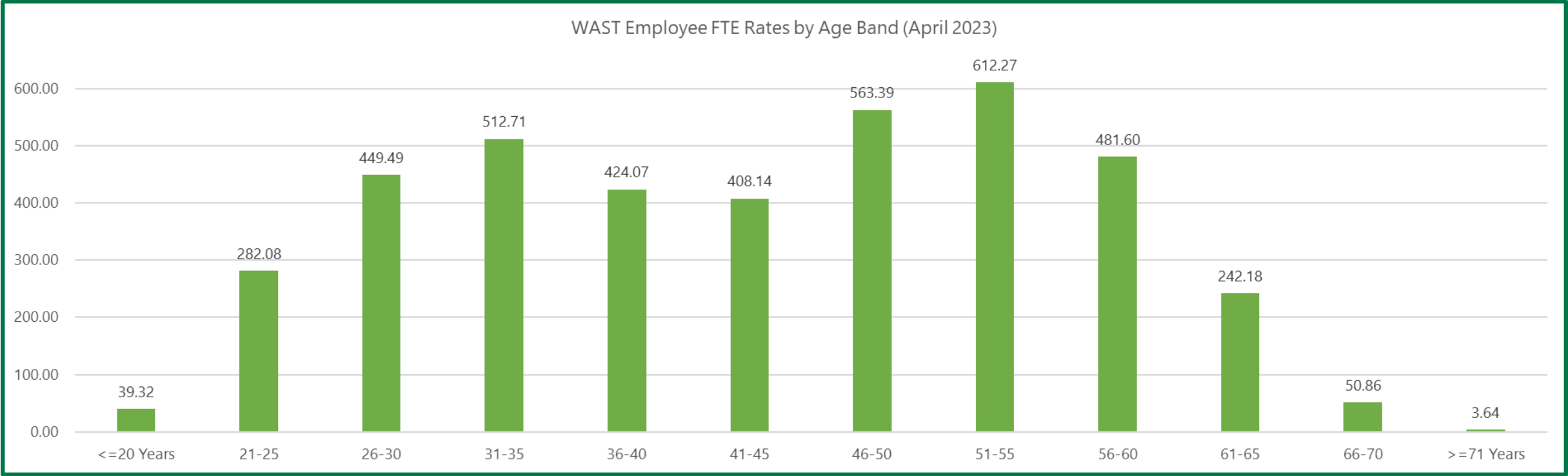
Expected Performance Trajectory

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. The People and Culture Plan will continue to highlight that employee experience and culture contribute to overall wellbeing.

The wellbeing offer is regularly reviewed and fully described on SharePoint.

Our People

Inclusion and Engagement



April 2023	Female	Male
Band 2	1.06	1.29
Band 3	17.22	14.39
Band 4	8.56	10.77
Band 5	5.05	4.10
Band 6	11.98	13.14
Band 7	2.87	5.01
Band 8 - Range A	0.93	1.31
Band 8 - Range B	0.49	0.40
Band 8 - Range C	0.19	0.51
Band 8 - Range D	0.13	0.13
Other	0.23	0.27

Analysis
In April 2023 of the 4,734 employees at the Trust, 0.97% fall in the under 20 category and 0.36% in the over 71 age category. The largest age category is 51-55 accounting for 14.36%. 86.04% of staff employed at the Trust define themselves within the White ethnic grouping; with 71.42% of staff identifying within the White, British category, 0.8% within black ethnic groups, 0.34% within Asian ethnic groups and 0.69% are of mixed heritage. 0.13% of staff fall into other ethnic groups. 4.82% fall in the unspecified category and 7.82% have not stated their ethnicity.

As of April 2023, 73.07%, of staff have completed mandatory Equality and Diversity Training a slight increase compared to March, however still failing to meet the 85% target.

Gender pay as a percentage of the workforce indicates that in April 2023 for those employed within bands 2 - 6 employment is more equally distributed, with 43.85% of females and 43.68% of males fulfilling those roles; however, there are higher levels of men employed within the more senior grades. 4.6% of females are employed in Band 7 and 8 roles compared to 7.4% of males.

Remedial Plans and Actions
The Trust has published a selection of 15 minute engaging and effective Skills Boosters films, via the Learning and Development intranet page on Siren. These cover a range of topics including Equality, Diversity & Inclusion; Leadership; Personal Effectiveness and Support & Wellbeing to support staff learning and development and to enable individuals to be the very best that they can be.

Plans are underway to support Stress Awareness month in April 2023 to raise awareness of the causes and cures for the modern-day stress epidemic. Presentations are planned on various dates throughout April 2023 for staff to learn about the REACT (Recognise, Engage, Actively Listen, Check risk and Talk about specific actions) on and Understanding Stress, Trauma & Burnout.

Expected Performance Trajectory
The Trust listened to feedback from communities, stakeholders and over 4,000 colleagues to develop seven new behaviours to ensure we can always be our best and is more committed than ever to improving the future and embracing new ways of working. These behaviours have been explored and promoted at the CEO roadshow and work to continuing promoting them continues.

The Trust continues to follow guidance issued for Welsh Language standards (2015) to ensure compliance when advertising vacancies, which are advertised in both the English and Welsh language for any posts where Welsh language skills are essential or desirable.

Our People

Staff Vaccination Indicators

(Responsible Officer: Angela Lewis)

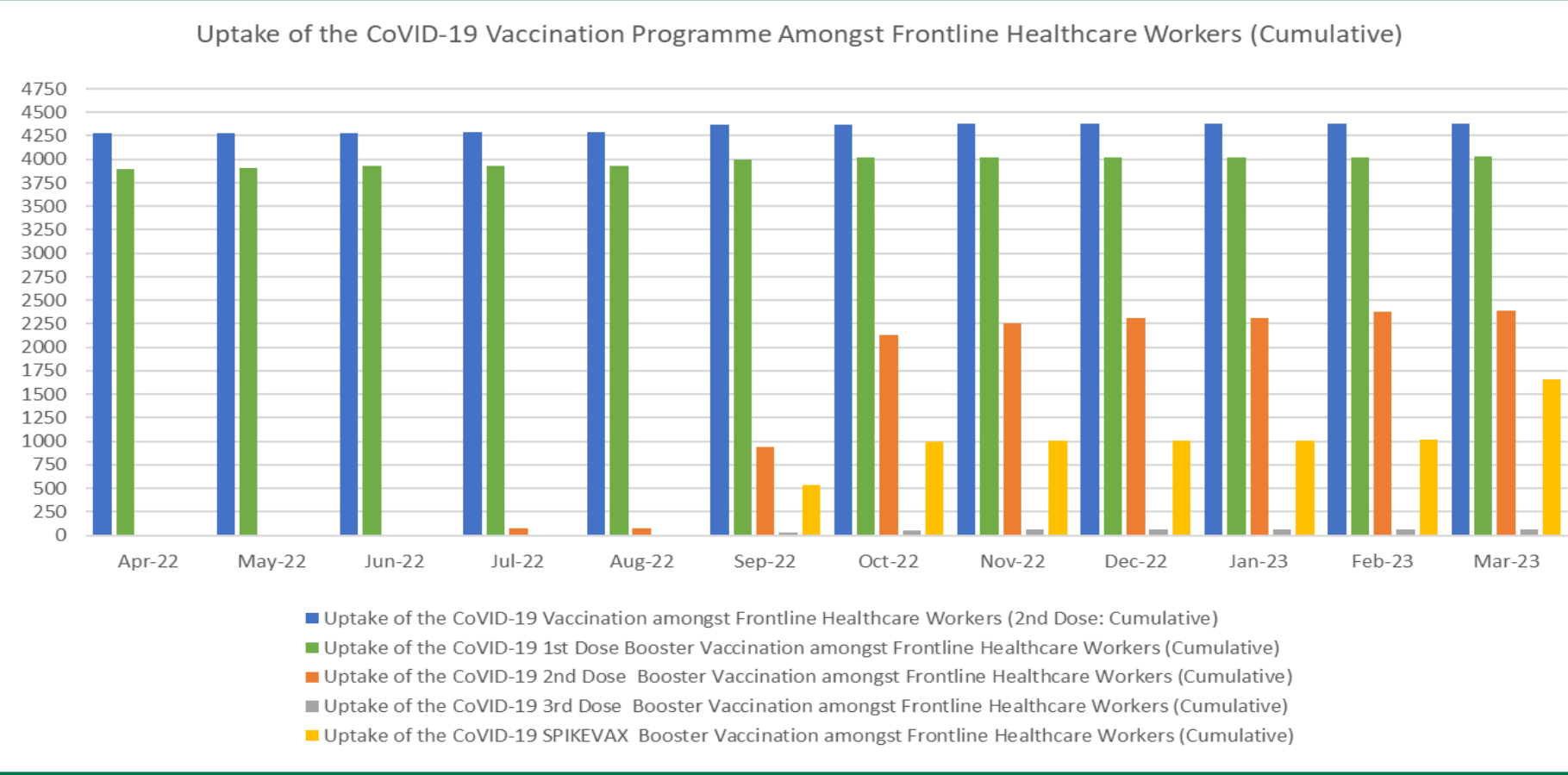
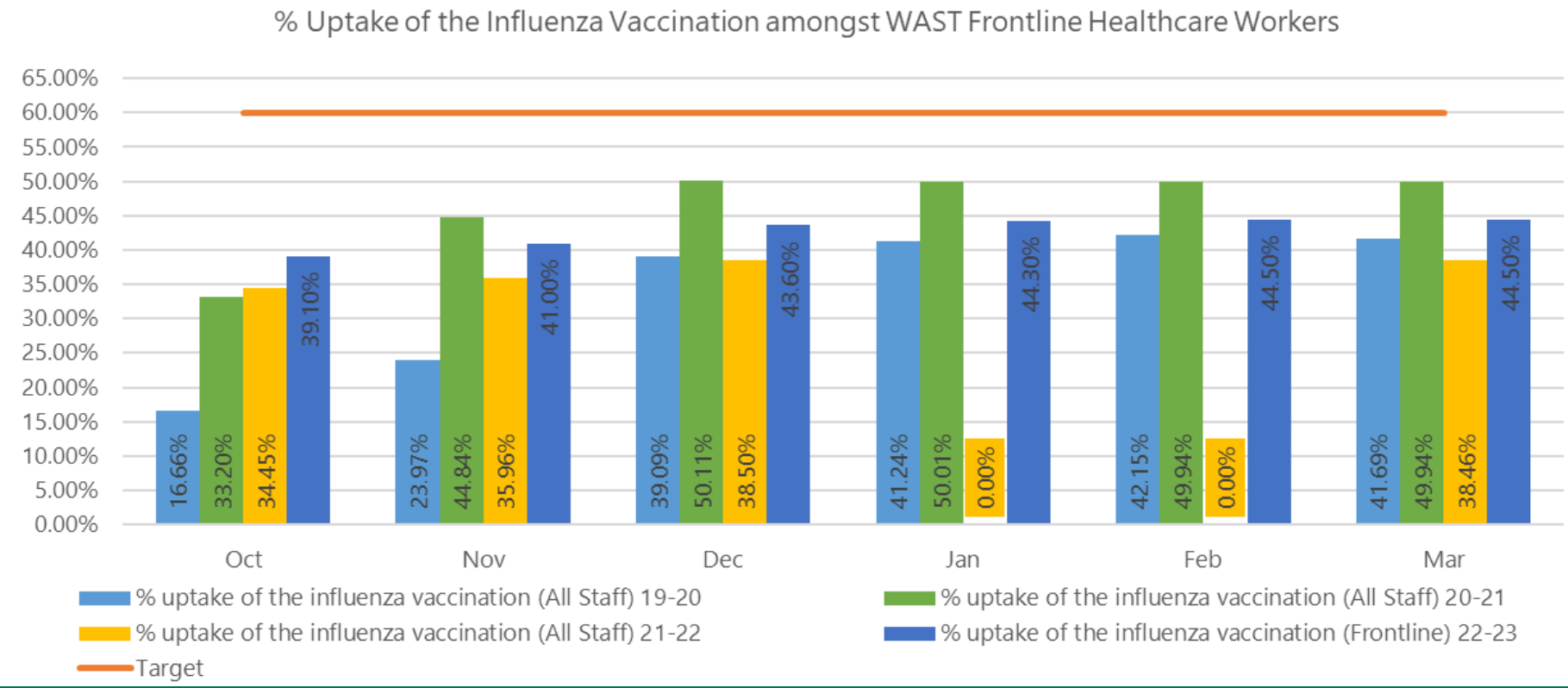
Self Assessment:
Strength of Internal
Control: Moderate

Flu
R

PCC

CI

Health & Care
Standard
- Health (PPI)



Analysis

Flu: The 2022-23 Flu Campaign has officially come to an end, concluding data collection as of 28th February 2023. During the campaign 1,813 flu vaccines administered by Occupational Health Vaccinators and Peer Vaccinators (including flu vaccines administered to PHW staff / Students / HCS staff etc.) Of these vaccines administered within the Trust, 1,601 were received by WAST staff. There was a further 289 given to staff elsewhere (i.e. GP surgery, COVID Booster setting) therefore a total of 1,890 WAST staff received the vaccination against flu, equating to 44.5% of the overall workforce. Additional engagement was received from 247 WAST staff completing the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine, concluding the campaign with 50.3% engagement rate.

Both the vaccine uptake and Microsoft Form engagement surpassed that experienced in the previous campaign last year, 2021-22. There was a 6% increase on vaccinations and a 9.6% increase in engagement. Patient facing staff specifically saw a 46.3% uptake of the vaccine this year (a 5.2% increase from last year).

COVID-19: As of March 2023, front line (Patient Facing and Non-Patient Facing staff), 94% (4,404) of staff have received a first dose COVID-19 vaccination, 94% (4,377) have received a second dose and 37% (1,664 Staff) have received the SPIKEVAX booster vaccination.

Remedial Plans and Actions

Flu: Following a full review of this year's campaign, recommendations have been devised based on some of the key areas of learning and development. The aim is to streamline current processes, remove duplication of effort and improve engagement with the workforce. It is evident that positive steps have been made, and a number of the lessons learnt from the previous campaign have been implemented. However, there is a range of areas that require continued development for future campaigns. Planning for the next Flu Campaign is expected to start shortly, earlier than ever before.

COVID-19: Welsh Government have been involved in discussions between the four UK Chief Medical Officers (CMOs) regarding the UK Covid-19 alert level. This alert level system has been in operation since May 2020. Its function is to clearly communicate, to the public and across governments, the current level of direct Covid-19 risk. Since September 2022, we have been at level 2. The four UK CMOs have agreed it is appropriate to pause the alert level system. It will be suspended on 30 March.

Routine testing will be paused for all symptomatic health and social care workers, care home residents, prisoners and staff and residents in special schools over the (2023) spring and summer.

Expected Performance Trajectory

The 2022-23 Flu campaign has now concluded. The Trust will continue to monitor influenza and COVID-19 through intelligence gathered by the Forecasting & Modelling Group on a weekly basis. Any learning from southern hemisphere countries will be shared and used for modelling purposes for the 2023-24 winter flu season.

**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 Patient Facing employees and therefore includes those employed within Clinical Contact Centres.*
****NB: Flu data accurate at time of publication and subject to change / Spikevax vaccination data correct at time of publication and subject to change.*

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

Welsh Ambulance Services NHS Trust

Our People

Health and Wellbeing - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

A

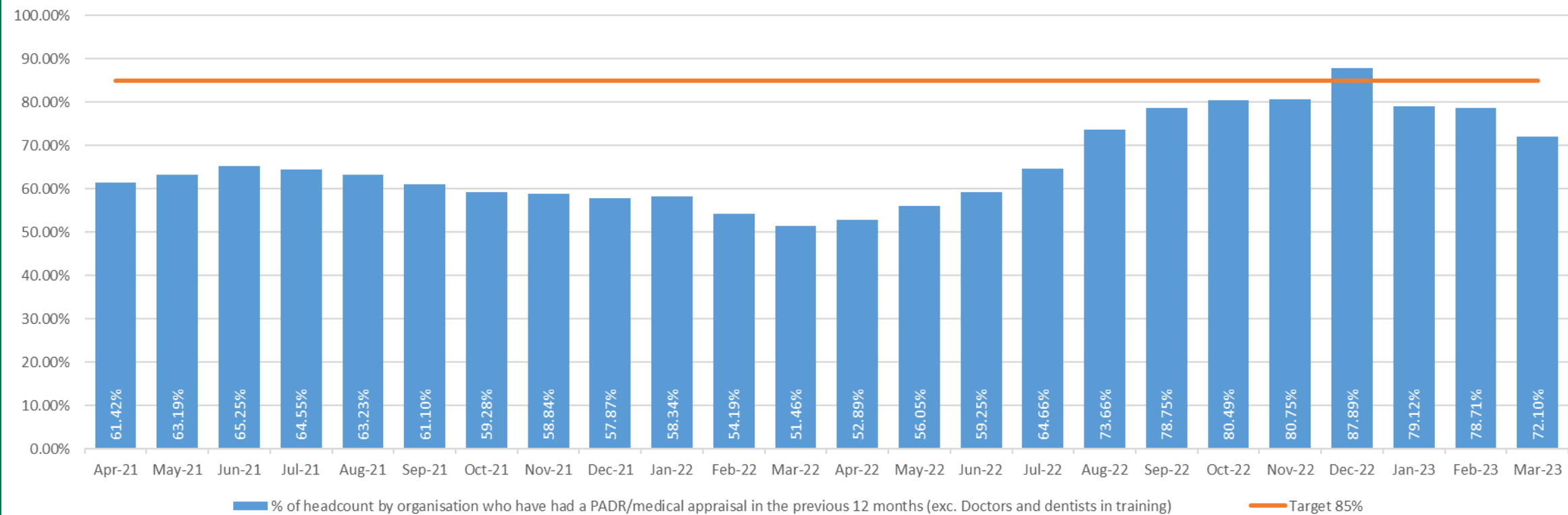
Self Assessment:
Strength of Internal
Control: Strong

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 March 2023 declined compared to the previous month to 72.10%, therefore failing to achieve the 85% target. Over the reporting period this target was only achieved once in December 2022, although current rates are much higher than the same period last year.

In April 2023 Statutory & Mandatory Training rates reported a combined compliance of 75.55%; with Safeguarding Adults (91.73%), Dementia Awareness (90.47%) and Violence Against Women, Domestic Abuse & Sexual Violence (85.77%) all achieving the 85% target. Moving & Handling (79.16%), Fire Safety (74.72%), Equality & Diversity (73.07%), Information Governance (71.57%), and Paul Ridd (38.26%) all remain below this target.

There are currently 15 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table below:

Remedial Plans and Actions

At the time of reporting, (mid-April 2023) 417 of 1,836 EMS colleagues (22.7%), 30 of 284 ACA2 (10.56%) and 81 of 540 ACA1 colleagues (15.00%) have completed MIST Training days. Sessions continue to be facilitated Pan-Wales through the Education and Training Team, who Continue to manage and monitor these via the online booking system accordingly.

From the 01st April 2023 e-learning mandated by Welsh Government in relation to Welsh Language will be added to all colleagues' compulsory competencies via ESR. Communication to ensure colleagues are prepared and aware of this continues to be circulated via Siren and Yammer.

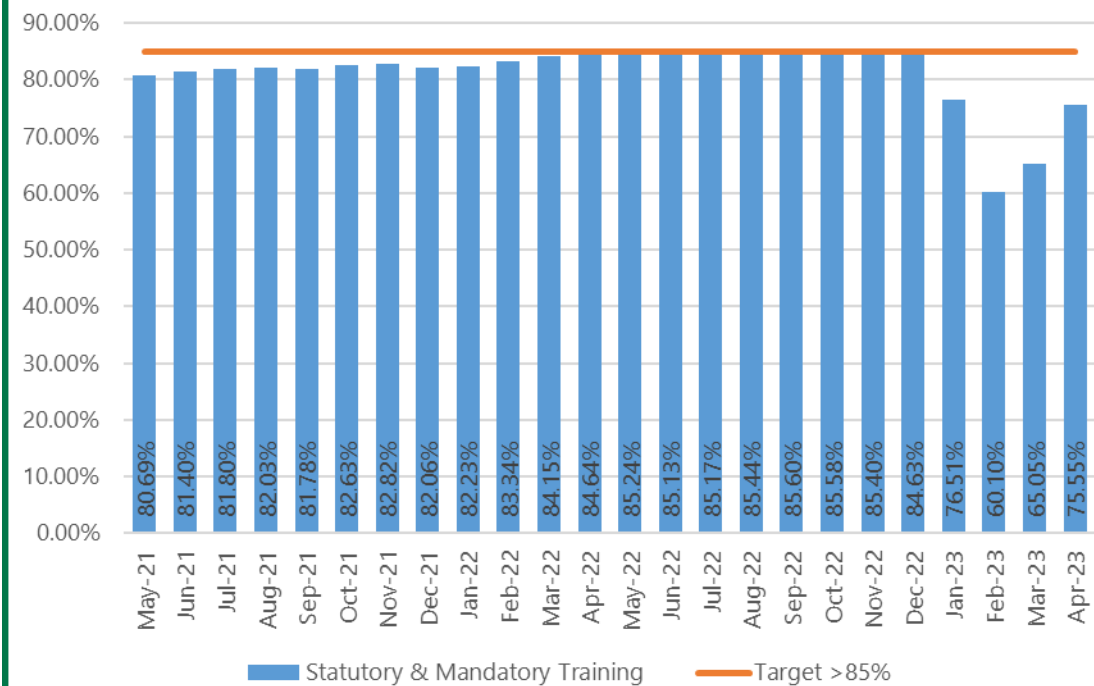
Expected Performance Trajectory

The Statutory & Mandatory compliance needs to be addressed, but further analysis of the cause is required before an improvement trajectory can be set.

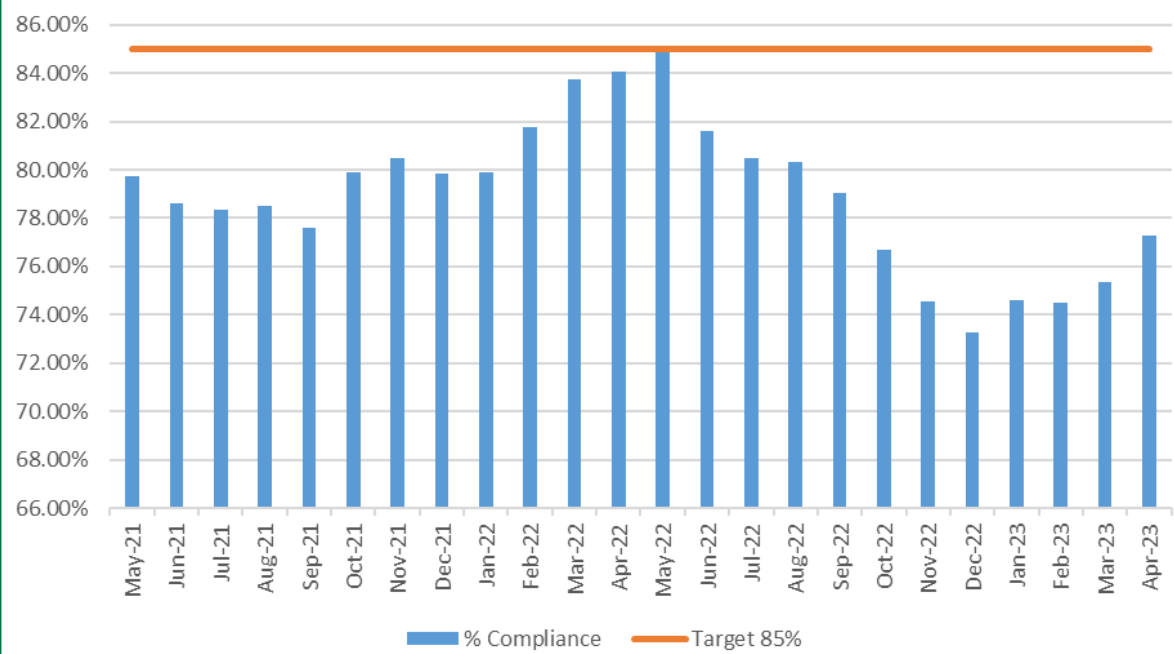
Skills and Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection Prevention & Control - Level 1	3 years
Information Governance (Wales)	2 years
Moving and Handling - Level 1	2 years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

Data source: ESR

% Compliance Statutory and Mandatory Training (10 CSTF Modules)



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



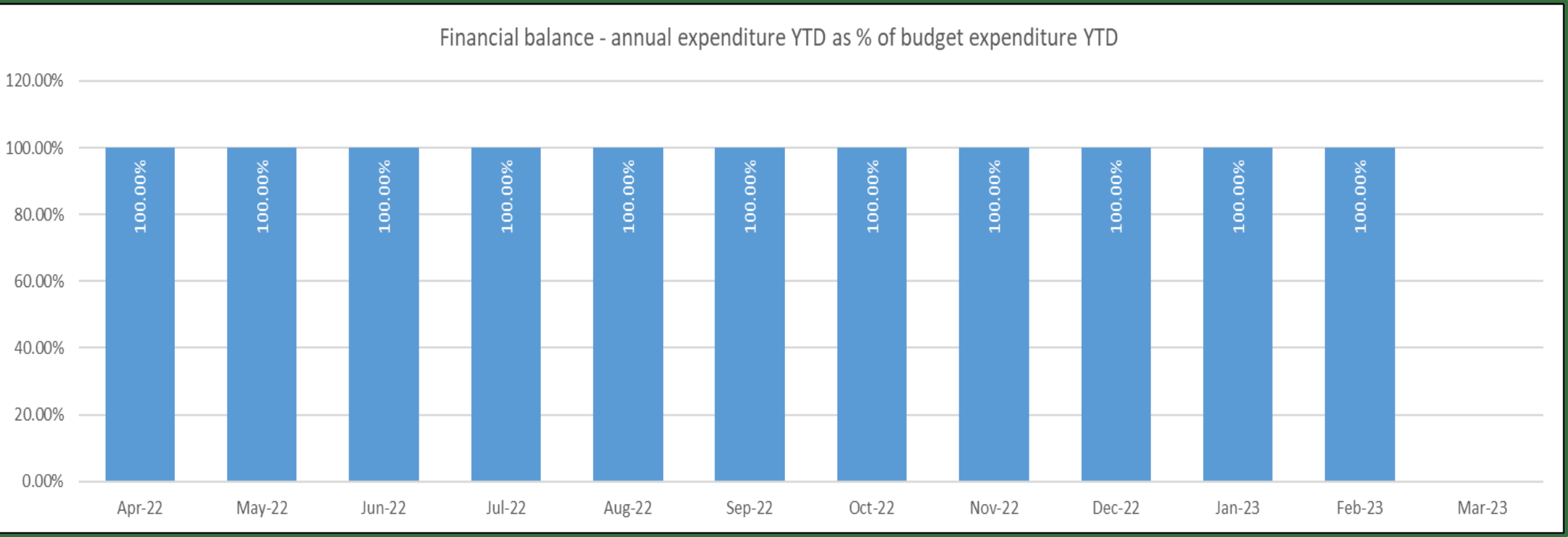
Finance, Resources and Value

Finance Indicators

(Responsible Officer: Chris Turley)



*NB: March 2023 update unavailable due to 2022-23 Year end processes



Analysis
The reported outturn performance at Month 11 is a surplus of £12k, with a forecast to the yearend of breakeven.

For Month 11, the Trust is reporting planned savings of £3.942m and actual savings of £4.025m (an achievement rate of 102.1%).

The Trust’s cumulative performance against PSPP as at Month 11 is 97.2% against a target of 95%.

The agency spend in February 2023 (0.5%) remained the same as January 2023 (0.5%).

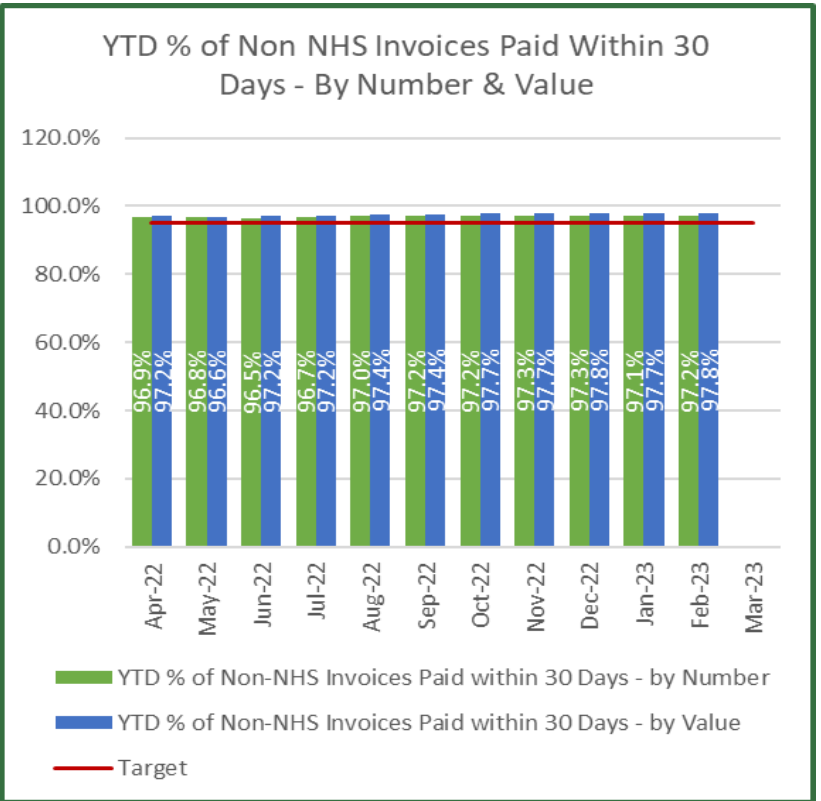
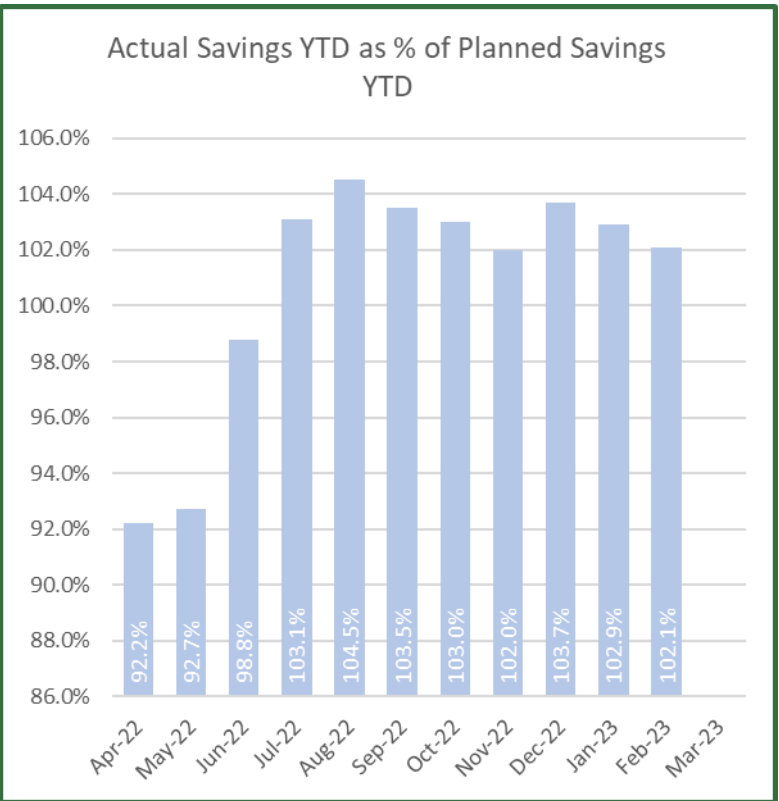
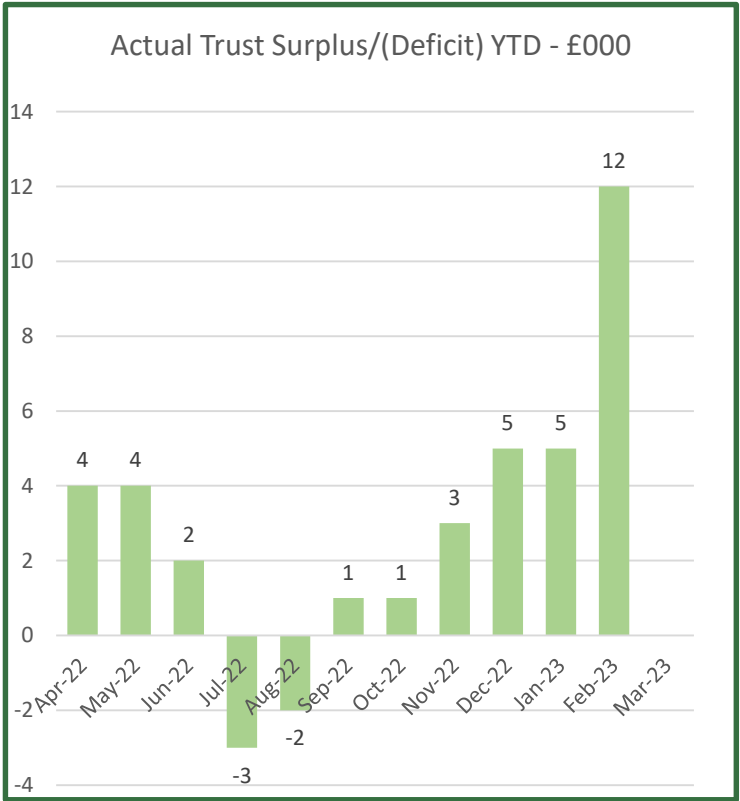
Remedial Plans and Actions
The Trust’s financial plan for 2022-25 has been built on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2022-25 financial plan was submitted to WG following Board sign off on 31st March 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 and beyond 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;

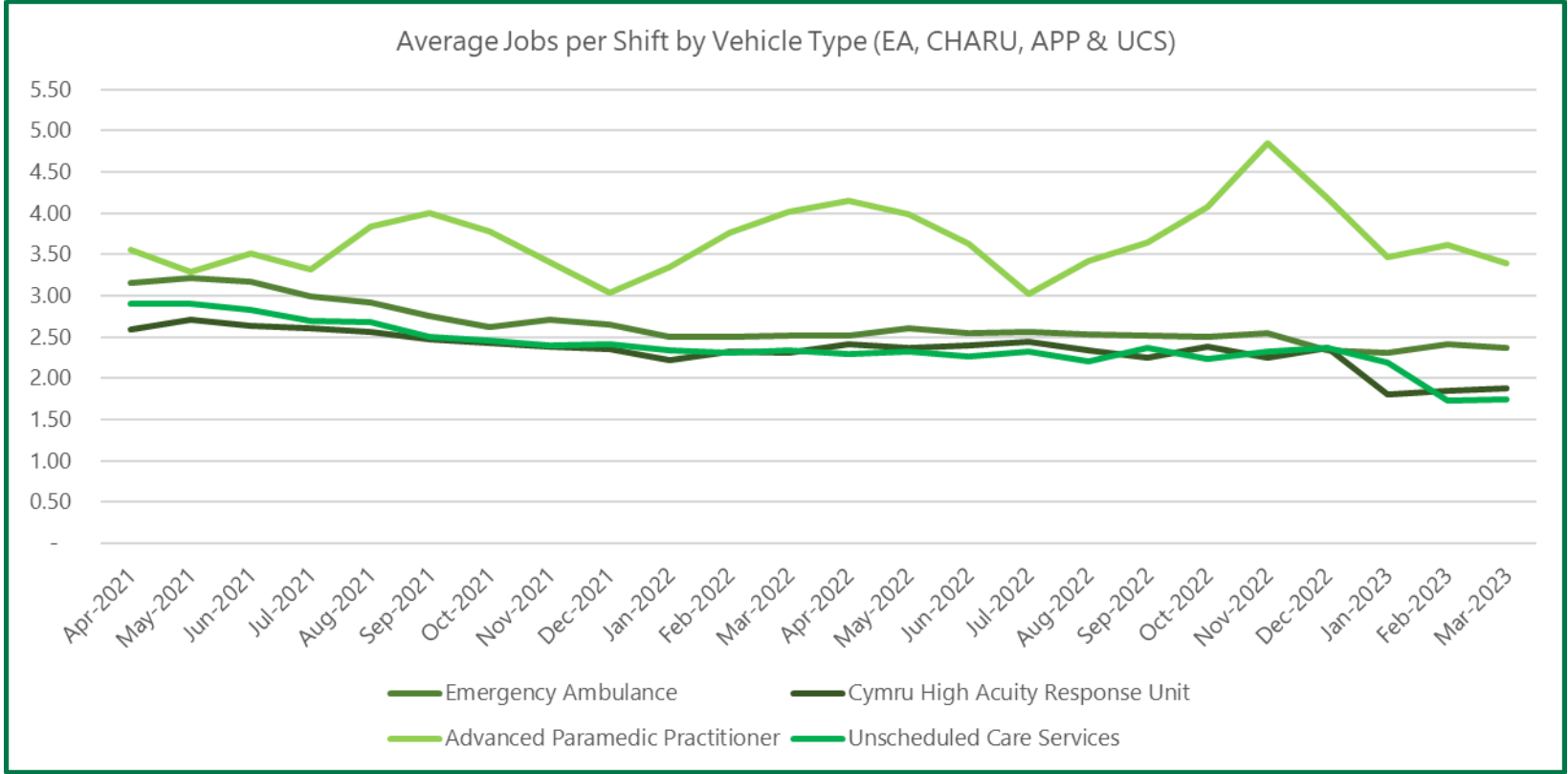
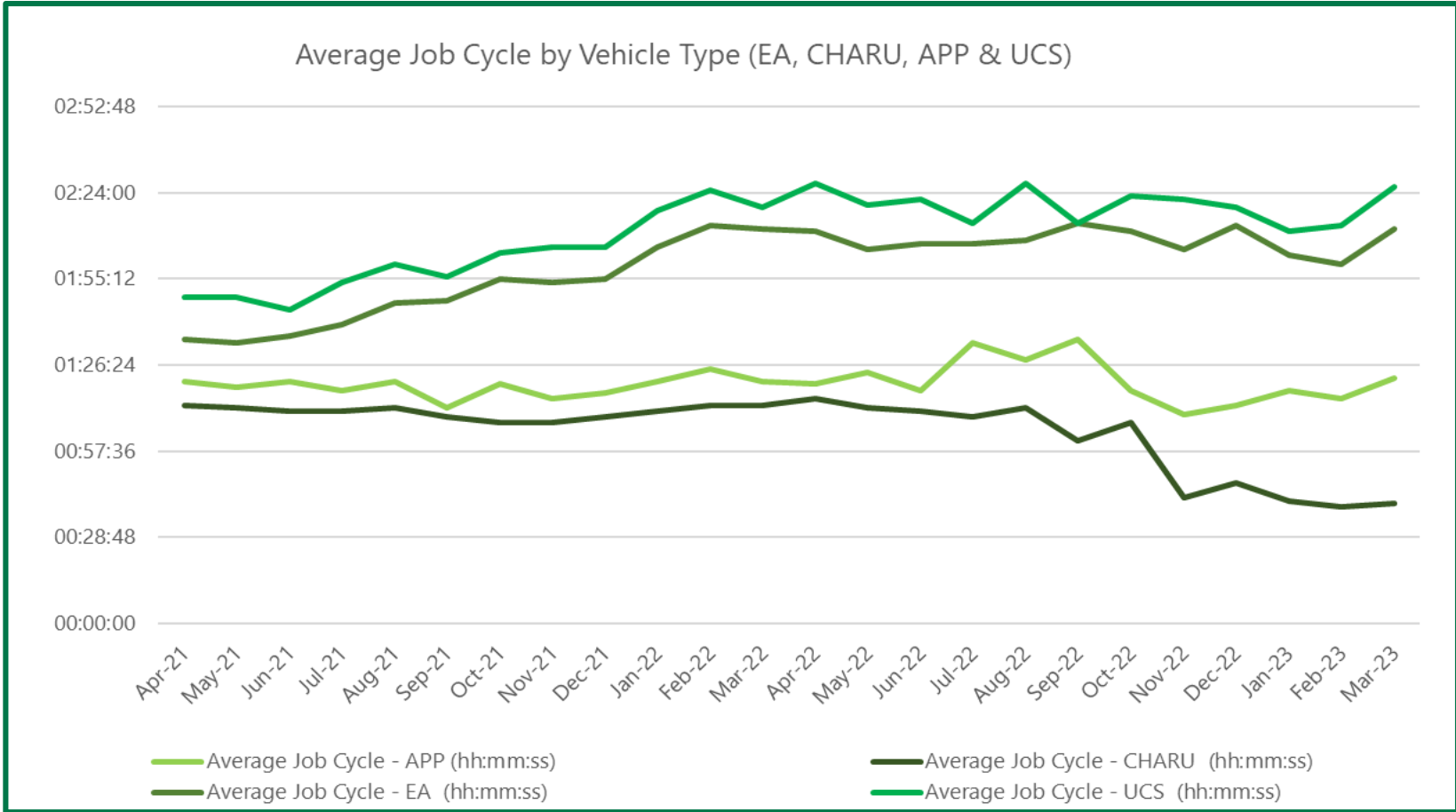
Expected Performance Trajectory
The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2022/23 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver further significant level of savings into the 2023/24 financial year.



Finance, Resources and Value

Resource and Value Indicators

(Responsible Officer: Chris Turley)



Value – Job Cycle and Volume

Analysis

As demonstrated in the top graph, the average job cycle decreased in March 2023 for all vehicle types. EA calls averaged 2 hours 12 minutes while UCS crews saw their average increase to 2 hours 26 minutes.

Average jobs attended by all crew types increased in March 2023, except for EA and APP crews. APPs attended on average 3.40 jobs per shift, EAs 2.37 jobs per shift, UCS crews 1.74 jobs per shift and RRV's 1.88 jobs per shift.

Overall average jobs per shift has remained relatively static for EA, CHARU and UCS throughout the past year, following a period of decline during 2021. In comparison average jobs per shift for APPs is on a fluctuating, but generally increasing trajectory.

Remedial Plans and Actions

The increase in average job cycle time since 2021 can be attributed to numerous factors including the introduction of ePCR and increasing hospital delays (staff pre-empting and packaging patients in readiness for long waits and patients waiting longer for an ambulance response therefore requiring more treatment/assessment). These times are monitored at Weekly Performance Meeting and local work to establish appropriate efficiency initiatives is ongoing

Expected Performance Trajectory

The increase in job cycle time since 2021 is caused by numerous complex factors. As ePCR embeds, a decrease may be seen, but with the factors outside of WAST's control a reduction to pre pandemic levels may not been seen.

**NB: Average jobs per shift only includes data where the full shift worked is less than 20 hours.*

Total shift hours currently includes the meal break for the shift

Total shift hours also includes Postproduction Lost Hours

NB: CHARU data is not yet available

Resource - Decarbonisation

Analysis

Delivery of the capital programme in 2023/24 sought to maximise decarbonisation aspects associated with investment. Examples include PV panels and battery storage at Bridgend Ambulance Hub, PV panels, battery storage and installation of air source heat pump within the development of the SE Fleet Workshop, and other energy saving schemes such as LED lighting, glazing and building management systems where possible during the last quarter of 2023/24. The Trust's EV charging network (initially to support implementation of 23 PHEV car-based response vehicles) developed from minimal provision to 67 chargers over 54 sites.

Remedial Plans and Actions

WAST Decarbonisation Action Plan is currently reporting internally as Amber. Estates and Facilities Advisory Board funding in 2023/24 and 2-24/25 will allow for investment in further infrastructure and decarbonisation schemes across a range of sites. Plans for Building Management Systems, and a design guide for retrofit of estate continue to be developed. However, further funding will be required. The Trust has completed a scoping exercise for electrical capacity requirements across the WAST estate and work is ongoing with Welsh Government Energy Services on rapid EV charging. The Programme Board was established in January 2023 and met again on 24th April 2023, and continues to develop its work programme and risk management approach.

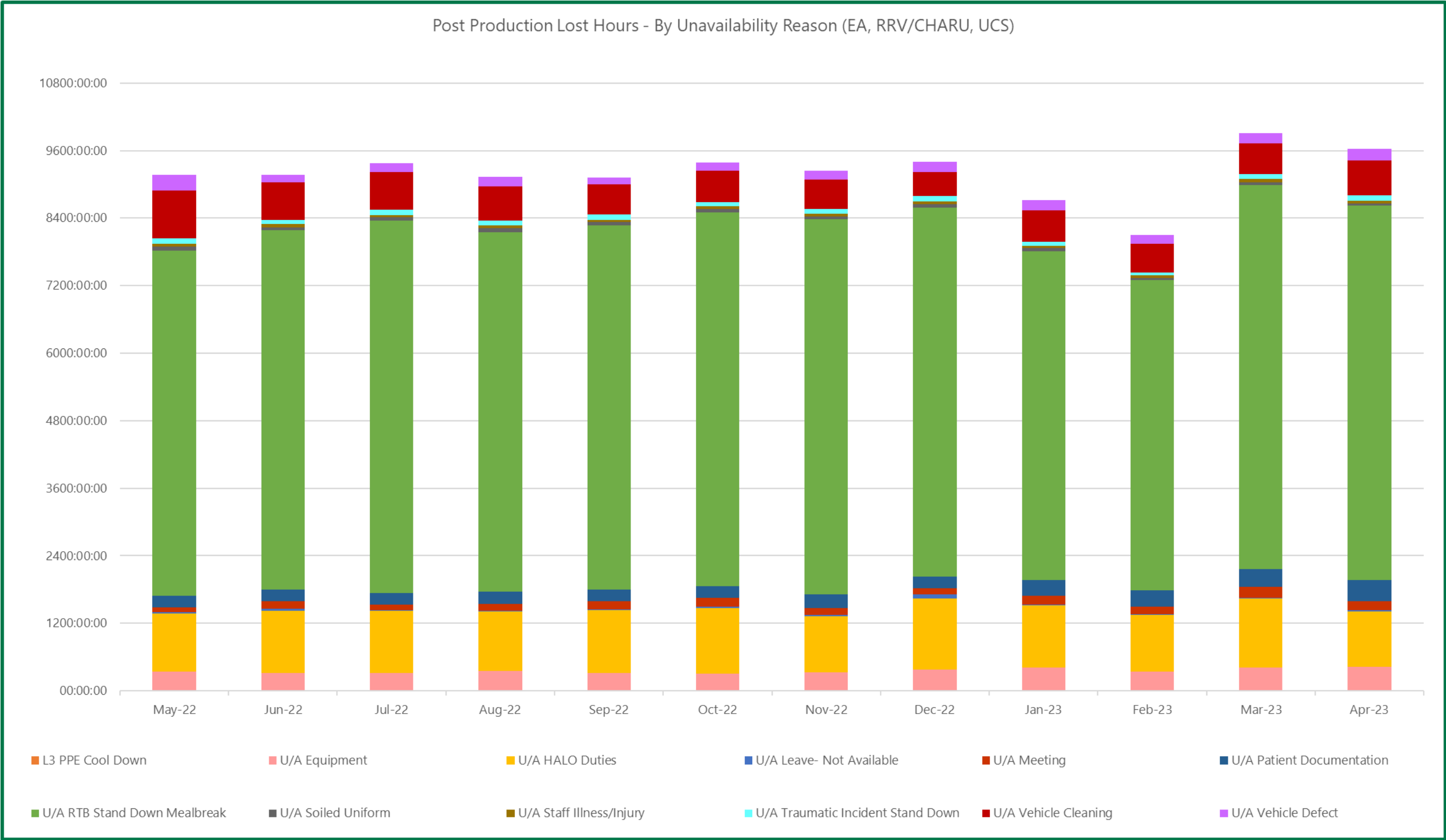
Expected Performance Trajectory

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.

Value / Partnerships & System Contribution

EMS Utilisation & Postproduction Lost Hours Indicators

(Responsible Officer: Lee Brooks)



Analysis
There were 9,631 postproduction lost hours (PPLH) across EA, RRV/CHARU, APP & UCS vehicles in April 2023; a decrease when compared to March 2023 (9,016). PPLH are due to numerous factors, as outlined in the bar chart which demonstrates they have remained relatively consistent since May 2022 (the month a retrospective fix was undertaken for the under-reporting of U/A RTB Stand Down Meal-break code), albeit the last two months have seen the highest reported figures over the past year. There was a decrease in hospital handover delays in the months month of April and April 2023 to hours (from in 2023 23,082 down 28,620 March).

Remedial Plans and Actions
The Trust will not be able to eliminate PPLH, however, efficiency options continue to be worked through, and PPLH are monitored and scrutinised closely, forming part of the weekly performance meeting. In relation to the U/A RTB Stand Down Meal-break reason, the rest break automation initiative has been paused due to industrial relations. The Trust plans to revisit this once the industrial dispute with Welsh Government has concluded.

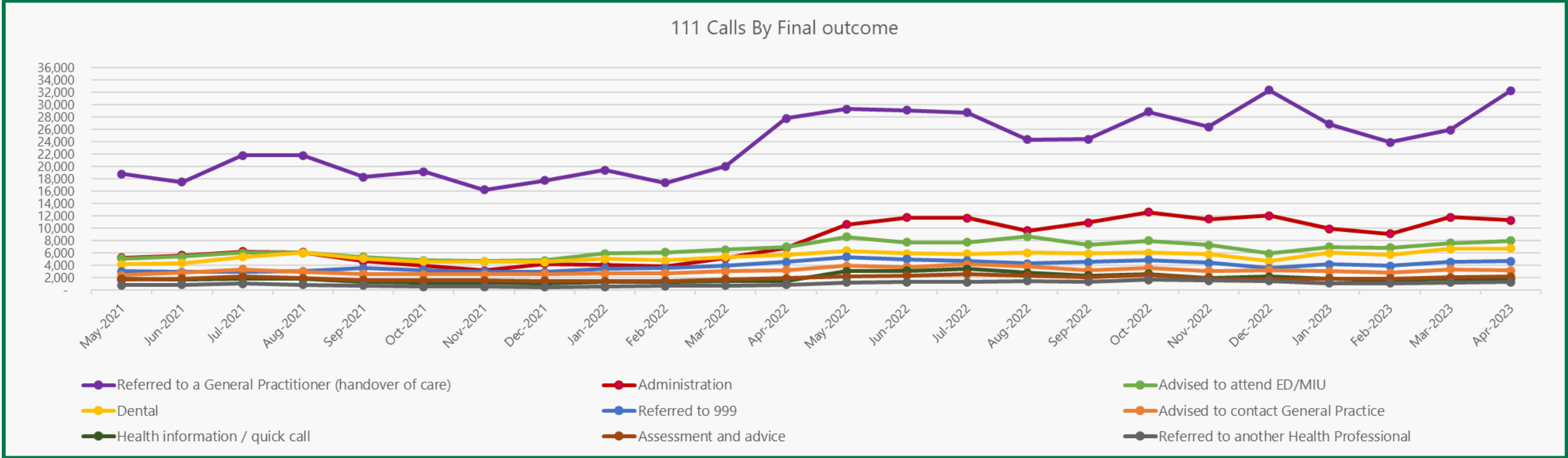
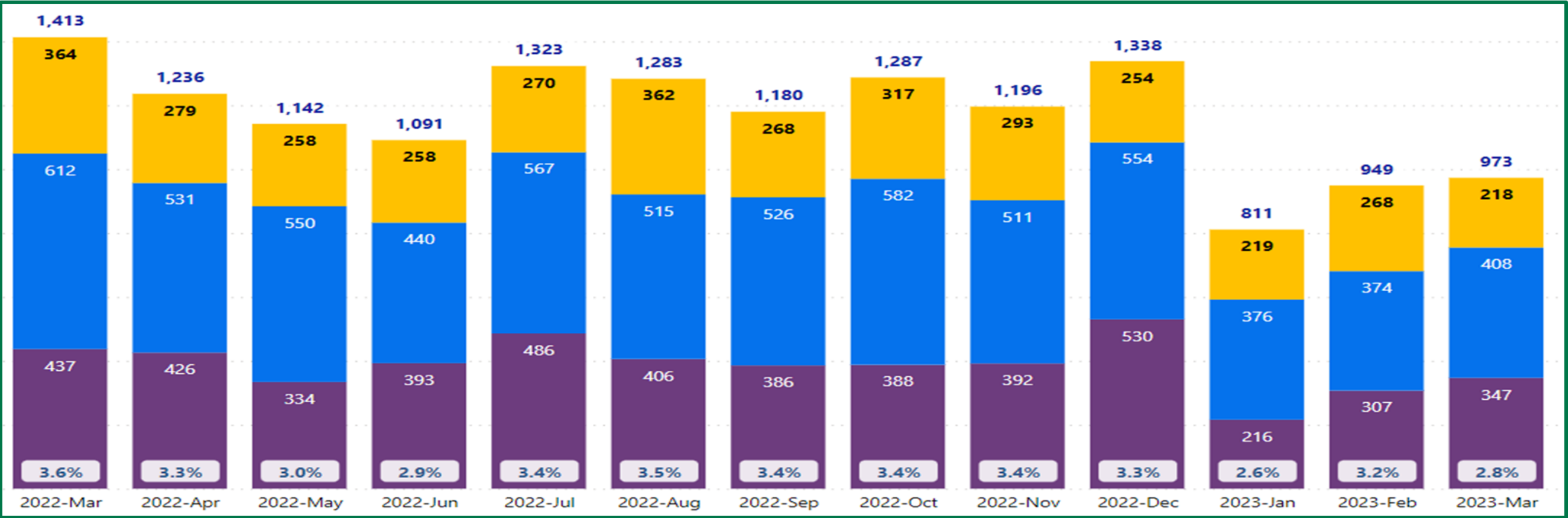
Expected Performance Trajectory
The current data needs to be treated with a degree of caution. As stated above, the Trust will not be able to eliminate PPLH. Although delayed handover hours outside EDs have improved slightly from December 2022, the lost hours for March 2023 were extreme, meaning resources are returning to base for rest predominantly outside of the rest break window, resulting in an unavailable status being assigned.

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

Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced



Analysis
The top graph depicts the outcomes against 999 calls where secondary triage is performed by NHS111 Consult and Close.

As demonstrated in the top graph in March 2023 alternative transport was the top outcome for calls handled by NHS111 followed by referral and.

65,070 calls were received into the 9 categories displayed in the bottom graph during March 2023, an increase when compared to 56,917 received in February 2023; and more in line with the average volume of calls received in the last 6 months.

In April 2023, calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 45% of all calls.

Remedial Plans and Actions
The new Consult and Close dashboard is now complete and live, enabling the Trust to report more meaningful and specific data in relation to calls ending in alternative transport, referral and self care.

The use of video consultation has been implemented and is now live, early indications show this to be a useful tool.

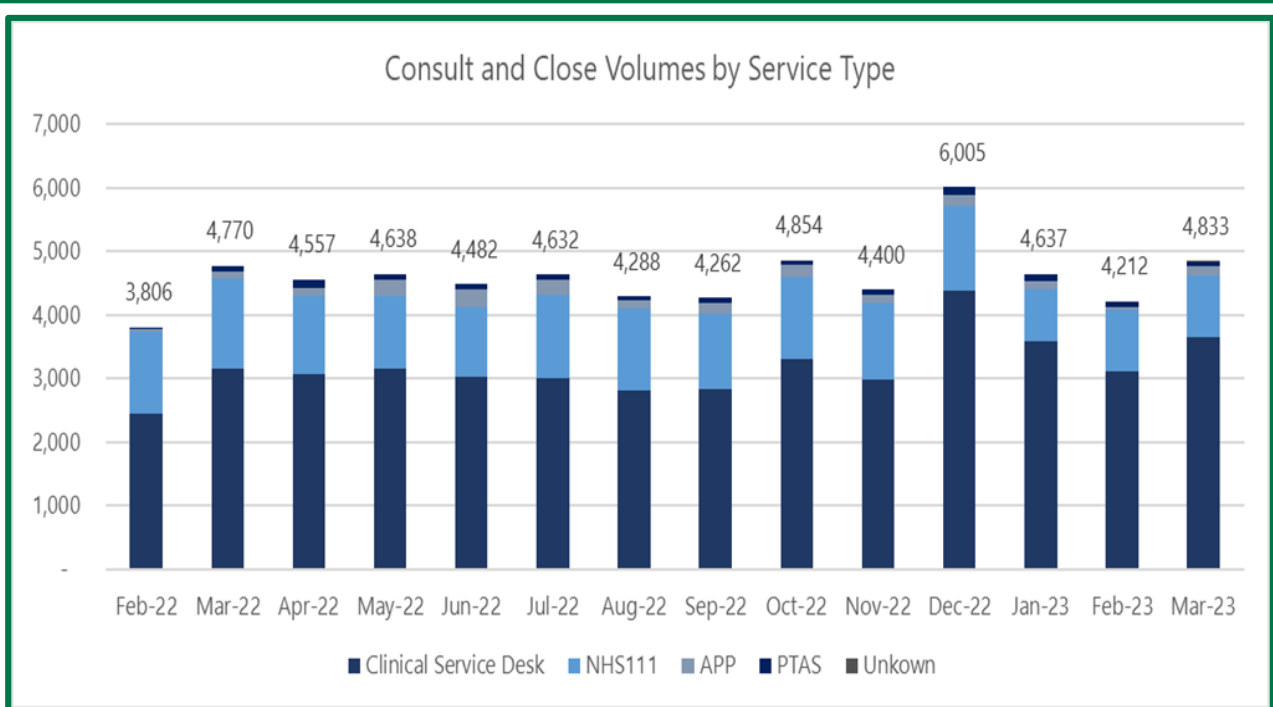
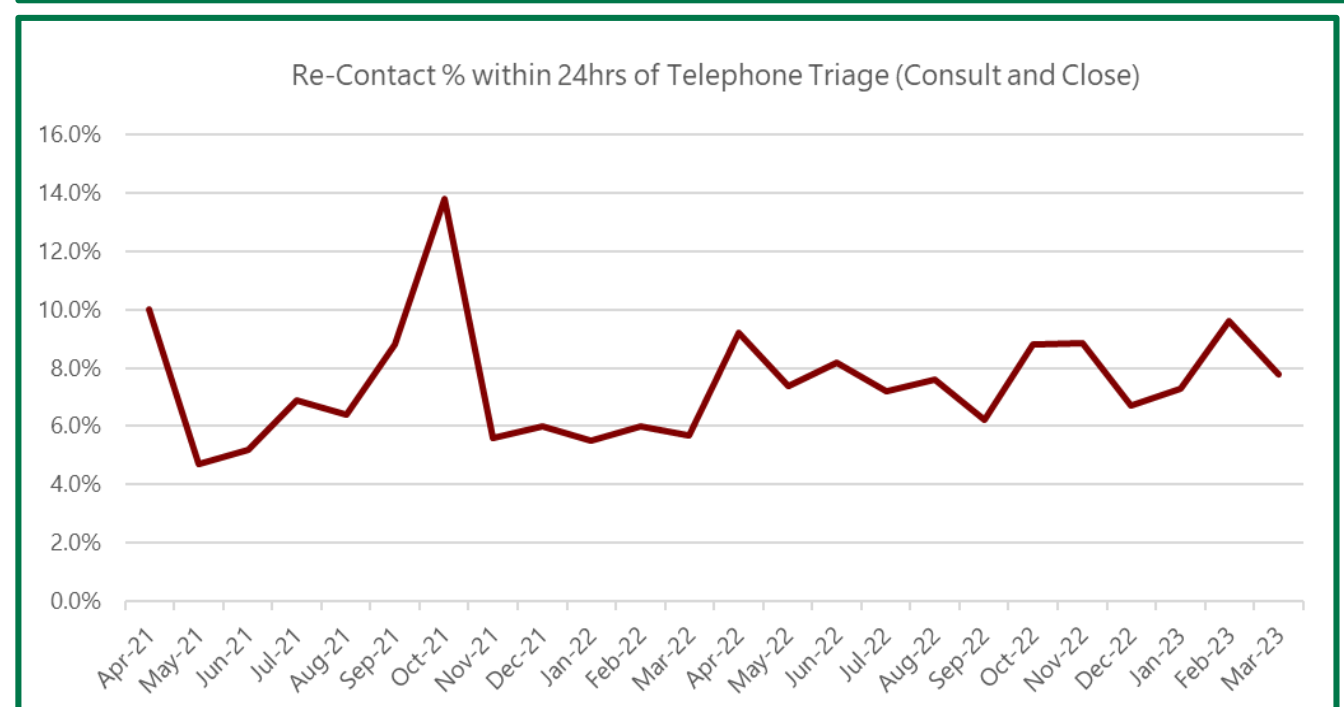
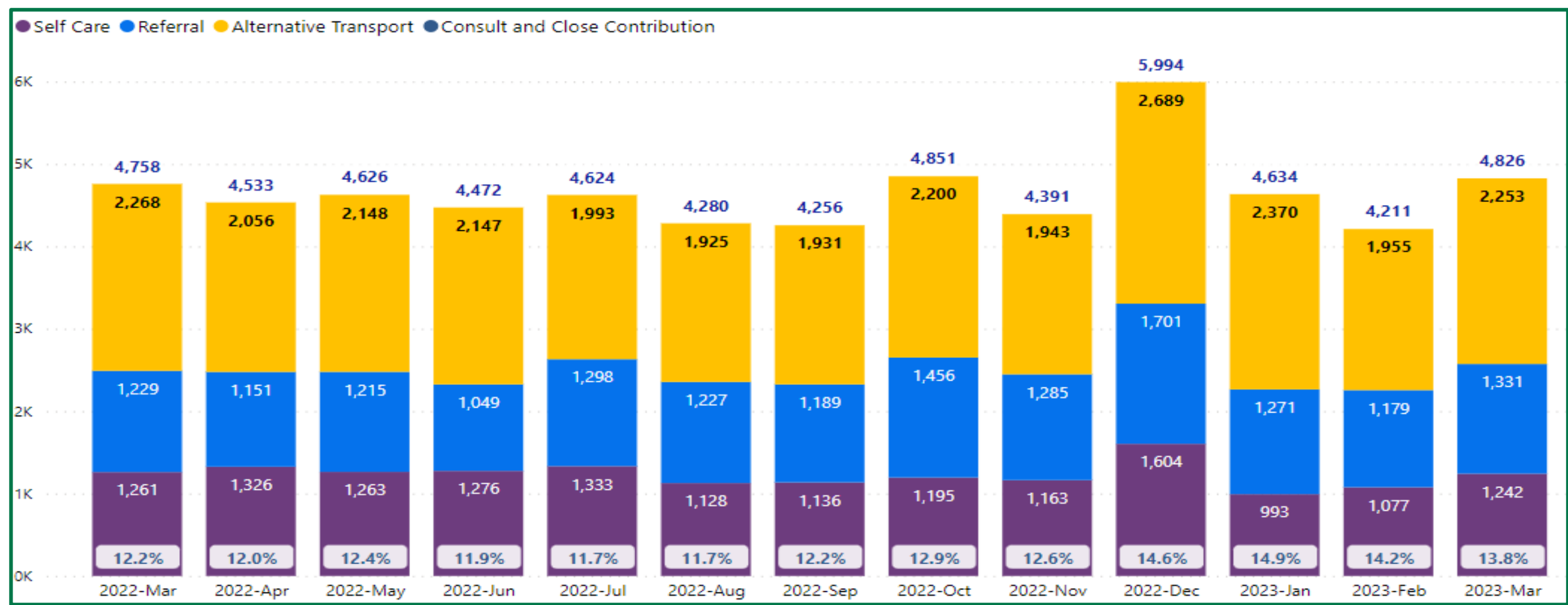
Expected Performance Trajectory
The Trust currently have a target to consult and close 15% of calls and are ambitious in aims to increase the proportion of activity resolved at step 2 by increasing the current target to 17% by the end of Quarter 1 2023/24 through internal efficiencies. The IMTP aspiration is to advance this to 20% but will require further investment of FTEs in the Clinical Support Desk (CSD).

Partnerships / System Contribution Consult & Close Indicators

(Responsible Officer: Lee Brooks)

A

FPC



Analysis

Consult and Close with contributions from Clinical Support Desk (CSD) (10.4%), NHS111 (2.8%), as well as WAST APP (0.4%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.2%) achieved 13.8% performance in March 2023 which was a slight decline on the 14.2% obtained during February 2023 just short of the new 15% target figure. Although more 999 calls resulted in a Consult and Close outcome (4,826 up from 4,211) the number of 999 incidents was also higher leading to the lower percentage.

Of the calls successfully closed in March 2023, 1,242 patients received an outcome of self care; 1,326 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,250 were advised to seek alternative transport services in order to acquire treatment.

Re-contact rates in March 2023 were 7.8%, an increase compared to 5.7% in March 2022 and 7.1% in March 2021.

Remedial Plans and Actions

- The team are undertaking process maps of the work that they do in order to identify where improvements can be made.
- Red Review of 999 calls to confirm appropriate category selection continues to be a high priority for CSD in addition to Consult and Close activity.
- Discussions are ongoing to identify additional resources required on top of Consult & Close priorities.

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.

Partnerships / System Contribution

Conveyance to ED Indicators

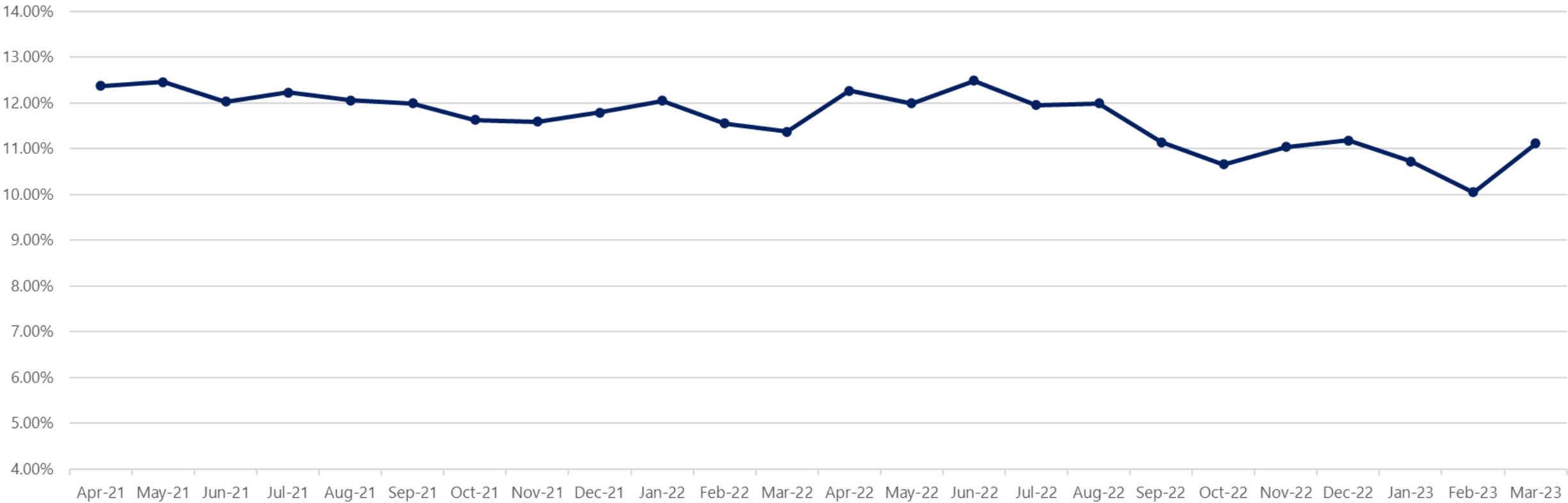
(Responsible Officer: Andy Swinburn)

A

FPC

Ministerial Measure

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



Analysis

In March 2023 11.11% of patients (1,524) were conveyed to a service other than a Type One ED. Although not shown here, the percentage of patients conveyed to EDs increased compared to the same period last year. In March 2023 conveyance to EDs as a proportion of total verified incidents was 34.80% (compared to 32.21% in March 2022).

The combined number of incidents treated at scene and referred to alternate providers increased slightly during March 2023, from 3,330 in February to 3,599 in March 2023. 1,615 incidents were referred to alternative providers and 1,984 incidents were treated at scene.

There has been a general increase in APP conveyance rates in recent months, due to several factors: -

- CSP means the right jobs are not always there for APPs to alter or influence the disposition.
- The tasking of APPs has changed, moving away from APPs reviewing the stack to mandatory code sets.
- There has been an increase in respiratory patients of all ages over the last quarter who have been poorly and required hospital admission.

Remedial Plans and Actions

The Trust has modelled the use of same day emergency care (SDEC) services and identified that they could take an estimated 4% of EMS demand; it is currently less than 0.25%. This modelling has been provided to both EASC and WG. The percentage increase in conveyance to services other than EDs is a Ministerial Priority. The Trust's ability to improve this figure is dependent on pathways that are open to the Trust, for example, SDECs.

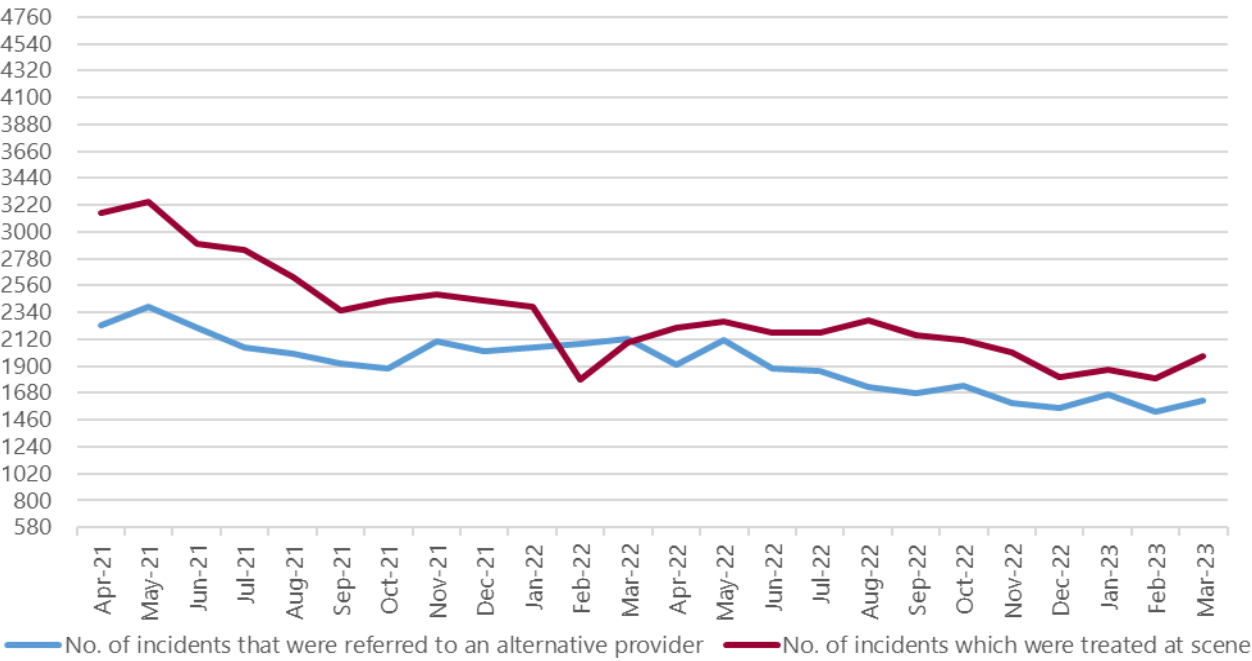
Utilisation of APP resources will continue to be monitored as part of weekly performance reviews and evaluation of the appropriate APP code-set will be undertaken through the Clinical Prioritisation and Assessment Software (CPAS) group.

Expected Performance Trajectory

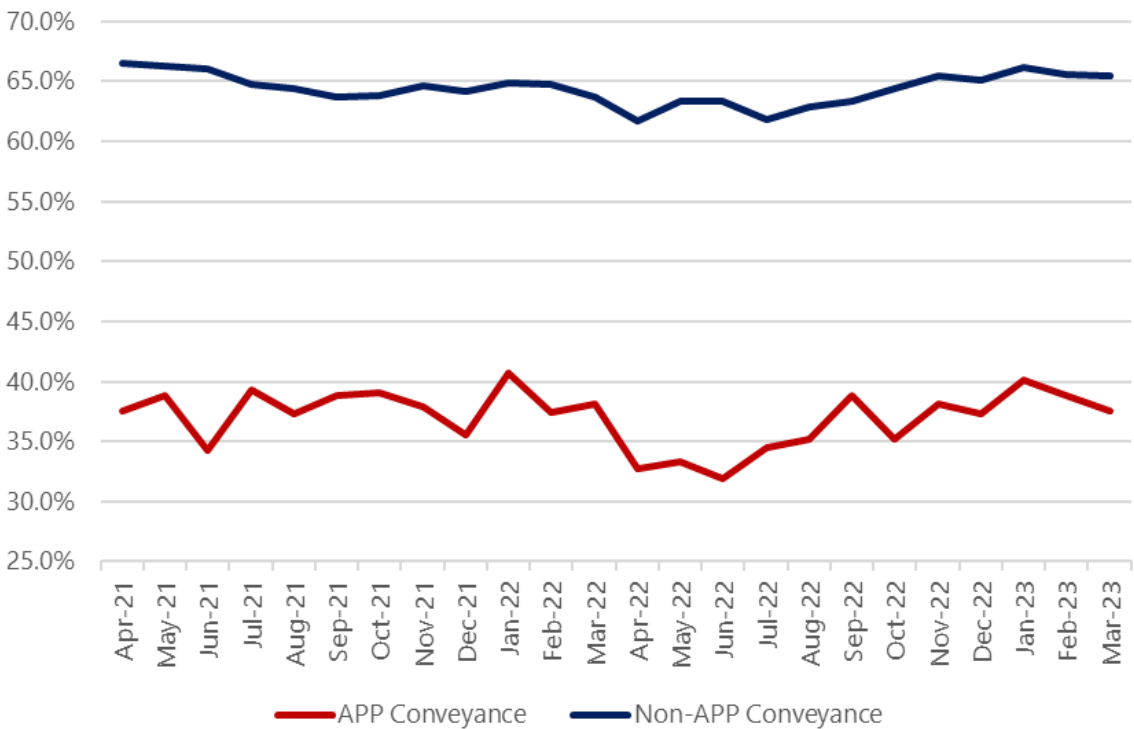
The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes 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).

**NB: Data correct on the date and time it was extracted; therefore, figures are subject to change.*

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

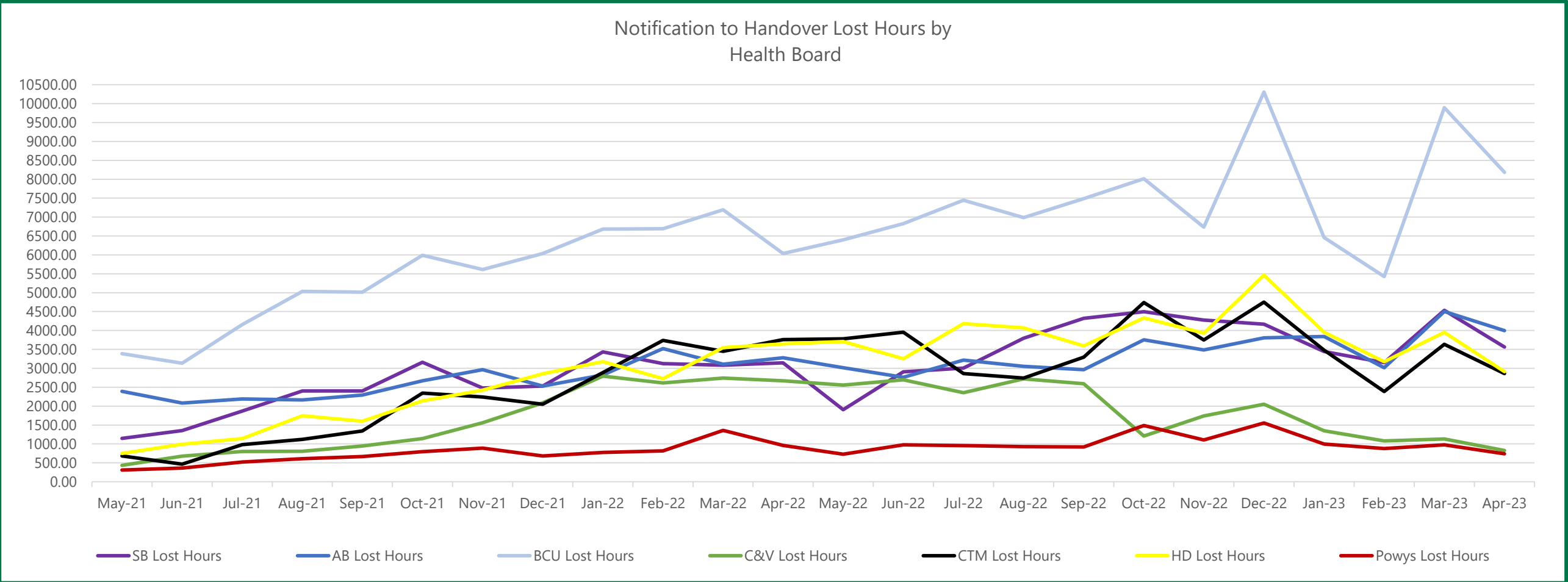


APP vs Non-APP Conveyance Rates



Partnerships / System Contribution

Handover Indicators



Analysis
299,336 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (May-22 to Apr-23), compared to 206,755 over the same timeframe the previous year. 23,082 hours were lost in April 2023, a decrease from the 28,620 lost in March 2023.

The hospitals with the highest levels of handover delays during March 2023 were:

- Morriston Hospital (SBUHB) at 2,098 lost hours
- Glan Clwyd Hospital Bodelwyddan (BCUHB) at 3,464 lost hours
- The Grange University Hospital (ABUHB) at 3,840 lost hours
- Maelor General Hospital (BCUHB) at 2,735 lost hours

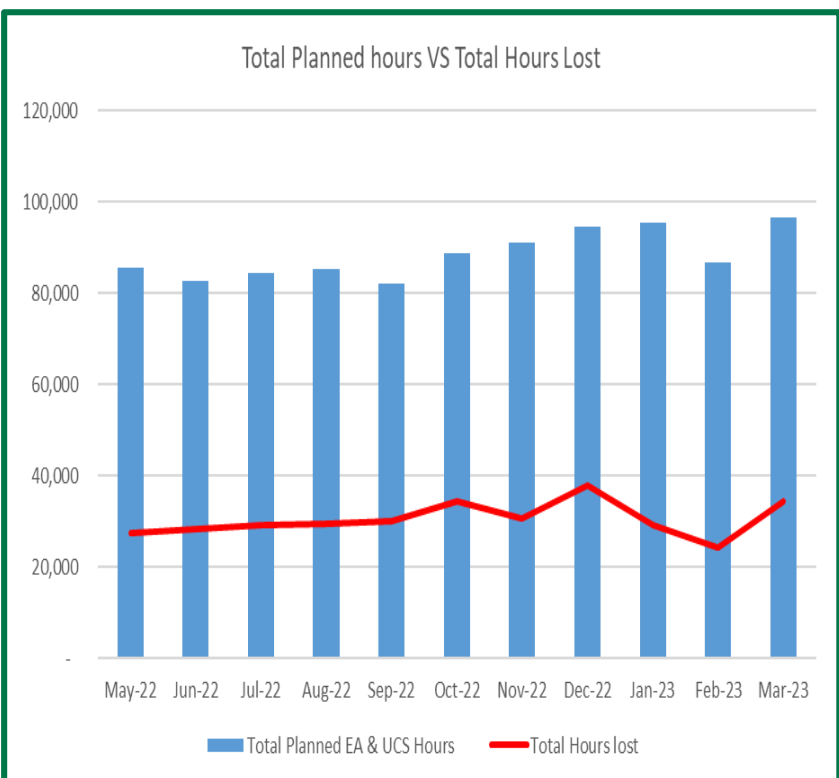
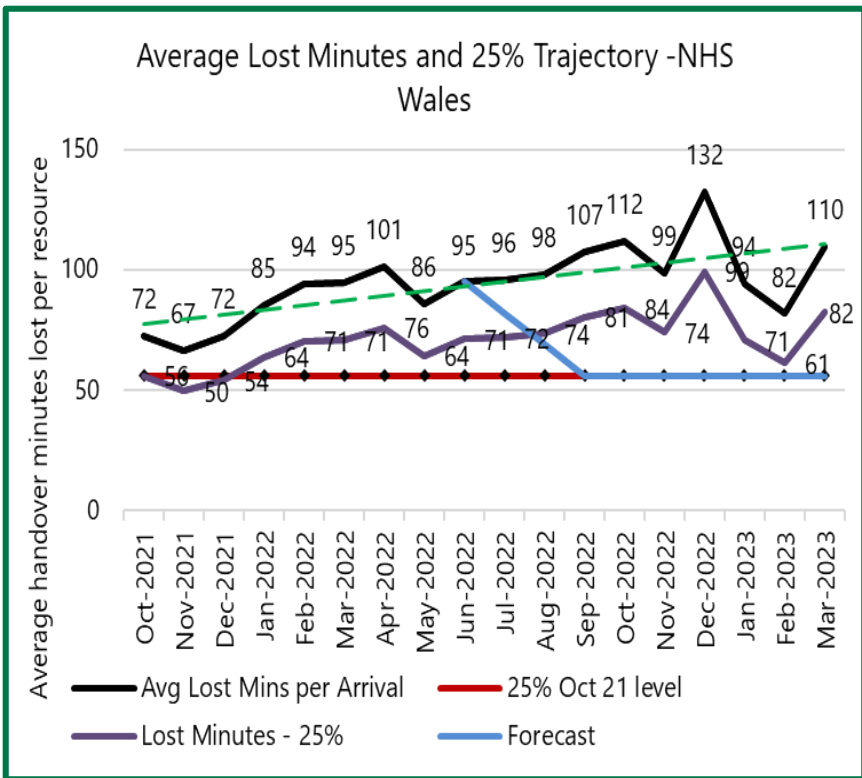
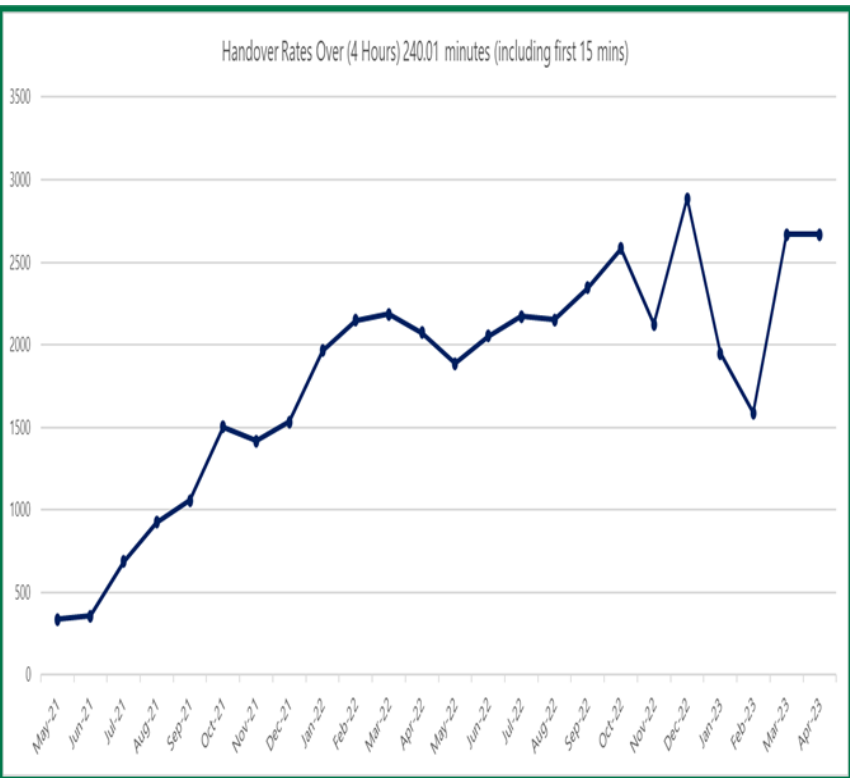
Notification to handover lost hours averaged 769 hours per day during April 2023 compared to 923 hours a day in March 2023. There were 2,670 handovers over 4 hours Pan-Wales in April 2023 an increase compared to April 2022 (2,072).

In March 2023, the Trust could have responded to approximately 7,281 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

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 Commissioning intention for 2023/24 is that handover lost hours should reduce to 15,000 hours per month, the same seen levels seen in the winter of 2019/20, which were considered extremely high, 12,000 hours by the end of Quarter 2 and sustained and incremental improvement in quarters 3 and 4. The ambition that there should be no waits over 4 hours during 2023/24. Non-release for Immediate Release Requests should become a Never Event.

**NB: Data correct at time of abstraction.*



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	Emergency Medical Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TU	Trade Union
CCP	Complex Case Panel	EMS	Emergency Medical services	IPR	Integrated Performance Report	OH	Occupational Health	UCA	Unscheduled Care Assistant
CEO	Chief Executive Officer	EMT	Executive Management Team	KPI	Key Performance Indicator	P / PHB	Powys / Powys Health Board	UCS	Unscheduled Care System
CFR	Community First Responder	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	PCR / PCRs	Patient Care Record(s)	UFH	Uniformed First Responder
CI	Clinical Indicator	EPT	Executive Pandemic Team	MACA	Military Aid to the Civil Authority	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	UHP	Unit Hours Production
COOs	Chief Operating Officers	FTE	Full Time Equivalent	MIU	Minor Injury Unit	PECI	Patient Engagement & community Involvement	U/A RTB	Unavailable – return to Base
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	POD	Patient Offload department	VPH	Vantage Point House (Cwmbran)
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PPLH	Post Production Lost Hours	WAST	Welsh Ambulance Services NHS Trust
CSD	Clinical Service Desk	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	PSPP	Public Sector Purchase Programme	WG	Welsh Government
CSP	Clinical Safety Plan	HCP	Health Care Professional	NEWS	National Early Warning Score	QPSE	Quality, Patient Safety & Experience	WIIN	WAST Improvement & Innovation Network

Definition of Indicators

Indicator	Definition	Indicator	Definition
111 Abandoned Calls	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	Hours Produced for Emergency Ambulances	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
111 Patients Called back within 1 hours (P1)	(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.	Sickness Absence (all staff)	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
999 Call Answer Times 95th Percentile	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.	Frontline COVID-19 Vaccination Rates	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
999 Red Response within 8 Minutes	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	Statutory and Mandatory Training	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).
Red 95th Percentile	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).	PADR/Medical Appraisal	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.
999 Amber 1 95th Percentile	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.	Ambulance Response FTEs in Post	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Return of Spontaneous Circulation (ROSC)	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.	Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Stroke Patients with Appropriate Care	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 caret hat have a greater effect on patient outcomes if done together in a time-limited way ,rather than separately).	Financial Balance – Annual Expenditure YTD as % of budget Expenditure	Annual expenditure (Year to Date) as a proportion of budget expenditure.
Acute Coronary Syndrome Patients with Appropriate Care	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.	Post Production Lost Hours	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).
Renal Journeys arriving within 30 minutes of their appointment (NEPTS)	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	111 Consult and Close	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.
Discharge & Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	999 / 111 Hear and Treat	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.
National reportable Incidents (NRI)	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.	% Incidents Conveyed to Major EDs	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).
Concerns Response within 30 Days	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	Number of Handover Lost hours	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.
EMS Abstraction Rate	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.	Immediate Release requests	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



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

AGENDA ITEM No	11
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	

DEMAND & CAPACITY PLANS

MEETING	Finance & Performance Committee
DATE	15 th May 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance
CONTACT	Hugh.bennett2@wales.nhs.uk

EXECUTIVE SUMMARY

RECOMMENDATION

Committee is asked to: -

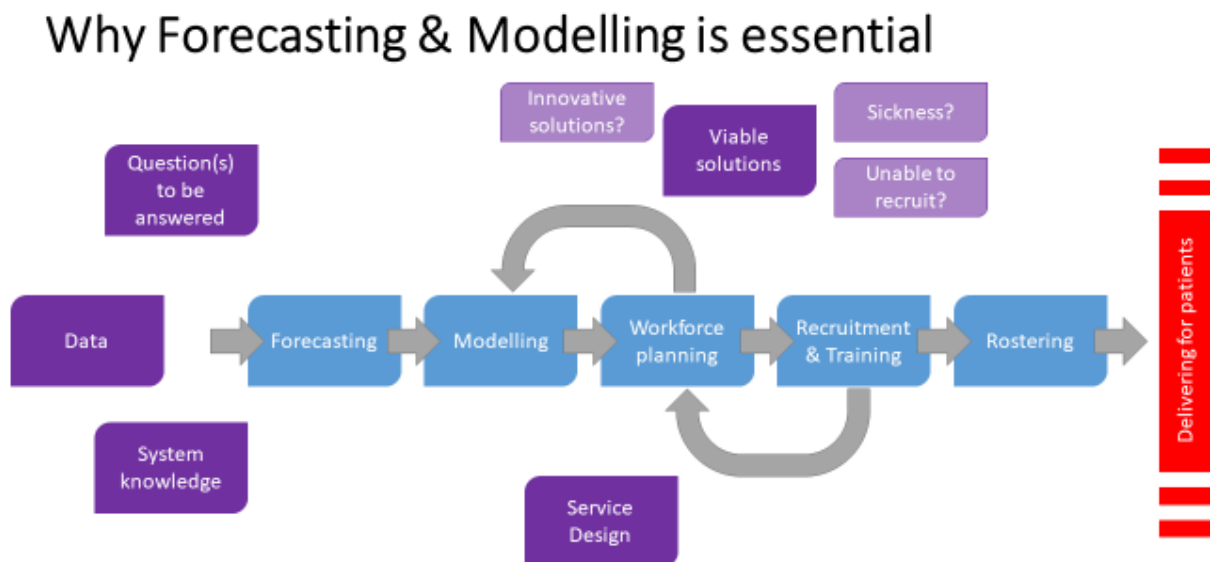
- **Consider** the:
 - a) The Trust's approach to demand & capacity plans (forecasting and modelling).
 - b) The positive external opinion received;
 - c) The impact of forecasting & modelling; and
 - d) The improvement activity.

SITUATION

1. The Finance & Performance Committee (the committee) has requested a report to review matters relating to demand & capacity, including proposals for reviews in this area and recommendations arising from such reviews.

BACKGROUND

2. The Trust was in enhanced monitoring in 2015 with a very immediate focus on performance from Welsh Government, for example, weekend roster cover and whether to pay incentivised overtime.
3. The Trust has made significant strides since then on the business critical forecasting – roster process (demand & capacity):-



4. The Trust uses a mixture of in-house and external capacity (primarily external), in particular, Optima Predict and Operational Research in Health for the forecasting and modelling, which is undertaken at strategic (five year reviews), tactical (seasonal planning) and operational levels(rolling demand forecasting).
5. Whilst the focus of the report is on forecasting & modelling, the Trust has also made significant strides in the workforce planning, recruitment & training and rostering part of this business critical process, however, these are out of scope for this report.
6. The responsibility for forecasting & modelling in the Trust is discharged through the Forecasting & Modelling Group. The Group involves colleagues from across the Trust, but also the NHS Executive (Delivery Unit), who actively supported the Trust in this space during the pandemic, and continue to do so, and colleagues

from the National Collaborative Commissioning Unit. The focus is open data, collaborative, flat structure.

7. The Trust also operates an Integrated Technical Planning Group. The Group focuses on the technical planning that emerges from the Trust's strategic ambitions, often connected to forecasting & modelling, and looks at detailed planning on workforce, fleet, estate, rosters etc.
8. Both groups were stood up during the pandemic period, continue and are well supported by colleagues attending from inside and outside of the Trust, a sign that they are considered valuable settings.

ASSESSMENT

External Opinion

9. A good place to start is external opinion of the Trust's approach to forecasting & modelling and related activities).
10. The Trust has never been formally audited on its approach to forecasting & modelling, which given its focus on patient safety and the scale of decisions being taken e.g. funding greater the tens of millions is perhaps surprising.
11. Whilst no formal audit has been undertaken the Trust received a "reasonable assurance" for its approach to programme management, in particular on the EMS Operational Transformation Programme, only missing "substantial assurance" because the programme definition document was not current and what was quorate was not clearly defined.
12. Informal feedback from the NHS Executive (Delivery Unit) is that the Trust is comparatively ahead of other parts of NHS Wales and that forecasting & modelling in the Trust is done at pace and connected to the decision-making process and acted on.
13. Recent feedback from an external consultancy firm is that the Trust's approach to workforce planning compares well. Whilst not forecasting & modelling, workforce planning is a connected activity.
14. Although the general view is positive the Trust is keen to continue improving. There has been recent agreement for an improvement time out between Executives, ADs and Heads of Service working on the forecasting – rostering process, to identify how it can be further improved.

Forecasting & Modelling Work Packages

15. The Trust has undertaken strategic demand & capacity reviews for each of its three main patient pathways:-
 - a. EMS Demand & Capacity Review (publically reported to the Emergency Ambulance Services Committee (EASC) January 2020;

- b. Non-Emergency Patient Transport Service Demand & Capacity (reported to a Board Development Session and shared with the Chief Ambulance Services Commissioner); and
 - c. 111 Demand & Capacity Review (reported to Executive Management and shared with the 111 Programme Director).
- 16.** By way of the example of what the Forecasting & Modelling Group does, the current packages of forecasting & modelling are live:-
- a. EMS Strategic Demand & Capacity Review 2025-2023;
 - b. Unscheduled Care Service, rebasing of;
 - c. Proposed National Discharge & Transfer Service;
 - d. End of Shift modelling;
 - e. Seasonal modelling (summer).

Impact of Forecasting & Modelling

- 17.** The EMS Demand & Capacity Review (2019) led to the creation of the EMS Operational Transformation Programme. The programme has delivered:-
- An increase in EMS Response front line FTEs of 308 FTEs;
 - The delivery of the EMS Response roster review (identified efficiency capacity increase of 72 FTEs);
 - A benchmarked consult & close rate of 10.2%, subsequently revised upward to 15%
- 26.** As the Committee knows (see Harm report to each Trust Board) the gains from these hard won improvements has been offset by the extreme levels of handover lost hours, for example, the Review was predicated on a handover lost hours of 6,018 (December 2018, considered high at the time), compared to December 2022 of +32,000 hours.
- 27.** The NEPTS Demand & Capacity Review led to the creation of the Ambulance Care Transformation Programme. The programme has delivered (or is in the process of delivering):-
- Increased alignment between patient ready times and vehicle ready times, a key efficiency (completed);
 - NET Centre roster review (about to start);
 - A change in approach to improve oncology performance (new metric live from 01 April 2023, supported by Oncology Hubs); and

- NEPTS roster review (paused due to pandemic, with current consideration on whether to proceed in 2023/24 being part of IMTP prioritisation process)
28. The 111 Demand & Capacity Review has had a less successful outcome. The findings were not accepted by the 111 Programme Director; however, it did enable the Trust to baseline the new pan-Wales service and has given the Trust an internal position on this service. The Trust is expecting to collaborate with 111 Commissioners on the forecasting – rostering business critical process this year.
29. Committee may also remember that Trust Board has received reports on winter planning that combine forecasts of core demand, with CoVID-19 and flu, which are then connected with modelling software to predict performance, which in turn led to tactical investments by EASC during the pandemic period.

Forecasting & Modelling Framework

30. Ideally the Trust would like to record its arrangements for forecasting & modelling in a formal Forecasting & Modelling Framework that would provide Committee and Trust Board with formal assurance of this business critical process. This has also become an EASC commissioning intention.
31. At this time the Trust does not have sufficient capacity to write this Framework, with the focus being on the more pressing need to complete the various requests for forecasting & modelling.

Conclusions

32. The Trust has access to sophisticated forecasting and modelling software and high level analysts, both in-house and through external parties. The general view is that a hybrid of in-house and third party support is the most favoured approach.
33. The Trust does wish to have an improvement time out to focus on how it can further enhance its capability on the forecasting – rostering business critical process, however, creating this space needs to be set aside the many competing priorities of the Trust.
34. The Trust can demonstrate a strong connection between forecasting & modelling, transformation programmes and delivery.
35. Ideally, the Trust would like to enshrine its approach to Forecasting & Modelling in a formal Committee/Trust Board approved document.

RECOMMENDATIONS

The Committee is asked to: -

Note the work being undertaken in relation to forecasting and modelling.

REPORT APPROVAL ROUTE

Date	Meeting
05 May-23	Executive Director Strategy, Planning & Performance
15 May-23	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



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

AGENDA ITEM No	14
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

Environment, Decarbonisation and Sustainability Update April 2023

MEETING	Finance and Performance Committee
DATE	15 May 2023
EXECUTIVE	Chris Turley - Executive Director of Finance and Corporate Resources
AUTHOR	Richard Davies – Assistant Director of Capital and Estates Nicola Stephens – Environment and Sustainability Manager Jo Williams – Head of Capital Development
CONTACT	Joanne.williams10@wales.nhs.uk

EXECUTIVE SUMMARY

To provide an update on:

- Establishment of Decarbonisation Programme Board
- WAST Decarbonisation Action Plan update
- Welsh Government reporting
- Roll out of 23 hybrid Car based response vehicles and EV charging network
- Internal Audit – Decarbonisation
- Capital Investment – EFAB Funding
- Waste Management Internal Audit

Recommendation – Committee is asked to note this update

KEY ISSUES/IMPLICATIONS

REPORT APPROVAL ROUTE

Capital Management Board – 24th April 2023

EMT – via email

Finance & Performance Committee – 15th May 2023– for noting

REPORT APPENDICES	
14 th April Qualitative report – WG reporting submission ATTACHED	

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)	n/a	Financial Implications	Y
Environmental/Sustainability	Y	Legal Implications	Y
Estate	Y	Patient Safety/Safeguarding	n/a
Ethical Matters	n/a	Risks (Inc. Reputational)	Y
Health Improvement	Y	Socio Economic Duty	Y
Health and Safety	Y	TU Partner Consultation	n/a

WELSH AMBULANCE SERVICES NHS TRUST

CAPITAL MANAGEMENT BOARD

Environment, Decarbonisation & Sustainability Update

April 2023

SITUATION

1. This paper presents the Finance and Performance Committee with an update on the work being undertaken in support of the Trust's Environment and Sustainability work programme.
2. It also provides an update on the detailed reporting against the Trust's Decarbonisation Action Plan.

BACKGROUND

3. WAST has produced a Decarbonisation Action Plan (DAP) in response to the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan (*NHSW- DSDP*).
4. The plan has a range of actions which frame the Trust's decarbonisation response and spans all directorates across the Trust. It is vital that all areas of the Trust take ownership for the plan and that work across a potentially complex range of actions is organised appropriately to monitor and demonstrate progress.

ASSESSMENT

Establishment of Decarbonisation Programme Board

5. The team is pleased to confirm that the Decarbonisation Programme Board has now been formally established, with representatives from across the Trust. The first meeting, chaired by the Director of Partnerships and Engagement, took place on 30th January 2023. Given pressures across the Trust in Q4 of the financial year, it was agreed that the meetings would be held on a quarterly basis in the first instance, with increased frequency when required.
6. The terms of reference and Project Initiation Document are currently being reviewed by Programme Board members with anticipated approval at the next meeting in April. Work has commenced on the development of all project documentation including a detailed risk register which will be considered at the next meeting. This risk register development is also linked to work on the Corporate Risk Register; work has been ongoing to articulate the level of corporate risk for consideration at Board level. Given the complexity and range of risks within this work, it has now been agreed that a programme level risk management approach is the most appropriate, with specific high level/corporate impact risks escalated as necessary. This will be further worked

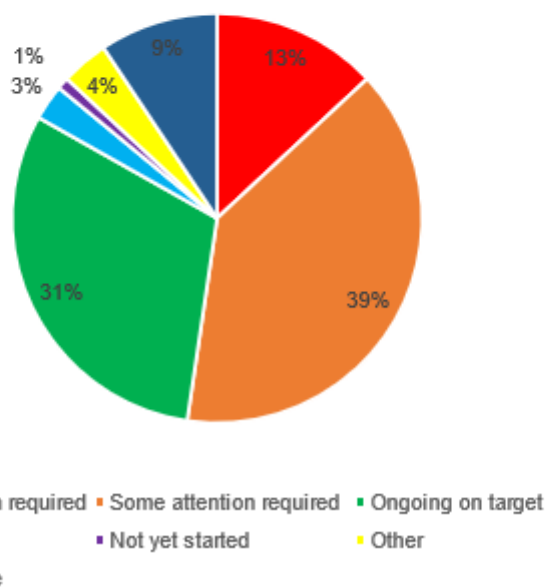
through in the coming months to ensure the appropriate level of information is captured at corporate level.

7. An initial **first draft** Programme Board risk register will be received at the April Programme Board meeting. Whilst subject to review and refinement, indicatively 25 risks have been identified so far, with the highest scoring risks (25) outlined as below:
 - a. If there is a failure to secure adequate capital funding then this would impact on improving the estate/fleet and reducing carbon emissions resulting in an inability to meet the targets set by WG
 - b. If there is a failure to improve/upgrade leased buildings then this would prevent building being brought up to modern standards. This would result in WAST missing DAP targets and the opportunity to lower emissions from a significant part of the estate
 - c. If the Trust does not have the correct resource/skill sets assigned to Decarbonisation projects then they will not deliver the solutions required, resulting in the need to spend additional funding to source these externally and greater overall project costs
 - d. If the Trust is unable to influence NWSSP procurement decarbonisation work, then the Trust will not have control of carbon emissions which come from supply chain. This would result in WAST not reaching identified targets
 - e. If technology is unavailable to change fleet to full electric, then the Trust will be unable to procure ULEVs resulting in targets being unachievable
 - f. If the Trust is unable to deliver all of the actions in the DAP then the emissions will not be reduced resulting in not achieving the Decarbonisations emission targets by 2025 and 2030
 - g. If there is a lack of enough electrical infrastructure or means to upgrade the electrical supply, then the Trust will be unable to install further EV charging capacity resulting in the inability to further progress the charging network and deliver on a full EV fleet

WAST Decarbonisation Action Plan update.

8. Finance and Performance Committee have received regular reporting on action plan progress since September 2022. The reporting follows the standard Strategic Transformation Board reporting, but given the breadth of actions within the report, a “Gateway Review” type scale has been deployed to indicate overall programme rating; it is noted that this is a work in progress and somewhat subjective but helpful in identifying an overall value. From a starting point of Red/Amber, the assessment is now Amber and the progress against several of the actions has been recorded as outlined overleaf.

ALL	Total actions on report	106
	Urgent attention required	14
	Some attention required	42
	Ongoing on target	33
	Closed	3
	Not yet started	1
	Other	4
	Awaiting update	10
	OVERALL REPORT RATING	AMBER



Items of progress

- The Trust has successfully utilised an additional £0.5m All Wales Capital Funding on a range of schemes as outlined below:
 - LED lighting at Caernarfon, Dobshell and Rhyl
 - Glazing at Port Talbot and Crickhowell
 - EV charging across a large number of sites
 - Scoping capacity and design plans for air source heat pump at Cardigan
 - Building Management System at VPH
 - Further decarbonisation enhancements to the SE Fleet Workshop Merthyr including 40kw PV array and support for roof strengthening, battery storage and air source heat pump as well as EV rapid charging and standard charging.
- A design guide is being written for the retrofit of existing WAST estate to improve compliance with decarbonisation requirements such as LED lighting and double glazing. Implementation of this will be further supported through the above funding.

- Completion of a wide-ranging estate survey (supported by WG funding for £60k) to identify optimum locations and infrastructure requirements for EV charging as well as opportunities to access other technologies such as installation of solar panels, battery storage and alternative heating systems. The Trust now has a series of reports which will be collated and further considered over the coming months to identify improvement schemes.
- A project has commenced with Welsh Government Energy Services to scope the requirements for rapid EV charging at Newtown Ambulance Station.
- First Programme Board meeting held on 30th January 2023 with Executive level chair. The Board will oversee the delivery of the DAP and all associated underpinning programme management elements such as workstreams, management of risks, identification of benefits and supporting ongoing programme lessons.
- The first meeting of the Transport Group took place on 29th March 2023 chaired by the Head of Capital Development. This group follows on from the small group (comprised of Fleet and Capital and Estates colleagues) which has overseen the EV charging network development in 2022/23 but looks to widen the scope of works to encompass all transport elements of the DAP including EV, other low emission vehicles, charging, staff EV charging, cycle and other transport initiatives and the grey fleet/staff vehicles aspects. The group will also be responsible for delivering associated policies and procedures underpinning the safe use of the network.

Areas of action

- We continue to focus on discussions with NWSSP around procurement, including providing a seat at the Programme Board. Recent negotiations of national contracts for example the uniform supply contract have presented challenges for the decarbonisation agenda and will need to be picked up centrally.
- Some areas have actions which have yet to be started and the Programme Board will now further look to establish programmes of work including leadership arrangements to increase focus on actions required.
- The level of Welsh Government funding confirmed in support of the Trust's fleet replacement Business Justification Case for 2023/24 is significantly less than that requested. WG has also broadly prescribed the configuration of vehicles to be replaced, which leaves scope for replacement of only 10 Car Based Response Vehicles in 2023/24. Whilst this is subject to further reprioritisation within the reduced funding envelope, there is likely to be limited scope to access new (and likely more costly) technology. Therefore the Trust's ability to further progress the decarbonisation of its fleet will be limited in this financial year. Given that WG targets include a requirement for all new rapid response vehicles to be hybrid or full EV after 2022, and plug in electric or alternative low carbon fuelled emergency ambulances by 2028 the Trust sees this as a significant barrier to achievement of these ambitions.

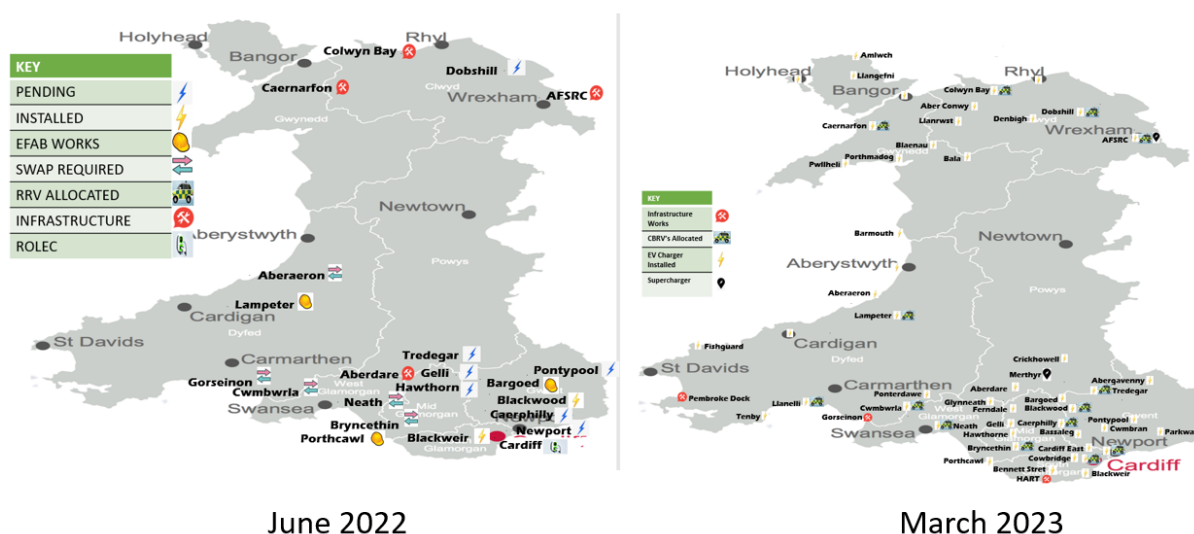
Welsh Government reporting

9. Following the quantitative and qualitative reporting cycle in September 2022, a further qualitative report has been requested by 14th April. Given timescales for production of this paper, the submission is enclosed for information.
10. It should be noted that NWSSP has received a significant investment to further increase its capability to oversee and monitor delivery of NHS organisations' DAPs and we anticipate a significant requirement for completion of information on a regular basis. Via the Community of Experts and in line with feedback from other organisations, WAST continues to represent the view that any reporting should be directly into Welsh Government and should be proportionate and corporately approved by the Trust prior to submission. Further requirements and timescales will need to be confirmed as they are provided by NWSSP in due course. However, the team is clear that the reporting lines within the Trust including via this forum take supremacy and external reporting will need to align with Trust requirements.
11. The next round of Welsh Government reporting required submission of a qualitative report by 14th April 2023 and this is enclosed at **Appendix 1** for information.
12. To note, public sector carbon reporting quantitative data for 2022-23 requires submission by **4th September 2023**. Collating and quality checking of data will take some months to achieve. This data set will require approval by this Committee before the submission date. This will need to be done virtually given that the next Finance and Performance Committee due to receive a decarbonisation update is not until 18th September 2023.

Roll out of 23 hybrid Car based response vehicles and EV charging network

13. The end of the 2022/23 financial year saw a reflection on significant progress made with the development of our EV charging network. Generated by a need to establish a network to support the roll out of the 23 hybrid RRVs which was successfully achieved, further work then continued to maximise coverage across the estate.
14. The graphic below highlights the contrast between the coverage of EV charging as at June 2022 compared to March 2023, and a total of 67 chargers over 54 sites.

EV Charging Capability in WAST



15. It should be noted that this has now addressed the areas where additional capacity could be added within the remit of WAST control. The remaining stations/areas now mostly comprise of non-WAST owned estate such as leasehold stations or where we retain space from partners e.g. Fire Services and Health Boards. In addition, there are electrical capacity limitations on other sites especially in parts of rural mid Wales and North West Wales where the regional infrastructure does not currently allow for installation of charging points.

16. In accordance with the request of the Executive Management Team, the newly established Transport Group will continue to consider how staff charging capacity could be provided across the Trust. The Trust has previously determined that the Pod Point chargers should be allocated for Trust vehicle use only. Whilst further information has been made available to indicate that the chargers could perform a dual function in use for both, the practical implications of this make such a dual use difficult to manage and this will need to be scoped in further detail. In the meantime, requested further actions regarding identifying opportunities to trickle charge via external sockets have identified few opportunities that would be considered safe or practical and again these would need to be managed on an operational and practical basis.

Internal Audit – Decarbonisation

17. An Internal Audit (IA) took place during October, as part of the 2022/23 agreed IA plan, and a significant amount of information (comprising c50 pieces of information) was provided to the Internal Audit Team. The output of the work was a generic all NHS Wales report and the resultant management response/action plan is being managed through the Decarbonisation Programme Board.

18. It is noted that a further internal audit is scheduled for Q1/2 but dates for this have not yet been confirmed. It is anticipated that the additional information

over and above that provided in October will be limited, but the team will co-ordinate requirements when known.

Capital Investment – EFAB Funding

19. Further WG Estates Funding Advisory Board (EFAB) funding for 2023/24 and 2024/25 has been confirmed, with a range of schemes proposed by the Trust receiving support. This is a very positive development, with the Trust being awarded a proportionally significant amount of the total funding available, with a breakdown of the schemes supported outlined below. The 30% contribution to be made by WAST has been identified within the Capital Expenditure Limit. Schemes range across decarbonisation and infrastructure and planning for the 2023/24 schemes will commence immediately to ensure the delivery of projects in year. As the first step in this work, a full scoping of the bids will be completed to ensure that the schemes provide value for money and return on investment opportunities. Currently the schemes identified are:
 - a. Decarbonisation: AFSRC Wrexham, Blaenau Ffestiniog, Cardiff Ambulance Station, Glynneath
 - b. Roofing projects: Glynneath and Bryncethin
20. The delivery of schemes under the EFAB funding scheme will be project managed by the Capital Development and Estates Teams and will be overseen by the Decarbonisation Programme Board. In line with discussions at previous Capital Management Board meetings, further resource requirements are in the process of being identified and it is likely that capital delivery and project support will be required to oversee the implementation of schemes alongside existing project management functions.

Waste Management

21. An audit of Trust waste management processes took place in April 2022. The audit found limited assurance of compliance to waste management requirements and compliance with Welsh Health Technical Memorandum (WHTM) 07-01 health care waste. Ten recommendations were made including identifying an executive director with responsibility for waste. A Management response detailed a series of actions to be taken forward and an action plan was produced and approved to support delivery of the action plan, a Waste Management Task and Finish Group was established comprising membership from across the Trust. Of the ten actions identified, eight are complete, Action One: to write a Waste Policy, is underway following policy group guidance and Action Five: formally reporting waste compliance (both general and clinical) periodically within the confines of a set Committee/ Group, will be presented at the next available Finance & Performance committee as an annual waste report.
22. WHTM-0701 is currently under review for potential update in line with the English HTM. WAST has been asked to review and comment on any changes to this document. Initial findings show a significant changes to management structure, accountability, and training requirements for operational staff. Concerns relating to clinical waste management are compounded by these changes.

23. A recent consultation published by WG has advised potential changes to current waste legislation in Wales from October 2023. Details include removing a mixed recycling service and amending to seven separate waste streams. These potential changes will require:
- a. a complete change in organisational waste management structures
 - b. potential additional finance requirements on a capital and revenue basis
 - c. loss of space on stations (many of which are already at capacity) for additional refuse facilities
 - d. the potential for health boards to refuse WAST waste at hospital sites.
24. Non segregation of waste could carry extensive fines. Representations have been made by WAST and the NHS as a whole to the proposals; however as yet no return correspondence has been received. If the recommended changes are to be enacted, rapid work will need to take place across the Trust and resources will need to be urgently allocated to this, including at a station level to ensure that all of the preparatory work, education and training and facilities are in place prior to the October 2023 start date.

RECOMMENDATION

Finance and Performance Committee is asked to:

- **NOTE** this update, specifically in relation to the DAP reporting and establishment of programme management arrangements.
- **NOTE** annual waste reporting requirements, changes to waste policy & upcoming changes to waste legislation.

Health & Social Care Climate Emergency National Programme – NHS Wales Decarbonisation Action Plans

Organisation	The Welsh Ambulance Service	Date of Report	5th April 2023	Report Prepared By	Joanne Williams
DAP Senior Sponsor	Chris Turley	Finance Allocated to Support Delivery (£s)	Cannot be easily quantified – across various schemes where possible	FTE Resource allocated to support delivery	No specific FTEs – work on the DAP is incorporated within a small number of roles in addition to portfolios. 1 x 30 hours Project Manager

Aims and objectives: Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050 this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030. There is a significant opportunity for Wales' health and social care system to lead the way on reducing carbon emissions. Action is needed not only because NHS Wales is the biggest public sector emitter (with a carbon footprint of around 1.00 MtCO₂e which represents approximately 2.6% of Wales's total greenhouse gas emissions) but also because the health and social care system are at the forefront of responding to the impact of the climate and nature emergency on health outcomes. In response the Health and Social Care Climate Emergency National Programme has been established to support both National and Local action across the sector including the delivery of the *NHS Decarbonisation Strategic Delivery Plan 2021-2030*. A key enabling action within the Delivery Plan is the requirement for NHS Organisations to produce Decarbonisation Action Plans (DAP) which form the basis of how organisations are implementing Delivery Plan initiatives and more generally demonstrate the organisation's contribution to the collective ambition and target. This qualitative monitoring return supports the implementation of DAPs and the aims of the National Programme by providing a mechanism for reporting on progress and improvements.

NHS Wales Organisations are asked to report detailing the progress of their contribution to the Climate and Nature Emergency and associated targets as outlined in the organisation's plan (Priority Measure 31).

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales

Please attach a copy of your organisation's Decarbonisation Action Plan which should form the basis of how your organisation is implementing initiatives within the NHS Wales Decarbonisation Strategic Delivery Plan and more generally demonstrate the organisation's contribution to the ambition for the Public Sector in Wales to be collectively Net Zero by 2030 (for NHS Wales this means collectively reducing emissions by at least 34% by 2030) and achieving Net Zero by 2050.

Alongside this qualitative reporting organisations should also report quantitative, organisation level emissions in line with the Welsh Public Sector Net Zero Carbon Reporting Approach and timeline (Priority Measure 30).

Please provide an update on the actions implemented during the current operational year. Reporting should focus on providing evidence of progress and improvement along with key risks to delivery. Reporting can also be provided using the organisation's own reporting dashboard or equivalent if agreed with the Programme Team in advance.

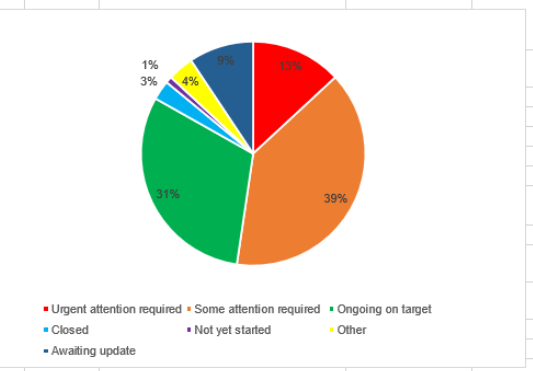
Executive summary of progress to date:

The Trust has been accelerating Decarbonisation workstreams since September 2022. The Finance and Performance Committee have received regular reporting on action plan progress since September 2022. The reporting follows the standard Strategic Transformation Board reporting, but given the breadth of actions within the report, a "Gateway Review" type scale has been deployed to indicate overall programme rating. From a starting point of Red/Amber, the assessment is now Amber and the progress against several of the actions has been recorded as outlined below.

Items of progress

- The Trust has successfully utilised an additional £0.5m All Wales Capital Funding on a range of schemes as outlined below:
 - LED lighting at Caernarfon, Dobshill and Rhyl
 - Glazing at Port Talbot and Crickhowell
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 - Further decarbonisation enhancements to the SE Fleet Workshop Merthyr including 40kw PV array and support for roof strengthening, battery storage and air source heat pump as well as EV rapid charging and standard charging.
- A design guide is being written for the retrofit of existing WAST estate to improve compliance with decarbonisation requirements such as LED lighting and double glazing. Implementation of this will be further supported through the above funding.

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OVERALL REPORT RATING		AMBER



- Completion of a wide-ranging estate survey (supported by WG funding for £60k) to identify optimum locations and infrastructure requirements for EV charging as well as opportunities to access other technologies such as installation of solar panels, battery storage and alternative heating systems. The Trust now has a series of reports which will be collated and further considered over the coming months to identify improvement schemes.
- A project has commenced with Welsh Government Energy Services to scope the requirements for rapid EV charging at Newtown Ambulance Station.
- First Programme Board meeting held on 30th January 2023 with Executive level chair. The Board will oversee the delivery of the DAP and all associated underpinning programme management elements such as workstreams, management of risks, identification of benefits and supporting ongoing programme lessons.
- The first meeting of the Transport Group took place on 29th March 2023 chaired by the Head of Capital Development. This group follows on from the small group (comprised of Fleet and Capital and Estates colleagues) which has overseen the EV charging network development in 2022/23 but looks to widen the scope of works to encompass all transport elements of the DAP including EV, other low emission vehicles, charging, staff EV charging, cycle and other transport initiatives and the grey fleet/staff vehicles aspects. The group will also be responsible for delivering associated policies and procedures underpinning the safe use of the network.
- Response to generic all Wales Internal Audit report including range of management actions which are being progressed where possible

Areas of action

- We continue to focus on discussions with NWSSP around procurement, including providing a seat at the Programme Board. Recent negotiations of national contracts for example the uniform supply contract have presented challenges for the decarbonisation agenda and will need to be picked up centrally.
- Some areas have actions which have yet to be started and the Programme Board will now further look to establish programmes of work including leadership arrangements to increase focus on actions required.
- The level of Welsh Government funding confirmed in support of the Trust's fleet replacement Business Justification Case for 2023/24 is significantly less than that requested. WG has also broadly prescribed the configuration of vehicles to be replaced, which leaves scope for replacement of only 10 Car Based Response Vehicles in 2023/24. Whilst this is subject to further reprioritisation within the reduced funding envelope, there is likely to be limited scope to access new (and likely more costly) technology. Therefore the Trust's ability to further progress the decarbonisation of its fleet will be limited in this financial year. Given that WG targets include a *requirement for all new rapid response vehicles to be hybrid or full EV after 2022, and plug in electric or alternative low carbon fuelled emergency ambulances by 2028* the Trust sees this as a significant barrier to achievement of these ambitions.

	Current RAG Status	Previous RAG Status
Progress RAG: Provide the RAG status of delivery against DAP	AMBER	Red/Amber
Delivery confidence RAG: Provide the RAG status of the organisations overall confidence of delivering a minimum of 16% reduction in emissions by 2025	AMBER	Red
Route to green including asks of WG		

It should be acknowledged that WAST is a growing organisation. Whilst the system pressures continue to be felt, there is a need to increase production hours and resources which encompass staff, fleet and estate provision. Since 2018 there has been a staffing increase of c400 (15%) and an increase in the number of sites by at least 10 (COVID impacts notwithstanding) as well an increase in our fleet from 714 (Sept 2018) to 839 (Sept 2022) and further growth beyond this as we realise full delivery of the 2022/23 vehicle replacement programme. WAST is progressing with decarbonisation elements wherever possible but additional people and financial resources will be required to do this, including the ability to access emerging technology where possible. The ability to deliver on this challenging agenda simply will not be possible within existing resources and therefore significant investment is required in order to enable WAST to deliver on the actions within the strategy. WAST has been clear in the support required for EV infrastructure both across its estate and within wider NHS Wales and public service networks.

We continue to work towards achieving the DAP actions but recognise limitations of a challenging capital programme and wider financial constraints which will limit the ability to prioritise decarbonisation specific schemes. In 2024/25 the Trust has been successful in obtaining funding under the EFAB scheme to introduce more decarbonisation workstreams; this work will focus on the installation of PV at seven sites and roof replacements at three sites. This is very much welcomed and we will seek to both maximise this investment, and learn lessons to strengthen continued future bids for funding via any available sources.

WG is asked to support WAST in several key areas

- Recognition that WAST is the only front line service delivery organisation explicitly named within the Strategy and support it appropriately
- Support opportunities for further funding in year in support of both the fleet/vehicle replacement programme and capital requirements for estate retrofitting where possible
- Recognition that 60% of WASTs carbon emission reporting is generated through the procurement process. NWSSP manage this process on behalf of all organisations and further support is needed from the newly established NWSSP programme team to make significant progress in this area.
- Recognition that c300,000 of lost hours in 2022-23 due to delays in handover required EMS vehicles to remain idling to charge necessary clinical equipment and heating /cooling requirements for patients. Whilst our vehicles are as efficient as possible, greenhouse gasses including carbon monoxide, hydrocarbons and nitrogen oxides were emitted outside ED's directly due to these delays. Whilst it is acknowledged that WG recognises the patient impact of handover delays and adverse patient outcomes, the WG Decarbonisation Team should further support health board action to reduce and limit handover delays on an ongoing basis.

	Achievements	Risks to delivery
Procurement initiatives	Procurement is led by and managed by NWSSP. Initiatives and achievements will be reported through the NWSSP structure.	Procurement is led by and managed by NWSSP. Initiatives and achievements will be reported through the NWSSP structure.

Buildings, estates planning and land use initiatives	<p>New additions to our estate have included the additions of Photo voltaic (PV) panels, air source heat pumps, battery storage & water harvesting systems for vehicle washing.</p> <p>Estates Funding Advisory Board funding in 2021-22 supported decarbonisation projects at four sites, removing natural gas heating systems for air source heat pumps, installing PV systems and battery storage, plus investment in biodiversity at Flintshire AAC, planting 2200 trees and long meadow.</p> <p>The Trust was successful in acquiring £0.5m of funding to progress decarbonisation workstreams in November 2022. As part of this work identified schemes were LED replacement schemes, glazing replacement schemes, EV infrastructure improvements and BMS works. Due to receiving the funding in November 2022 all identified project had a tight deadline to be completed by 31st March 2023.</p> <p>LED: - Three sites were identified for lighting replacement, Dobshell, Caernarfon and Rhyl.</p> <p>Glazing: - Two sites were identified for replacement glazing, Port Talbot and Crickhowell.</p> <p>BMS: - Opportunities explored to assess BMS improvement capabilities across all sites, however, given timescales and budget restraints, one site was identified for improvements. Vantage Point House BMS system was upgraded to include connection between BMS system and generators and UPS units.</p>	<p>Very limited availability of capital and revenue funding to support further developments.</p> <ul style="list-style-type: none"> • Risk of overspend to the projects. • Risk of not completing the work within time and scope • Limited resource allocated to the project
Transport initiatives	<p>In line with NHS Wales Decarbonisation Strategic Delivery Plan requirement, WAST is part way through installing a limited E. V charging network to help support its current low carbon fleet.</p> <p>Alongside four, full battery powered electric fleet maintenance vehicles, the Trust has started its transition from fossil fuel to low carbon power.</p>	<p>The Business Justification Case for 2023/24 submitted for WG approval in November 2022 set out the WAST ambition for EVs for next year encompassing BEV RRVs and opportunities for EV NEPTS vehicles where possible. However, it should be noted that access to appropriate vehicles at this current time is a challenge given supply chain and continued enhanced costs for these vehicles and the very specialist nature of vehicles required. In addition to this, significant further investment will be</p>

	<p>of its frontline emergency vehicles. Adding 23 plug in hybrid electric and 54 Self-charging Hybrid rapid response vehicles.</p> <p>67 chargers over 57 sites have been installed to support ongoing efforts to electrify the fleet, of which 38 Pod Point chargers were installed between 1st September 2022 to 31st March 2023.</p> <p>Further work has been sourced through the company McCann and Partners Consulting Engineers to scope the electrical capacity across the Trust's estate to identify the upgrade requirements to improve the charging network further. This work has included applications made to the Distribution Network Operator for quotes for electrical capacity infrastructure upgrades. Whilst the output of this work needs to be further considered by the Trust, the sums included in schemes of work are potentially significant.</p>	<p>needed in electrical infrastructure. It is noted that WAST will only receive 50% of the total requested and therefore as outlined above opportunities for progress in 2023/4 will be significantly limited.</p> <ul style="list-style-type: none"> • Risk of not having sufficient number of chargers in Rural areas e.g., Powys. • Risk of not having funding to upgrade electrical supply as per Infrastructure report recommendations. • Risk of lack of electrical capacity in some locations across Wales.
<p>Approach to health care (service design/models of care, medicines, waste)</p>	<p>WAST has committed to new models of care and will engage with the service on 'inverting the triangle'. This model considers the opportunities to clinically triage a greater number of patients via phone, online and direct non-face to face contact. The aim is to provide the right care at the right time which in a majority of cases will mean signposting the patient to the correct pathway and a significant reduction in the number of conveyances to hospital. Therefore, this will reduce the carbon emissions of the fleet.</p> <p>Further detail is available within our IMTP.</p> <p>Potential changes to national waste legislation in October 2023 will see co-mingling of recycling waste replaced with seven defined recycling waste stream. Representations were presented by WAST through the waste consultation process however no response has been received. Changes to waste segregation of this manner will be challenging in space small ambulance stations, and more importantly within ambulance vehicles, where only 2 x 15kg waste receptacles are available, General, and clinical waste. Due to these changes some health boards (HB) are reluctant to</p>	<p>As outlined, WAST will need to engage with the service and with commissioners regarding the model and availability of alternative pathways.</p> <p>This will be a significant strategic shift in the way WAST delivers its services and will not have an immediate impact – this work will take many years to deliver and realise intended benefits.</p> <p>The Trust could incur fines if new Waste procedure not followed. Vehicle down time for disposing of waste at ambulance stations rather than at hospitals may affect response times.</p>

	<p>follow WHTM 0701 and allow WAST to leave any waste at HB sites.</p> <p>Project looking at alternative medical gasses and storage led by the Operations Team</p>	<p>Review of potential alternative medical gasses to meet decarbonisation targets whilst being safe for staff and patients.</p>
Further initiatives	<p>Our cycle response team have now expanded into dedicated areas of estate to facilitate their expansion of a valuable frontline asset that not only supports urban location clinical support but also reduces transportation carbon emissions. Removing vehicle response with active travel response.</p> <p>The Trust has retained its ISO14001 accreditation in 2022, the only ambulance service in the UK to hold this environmental accreditation. The next ISO14001 audits will take place in May 2023.</p> <p>EV infrastructure in Newtown, joint work with WGES</p> <p>Knowledge sharing with other Welsh public bodies & UK blue light services.</p>	<p>The service continues to expand as we respond to wider system pressures. It should be noted that a significant reduction in handover delays at hospital would dramatically reduce our carbon emissions through idling and would realise a series of wider system benefits and efficiencies.</p>

Relevant Strategies and Guidance

- [Net Zero Wales](#) sets out the actions needed to meet Wales's second carbon budget (2021-2025).
- [Prosperity for All; A Climate Conscious Wales](#) is the climate change Adaptation Plan for Wales. This plan provides the overarching framework for Adaptation Planning within Health and Social Care.
- [NHS Wales Decarbonisation Strategic Delivery Plan](#) provides an ambitious mandate for National and Local action across NHS Wales including the requirement for NHS organisations to produce Decarbonisation Actions Plans.
- The requirement for NHS Wales to develop plans in response to the Climate Emergency is referenced in the [NHS Wales Planning Framework 2022-2025](#). NHS Wales Chairs have also been briefed on the need for plans to reflect the milestones that need to be achieved to respond to climate change and achieve the goal of the Public Sector being collectively carbon neutral by 2030.
- Best practice and case studies from NHS Organisations can be found:
 - [Home | Green Health Wales | Iechyd Gwyrdd Cymru | Sustainable Healthcare Network](#)
 - [How NHS Wales is responding to the climate emergency | NHS Confederation](#)

- The [Public sector net zero reporting guide](#) provides a guide and reporting requirements for the public sector in Wales to estimate their net carbon footprint, including direct and indirect emissions.



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

AGENDA ITEM No	15
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

ELECTRONIC PATIENT CARE RECORD (ePCR) BENEFITS REALISATION

MEETING	Finance and Performance Committee
DATE	15 th May 2023
EXECUTIVE	Director of Paramedicine
AUTHOR	Assistant Director of Clinical Development Operational Change Manager (ePCR)
CONTACT	Duncan.robertson@wales.nhs.uk Ffion.Timmins@wales.nhs.uk

EXECUTIVE SUMMARY

A November 2022 Internal Audit Report on the ePCR Programme recommended the following action:

Management should ensure that quantified, measurable and achievable targets are set for benefits realisation.

The WAST ePCR team commissioned the work to be completed by an external contractor.

The report was received in its final form on the 14th April 2023.

KEY ISSUES/IMPLICATIONS

Due to the need to move ePCR Programme team to support the operational roll-out of the application across WAST before the end of the Digital Pen Contract, and the loss of key personnel, the benefits realisation was not able to be completed by the core team. This meant an external contractor had to be employed.

The external contractor brought experience and an alternative method to conducting the Benefits Realisation exercise, leading to a more streamlined approach.

REPORT APPROVAL ROUTE
For information to the Finance and Performance Committee.

REPORT APPENDICES
1 -Benefits Realisation Report, 22 nd March 2023

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)		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	

SITUATION

1. The purpose of this report is to update the Open Finance and Performance Committee on the Benefits Realisation work undertaken post electronic Patient Care Record (ePCR) system implementation.

BACKGROUND

2. The ePCR system was introduced to replace the Digital Pen Patient Clinical Record system and went live across WAST from December 2021 through a phased roll-out until the whole Trust was live by the end of March 2022.
3. A Benefits Realisation Map was incorporated into the full business case and the programme recruited a Business Change Manager who would be responsible for the delivery of the benefits realisation plan.
4. The Full Business Case outlined that the main benefits expected were enhanced data accuracy, improved access to patient information, faster data retrieval, streamlined workflow, and increased operational efficiency.
5. Due to several challenges encountered during the delivery of the programme (recruitment and retention of staff, need to deliver the application into operational practice before the Digital Pen contract ended) the initial estimations to complete were exceeded. Resource was used to optimise operational delivery and the benefits realisation plan was de-prioritised.
6. Following operational deployment, the programme lost key members of the ePCR team to other jobs, including the Business Change Manager.
7. In the summer of 2022, an Internal Audit was conducted, which reported in November 2022. This report included the following management action: *Management should ensure that quantified, measurable and achievable targets are set for benefits realisation.*
8. Considering the complexity and expertise required, a case was presented to the ePCR Programme Board, who approved the use of an external contractor. This approach was supported by the Welsh Government Sponsor of the programme.
9. The contractor was tasked with the process of identifying, executing, and measuring the benefits realisation which enabled the project to be defined and implemented, which in turn led to the delivery of outputs.
10. The final Benefits Realisation Report was submitted to WAST on the 14th April 2023 (see Annex 1).
11. The total cost of the completed work was approximately £24,000.00 which was paid through the ePCR Programme Budget.

ASSESSMENT

12. The aim of the benefits realisation process was to ensure that the ePCR system delivered and would continue to deliver tangible improvements in service efficiency, patient care, and operational cost savings. The process also provided a framework for learning and continuous improvement, informing future technology investments by WAST.
13. The report was based on the analysis of the original benefits identified in the ePCR Full Business Case V1.1. A detailed review of the original benefits was conducted against the delivery of ePCR system to ascertain the validity of the benefits against the time and resources invested for further measurement.
14. Following a review of the original benefits a change in the approach was undertaken to test each benefit in line with the need of that benefit which means that a benefit is adopted and taken further if it is solving a problem, meeting a regulatory requirement, or releasing cash to support the delivery of services.
15. The approach resulted in reducing the original 31 benefits to a final list of 12 benefits.
16. The revised set of benefits have been successfully mapped to the investment objectives and re-profiled with a stringent measurement criterion ready to be taken for a 5-year realisation plan starting from April 2022 (following the go-live of ePCR) until April 2027
17. WAST have provided an end of programme report to Digital Priorities Investment Fund (DPIF), which was submitted on the 14th April 2023, the same day as the final Benefits Realisation Report was received. The programme team have yet to receive feedback on the DPIF submission.
18. WAST have completed the actions outlined in the Internal Audit report including a lesson learned exercise.
19. WAST leads are working on the internal end of Programme Report with the aim of producing this at the end of Q1 2023/24. This report will include the application of the recommendations of the Benefits Realisation Report, including assigning benefits owners where required.

RECOMMENDED that the Finance and Performance Committee:

- (1) Note the content of this report; and**
- (2) Send requests for additional information to the authors of this report.**

Dated 22 March 2023

WAST Electronic Patient Care Record(ePCR) Programme

Benefits Realisation Report

Contents

1 Introduction	3
1.1 Background	3
1.2 Purpose of this Document	3
1.3 Intended Audience	4
2 Benefits Approach	4
2.1 Principles	4
2.2 Benefits Classifications	4
2.3 Benefit Realisation Process	5
2.4 Benefits Dependency Map	6
2.5 Benefits Status	7
2.6 Benefit Register	8
3 Governance	9
3.1 Benefits Realisation Programme Management	9
3.2 Roles, Responsibilities and Resources	9
3.3 Benefits Reviews and Reporting	9
4 Management of Risk	9
5 Annex	10
Annex A: Benefits Realisation Management Approach	10
Annex B: ePCR Full Business Case V1.1 Approved	11
Annex C: ePCR Benefits Register	11
Annex D: Governance Structure	11
Annex E: Roles and Responsibilities	11

1 Introduction

1.1 Background

The Welsh Ambulance Service Trust embarked a transformational journey to replace DigiPen (digital patient care record solution) by implementing a new electronic patient care record (TerraPACE) solution delivering the core service coverage and functionality by March 2021 and the desirable service coverage and functionality by March 2023.

DigiPen uses digital pen technology to document Patient Clinical Records (PCRs) for the patients attended by Emergency Medical Services (EMS) staff. This technology has delivered considerable benefits compared to the historical paper-based process; however, this technology has limitations and was intended as an interim solution in our transition from paper to fully digital clinical records.

An ePCR solution will enable Trust to make a positive contribution to the national strategies in Wales, including Informed Health & Care, Prosperity for All, A Healthier Wales and the principles of Prudent Health Care. We will also be able to support learning from the recent Carter Review, to reduce unwarranted variations in Ambulance Trusts, by providing our clinicians with access to the types of information that other services already have in place for their staff.

1.2 Purpose of this Document

This document's purpose is to outline the benefits management strategy that will be adopted by Welsh Ambulance Service Trust to realise the Investment Objectives outlined in the Business Case and are as follows:

Investment Objective-1: To use better data and access to information to improve the quality of patient care.

Investment Objective-2: To increase data sharing in a collaborative whole system approach to health.

Investment Objective-3: To improve efficiency using high quality data to reduce waste.

Investment Objective -4: To increase the value of our clinical data through quality & timeliness.

This report provides direction and information in terms of:

- *The purpose of benefits realisation management.*
- *The approach to benefits planning, which includes how benefits are identified, defined and prioritised.*
- *The approach for the benefits realisation management process (after benefits planning), and the criteria against which the effectiveness of that process is to be measured.*
- *The functions, roles and responsibilities of those involved in benefits planning and benefit realisation.*
- *When and how reviews and assessments concerned with measuring benefit realisation will be carried out, and who is to be involved.*
- *Measurement methods and steps that will be used to monitor and assess the realisation of benefits.*

- ***The tool(s), system(s) and source(s) of information that may be used to enable benefit measurement; and***
- ***The use and definition of any benefits management terminology.***

1.3 Intended Audience

The intended audience for this document is Executive Leads, Senior Management, Clinical Leads, Operational Leads, IM&T Strategy Group, Programme, Project and Transformation Leads, PMO with the responsibility to ensure the successful implementation of transformation projects.

2 Benefits Approach

2.1 Principles

The principles to support a benefits-led approach to change are:

- ***Develop a clear line of sight***
Clearly align digital enablers to the national, regional and organisational objectives and desired outcomes and benefits.
- ***Start with the end in mind***
Initiatives should be driven by the required outcomes and benefits, informing the scope of products and services to be delivered.
- ***Do the right things***
Support the management of outcomes and benefits, minimise additional burden, with data on benefits gathered as a by-product of business-as-usual activities wherever possible.
- ***Do the things right***
Benefits management needs to be driven by the organisation exploiting opportunities for business transformation resulting in better patient outcomes and greater efficiency.
- ***Enable a Benefits led culture.***
Embed 'benefits' into the DNA of initiatives, incorporating benefits management across the lifecycle.
Benefits management activities are undertaken throughout the entire programme lifecycle and embedded in the business-as-usual processes of the organisation.
- ***Support Organisational Ownership***
Support provided to identify and resolve issues that are preventing desired outcomes and benefits from being realised and be open to emerging benefits.
- ***Knowledge Sharing***
Knowledge sharing will be promoted to help all stakeholders understand the full extent of the benefits that can be realised, leveraging existing forums where possible and working closely with suppliers where appropriate.

2.2 Benefits Classifications

2.2.1 Defining Benefits

A benefit referred to as “the **measurable improvement** achieved from an **outcome** perceived as an **advantage** by one or more stakeholders and contributes to the **realisation** of one or more organizational objectives. (*Annex A*)

Disbenefits are the opposite.

Where a disbenefit is neither certain or expected (i.e., only anticipated or possible) it will be treated as a risk and if it occurs it will be managed as an issue.

2.2.2 Benefits will be classified by value type:

Benefit Type	Description
Cash Releasing [Financial]	An economic benefit, whose value is expressed in monetary terms, these will be ‘booked’ in budgets, i.e., the value of the expected benefit will be removed from the relevant areas’ budgets to prevent them being lost
Non-Cash Releasing [Financial]	An economic benefit, whose value is expressed in monetary terms, but which will not be removed from budgets. This type of benefit is about efficiency
Public [Financial]	Improves the patient, carer, staff or citizen safety, clinical outcome or experience or affects the wider economy and public (e.g. public health; CO ² emissions).
Quality [Non-Financial]	Where the quality improvement can be quantified but the monetary value is not known/cannot be expressed
Qualitative [Non-Financial]	These are generally not measurable in monetary units or in some other objective way. Review of this type of benefit often involves the views of stakeholders, and may include data generated using interviews, focus groups, etc.

To be described as a benefit, the measurable outcome must have value – answering the ‘so what’ question. For cash releasing benefits this may be obvious (though there may be disbenefits arising from the changes needed to save money), however, for other benefits this may be less clear cut.

For Example, an area requiring careful management are benefits such as time saved when that time is not going to be converted to a cash releasing benefit by releasing a post or reducing agency/locum costs. These will only be validated as robust if the additional time is made use of, such as, by providing additional care or improving the quality of care provided. In exceptional circumstances, time saving may not be measured as increasing productivity, but increasing resilience in a high-stress environment. However, this too must have a demonstrable effect, for example, by reducing errors and/or sickness. In these circumstances, time saved will be a lead indicator for the benefit which results from the extra capacity.

2.3 Benefit Realisation Process

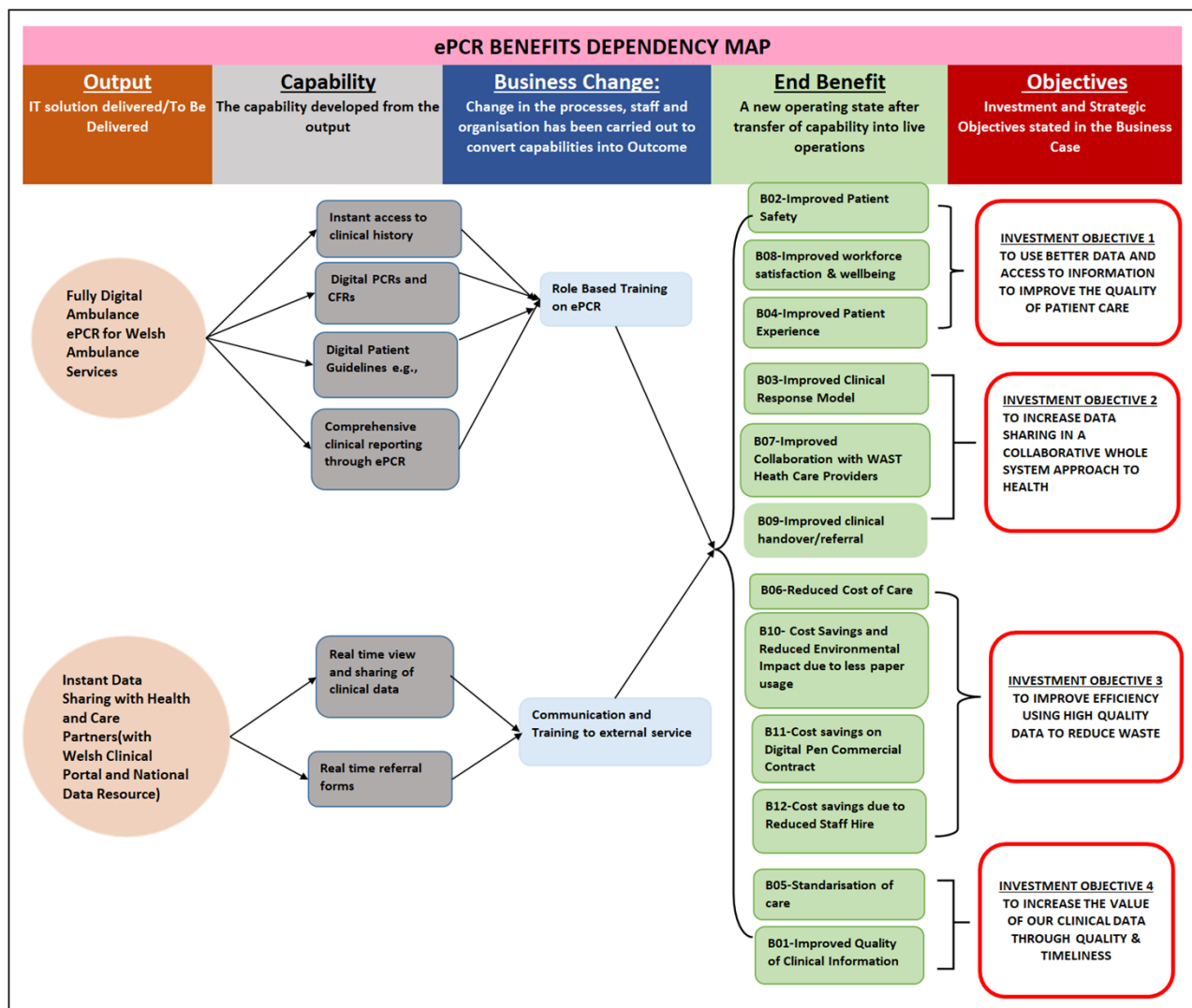
Benefits Realisation is the process of identifying executing and measuring benefits. The benefits realisation process enables the project to be defined and implemented which in turn leads to the delivery of outputs. This benefit realisation report is based on the analysis of original benefits identified in the ePCR Full Business Case V1.1. (*Annex B*) A detailed review of the original benefits has been conducted against the delivery of ePCR system to ascertain the validity of the benefits against the time and resource invested for further measurement. The review of the original benefits has been undertaken by a working group of WAST professionals comprising Wyn Morris (ICT Programme Manager), Subject Matter Experts- Keith Dorrington (Health Board Clinical Lead-ePCR), Ffion Wyn Timmins (Operational Change Manager (ePCR) and under the supervision of Duncan Robertson (Assistant Director of Clinical Development). Following the review of the original benefits a change in the approach has been undertaken to test each benefit in line with the need of that benefit which means that a benefit is adopted and taken further if it is solving a **problem**, meeting a **regulatory requirement** or releasing **cash** to support the delivery of services. This approach assisted in summarising and congregation of the original 31 benefits to a list of 12 final benefits. The revised set of benefits have been successfully mapped to the investment objectives and re-profiled with a stringent measurement criterion ready to be taken for a 5-year realisation plan starting from April 2022 (following the go-live of ePCR) till April 2027. A new benefit register has been created which has information on all the benefits divided in 4 sections: Benefit Profile, Benefit Measurement, Benefit Realisation and Benefit Review. These sections have detailed information signed-off by Benefits Owner and ready to be handed-over to staff responsible to manage ePCR benefits.

2.4 Benefits Dependency Map

Benefits will only be recognised, tracked and reported, if:

- ***The benefits case is linked to a Business Case (or equivalent) approved by WAST Governance board.***
- ***At least one contributes to WAST Investment objectives.***
- ***The benefits case has been approved by the programme/project by the Senior Responsible Owner (SRO)***
- ***The benefits are validated as robust, unique (not double-counted) and appropriate by the Benefits Realisation Manager (and, in the case of financial benefits, the financial reporting manager).***

The ePCR benefits dependency map (BDM) is the picture presentation of the “programme benefits on a page”. It’s a useful summary, explaining why we are doing this project / programme, and what success is. The ePCR BDM plots connection between ePCR project outcomes and the investment objectives to establish a justification to the cost and efforts required for the delivery of the project. The ePCR BDM connects project outcomes with the capability they have generated in live environment when supported by business change activities delivers required benefits. The BDM also connects Project Manager, Business Change Manager, Project Sponsor and Benefits Owner to work collaboratively in order to achieve the required benefits. The ePCR BDM also assist in the identification of any duplication of benefits to support precise benefits reporting.



2.5 Benefits Status

The revised set of 12 benefits have been reviewed and validated by Benefits Owners. Out of 12 benefits 6 benefits are Qualitative benefits, 2 benefits are Quantitative Benefits, and 4 benefits are financial benefits (2 Cash Releasing and 2 Non-Cash Releasing). Out of 12 benefits B01 and B08 has missed its target and needs investigation and create a mitigation plan. B03 has partially missed its target. B04 has been decided to postpone assessment to provide sufficient time for the ePCR to stabilise. All the other benefits have achieved the required target for April 2022-23. The latest status is as follows:

Benefit Profile		Benefits Measurement Criteria	5 Year Benefits Review Plan	
Benefit Ref. No(B#)	Benefit Title/Summary	Benefits Target (post imp.) Description & metrics	Year 1 2022/23	Risks and Issues mitigation plan if Year-1 Benefit Target not achieved
B01	Improved Quality of Clinical Information	As baseline	AutoClosed = 90,664 Crew Closed = 197,657 Current compliance is 45%	To be investigated
B02	Improved Patient Safety	<1% patient safety Datix due to equipment malfunctioning, loss or damage.	Plot patient safety Datix data as per the target	
B03	Improved Clinical Response Model	1. 10% Year-on-year reduction of ED referrals 2. 10% year-on-year increase of alternative pathway referrals	1. ED referrals=13295(Gone Down by 29%) 2. Alternate pathways Referrals=(1790)(Gone Down by	Investigate the reason for Alternate Pathways going down, which should be increasing
B04	Improved Patient Experience	10% year-on-year increase in Patient Satisfaction	Plot Target data after 2 years of ePCR roll out	
B05		year-on-year increase in ASI reports and Care Pathways	7	
B06	Standardisation of care	Reduces cost of care to Commissioners	2% reduction in lost unit hours outside ED Departments	£1,395,556
B07	Improved Collaboration with WAST Health Care Providers including Hospitals, GPs, External Providers.	>55% WCRS Compliance	55.00%	
B08	Improved workforce satisfaction & wellbeing	10% Year-on-Year of Staff Satisfaction	62% or survey did not meet the target	To be investigated
B09	Improved clinical assessment/handover	10% year-on-year improvement in Pre-alerts	27953	
B10	Cost savings and Reduced environmental impact due to using less paper	Reduction in Paper cost to be £0	£88,000	
B11	Cost savings on Digital Pen Commercial Contract	No licensing cost needed for DigiPen-£0	£289,740	
B12	Cost savings due to Reduced Staff Hire	Saving of 3.2 WTE Band 3 staff at £23,177 per annum. Total reduction in requirement for validation = £23,177x3.2 =£74,166 per year.	£74,166	

2.6 Benefit Register

WAST recognises benefit register as the tool for identifying the appropriate deliverables and business change for investment, guides planning of projects and change initiatives and ensures success is measured and recognises the costs of change. It is important to continue monitoring benefits beyond the initial effort or project to ensure the change is sustained and continues to deliver value.

Benefit Register is also an essential tool to be used for stakeholder engagement and communication, providing an engaging rationale for change, method of involving stakeholders and concrete progress to report.

The objectives of Benefit Register are to:

- ***Provide alignment and clear links between the programme (its vision and desired benefits) and the strategic objectives of the organisation.***
- ***Ensure benefits are identified and defined clearly at the outset, and linked to strategic objectives***
- ***Ensure business areas are committed to realising their defined benefits with ownership and responsibility for adding value (e.g. by identifying opportunities for more or different benefits) through the realisation process***
- ***Drive the process of realising benefits, including benefit measurement, tracking, recording and reporting benefits (and other notable achievements) as they are realised***

- ***Use the defined, expected outcomes and benefits as a roadmap for the programme, providing a focus for delivering change***

The benefit register captures all information that helps in identifying, optimising and tracking expected benefits from the change initiative. All benefits have validated baseline information along with information on what and how to measure the progress on the benefits. The benefit register should be holding a single-point-of-contact to document progress and updates on the benefits.

3 Governance

3.1 Benefits Realisation Programme Management

See *Annex D* for suggested governance arrangements. These will need to be tailored to the individual organisation.

3.2 Roles, Responsibilities and Resources

The organisation will ensure that each benefit will be owned by an appropriate Strategic Benefit Owner, who will be accountable for its successful delivery. Day to day responsibility for tracking progress of the change activities within a department or service may be assigned responsibilities to one or more Operational Benefit Owners across the organisation.

See (*Annex E*) for suggested Roles and Responsibilities

3.3 Benefits Reviews and Reporting

The Welsh Ambulance Service will ensure that benefit review activities are aligned with the ePCR programme delivery timelines and planned milestone assurance.

Benefit review activities should be objective, evidence based, planned and developed collaboratively to meet the requirements, and is being tracked and demonstrated through the agreed review and reporting schedule of the ePCR programme

Reviews provide confidence that there is proactive measurement of improvement, progress towards benefits realisation, and effective management of dis-benefits (if applicable).

Benefit reviews and reporting should include summary descriptions of the key impacts, outcomes and benefits which have been observed or measured in the last period. Reporting need not be restricted to formal reporting through ePCR management tools.

ePCR benefits have been agreed to be reviewed for 5 years from April 2022 to April 2027. Benefit owners are responsible to measure the targeted value of each benefit and plot it in the benefit register. During benefit review Dis(benefit) are also analysed to identify the cause if the benefit targets have not been achieved. The Dis(benefits) are then risk assessed to create a plan of action to achieve the desired target. There may also be a need to revise benefit target or as agreed by the benefit owner.

At the time of project closure the Project Manager or the Benefits Manager should conduct a thorough handover of the benefits review plan to the BAU which then needs to be monitored through the governance process to keep a check on the benefits progress avoiding slippages

4 Management of Risk

(Dis)Benefits should be assessed potential risk to realisation.

The ePCR programme will monitor risks around the realisation of (dis)benefits, for example, delays, lower realisation levels (or exceeded targets for disbenefits) or increased costs of realisation. The risk impact score will consider both the degree to which the (dis)benefit is affected and the priority the ePCR programme places on the (dis)benefit. For example, a minor delay in a medium level benefit might be rated as 'negligible', whereas an 80% under-realisation of a high priority benefit may be considered 'major'. The final risk ratings need to be shared with the designated authority of mitigation actions. The Dis(benefit) plotted on the rising scale of 1 to 5 for its impact and likelihood to then be scores as a product of them. The score is then evaluated on the matrix to decide on the action plan.

Risks that impact on Benefits Realisation

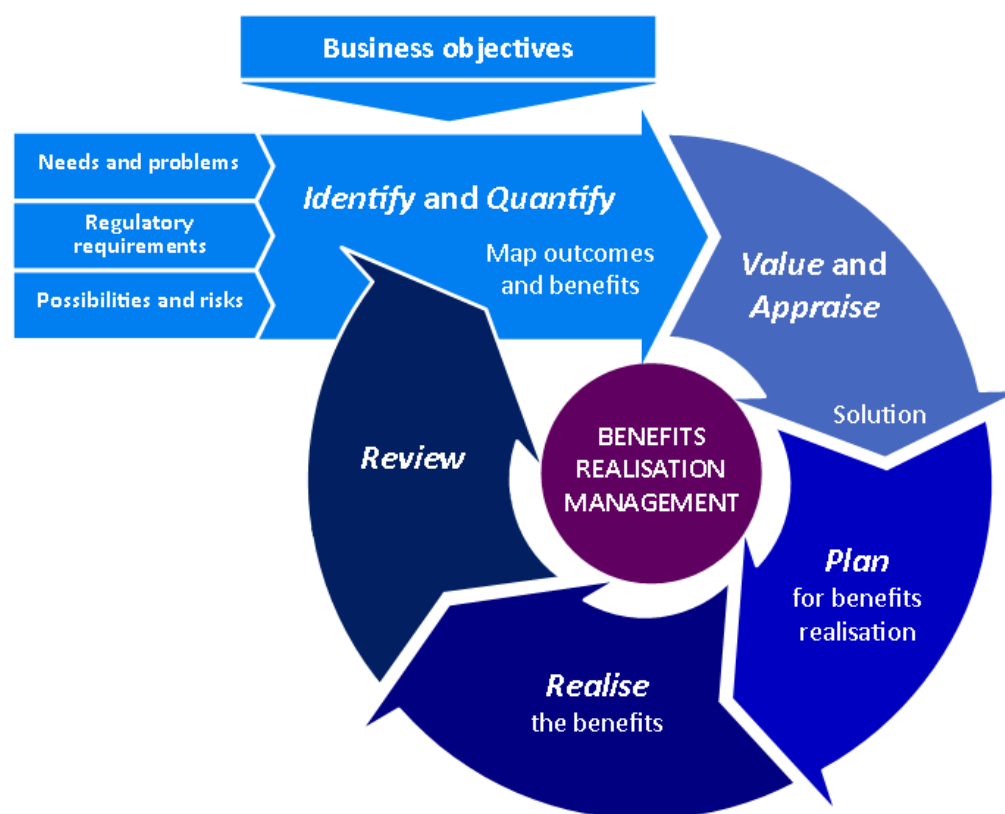
Benefit Title	Dis(Benefit)	Impact (out of 5)	Likelihood (Out of 5)	Score (Impact x Likelihood)

Risk scoring matrix						
Severity	5	5	10	15	20	25
	4	4	8	12	16	20
	3	3	6	9	12	15
	2	2	4	6	8	10
	1	1	2	3	4	5
		1	2	3	4	5
Likelihood						
Risk rating		Very low (1-3)	Low (4-6)	Medium (8-10)	High (12-16)	Very high (20-25)

5 Annex

Annex A: Benefits Realisation Management Approach

The Benefits Cycle



Model based on Swedish e-government
Delegation Benefits Model from Managing
Benefits 2nd Edition (Jenner 2014)

Annex B: ePCR Full Business Case V1.1 Approved

Annex C: ePCR Benefits Register

Annex D: Governance Structure

Annex E: Roles and Responsibilities

Role	Responsibility
Senior Responsible Owner	<ul style="list-style-type: none"> - Own the strategic objectives for the programme - Owning the Benefits Management Strategy and is responsible for its adjustment, improvement and enforcement - Leading benefit reviews involving relevant stakeholders, business managers, and possibly internal audit - Approval, along with the Sponsoring Group, of all benefits claimed by the programme. - Provide progress reports to the appropriate committee. - Validate benefits as relevant - Overall accountability for the project/programme, ensuring the objectives are met and benefits realised within the constraints of time, cost and quality.
Benefit Owner	Strategic Owner

Role	Responsibility
	<ul style="list-style-type: none"> - Overall responsibility and accountability for realisation of the benefit and outcome measurement, agrees the benefit profile, monitors delivery of change, tracks realisation of the benefit <p>Operational Owner</p> <ul style="list-style-type: none"> - Contribute to and agree the benefit profile and measures created by the Business Change Manager. - Monitor the successful delivery of Benefits Plan and business changes. - Collect and report data to evidence benefit realisation (May be delegated).
Performance and Finance Investment Committee/ Transformation Board/ Quality Improvement/ Cost Improvement board/ Organisation board	<ul style="list-style-type: none"> - Approve the business case. - Approve of the priority classification of the key outcomes. - Approve the tolerances. - Receive and approve the initiation, closure and post-project reviews. - Receive and approve the recommendations of all gateway reviews.
Benefits Realisation Manager	<ul style="list-style-type: none"> - Provide advice and guidance and, where appropriate, assistance to the SRO ePCR programme team on Benefits Realisation Management, including assisting the other roles with performance of their duties (such as benefits identification and mapping, creating profiles, reviewing, reporting and creating the benefits realisation strategy and plan). - Validate ePCR programme benefits as robust and appropriate. - Advise the investment committee on Benefits Realisation Management and projects/programmes' suitability for investment.
Financial Reporting Manager	<ul style="list-style-type: none"> - Validate ePCR programme financial benefits as robust and appropriate. - Provide advice and guidance / assistance on the use of Net Present Value Net Present Cost (NPV/NPC). - Responsibility may be delegated.
Sponsoring Group and Programme Board	<ul style="list-style-type: none"> - Showing visible commitment to the strategic objectives of the programme and to the realisation of targeted benefits - Supporting the with Business Change Managers from the business - Ensuring the strategic alignment of benefits realisation - Ensuring commitment to benefits realisation from all relevant stakeholders.
Project Board	<ul style="list-style-type: none"> - Developing the Benefits Management Strategy with the Business Change Manager on behalf of the SRO and relevant stakeholders from the affected business areas

Role	Responsibility
	<ul style="list-style-type: none">- Developing, owning and maintaining the Benefits Realisation Plan in consultation with the Business Change Manager, relevant stakeholders and members of the project team- Initiating benefit reviews as part of Benefits Realisation Plan or in response to any other triggers.
Business Change Manager	<ul style="list-style-type: none">- Benefits Realisation responsibility may be delegated to business change leads working to the BCM, with oversight.
Programme / Project Manager	<ul style="list-style-type: none">- Manage the delivery of Benefits Realisation Plan.- Initiate benefit reviews in line with the Benefits Realisation Plan.



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AGENDA ITEM No	16
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

Digital Pen Decommissioning

MEETING	Finance and Performance Committee
DATE	15 May 2023
EXECUTIVE	Director of Paramedicine
AUTHOR	Assistant Director of Clinical Development Head of ICT Head of Clinical Intelligence and Assurance Assistant Director of Planning and Transformation
CONTACT	Duncan.robertson@wales.nhs.uk Aled.williams9@wales.nhs.uk Kevin.webb@wales.nhs.uk Alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The Digital Pen Patient Clinical record (PCR) system required a late request for an extension. As a result of granting the extension, a subsequent paper outlined actions to be undertaken.

These were to:

Formally record the risks identified on DATIX and record the mitigations.
To undertake a lessons learned exercise.

This paper outlines each of these actions and the results.
All Digital Pen PCRs have been retrieved ahead of the deadline set by the Executive Management Team and are archived in accordance with Trust statutes.

KEY ISSUES/IMPLICATIONS

Had the extension not been agreed, there would have been the risk that PCRs would not have been available for subsequent use by the Trust in order to defend practice and the Trust would not have been able to have a complete clinical record available.

The lessons learned identified that there were delays to implementing ePCR which replaced the Digital Pen. In addition, the lines of reporting to senior levels require some amendment to enable risk and issues to be flagged at an earlier opportunity.

Recommend FPC note the content of this report.

REPORT APPROVAL ROUTE
Executive Management Team Finance and Performance Committee

REPORT APPENDICES
Nil

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)		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	

SITUATION

1. In March 2022, Executive Management Team were requested to approve a further extension to the Digital Pen contract in order to collate the Patient Clinical Records (PCRs) that required retrieving from the return of the pens, processing the PCR backlog and storing on WAST servers.
2. A further paper was submitted to the Executive Management Team on the 27th April 2022 and to Finance and Performance Committee on the 16th May 2022.
3. The purpose of this paper is to provide assurance that the actions described in the April 2022 paper have been completed and that the Digital Pen data is now complete and within WAST servers.

BACKGROUND

4. Digital Pen was the means of collating the WAST PCRs from 2015 until the deployment of ePCR. An initial contract extension had been agreed in March 2021 via a Chair's Action to enable the system to be used until such time as ePCR was ready for operational use.
5. ePCR was deployed into operational practice in December 2021, and phased into each Health Board area, with the final Health Board becoming operational on the 30th March 2022.
6. Digital Pen PCRs required processing, using a system referred to as validation. Changes to the system in 2020 led to the full process taking longer and the build-up of a backlog of PCRs which was compounded by the continued use of Digital Pen up until the end of the initial contract extension.
7. Full deployment of ePCR was delayed until the very end of the initial extension to the Digital Pen contract (to March 2022), with there being no assurances that technical support would be extended to allow the backlog to be cleared.
8. Work was started in summer 2021 to plan the decommissioning of the Digital Pens as part of the overall ePCR Programme.
9. This decommissioning work required the re-negotiation with the supplier who also had a commercial relationship with a subcontractor who ran the system.
10. The supplier had taken the Digital Pen from their list of supported products, leading to delays in the provision of costed options for WAST to consider.
11. Once the options were clear and a recommended course of action was proposed, this was presented to Executive Management Team as a late request for a single tender waiver in March 2022.

12. There was the risk that without the 2022-2023 extension, WAST would not have all PCRs in its own control.

13. Following the approval of the request, a detailed paper was submitted to EMT which included a number of actions to complete. The results of these actions are set out in the Assessment section below.

ASSESSMENT

14. The initial action from the April 2022 paper was to undertake a risk review and for the risks highlighted to be recorded on the DATIX system for management and oversight.

15. Three risks have been raised and recorded on DATIX as follows:

DATIX 591 Not approving the contact extension to facilitate the digital pen decommissioning (processing returned digital pens) and processing the PCR backlog. Therefore, PCRs stored on returned digital pens would not be uploaded, resulting in a loss of clinical data and PCRs.

Score: Initial 8, Current 1

Closed: Yes

DATIX 592 The 2022/23 budget will be required for more than the processing of existing records created up to 31st March 2022, this includes processing a backlog of PCRs built up following an identified system issue.

If required funding was not approved to process all of the PCR backlog, this loss of clinical data and PCR images could result in the inability to provide adequate defence for individual members of staff in the event of a concern or legal challenge regarding clinical practice. This could have a patient safety and financial implication for the organisation.

Score: Initial 8, Current 1

Closed: Yes

DATIX 593 PCR data and images not transferred from the 3rd party systems to WAST servers by contract end would mean that the Trust would be unable to access PCRs, resulting in the inability to provide adequate defence for individual members of staff in the event of a concern or legal challenge regarding clinical practice. This could have a patient safety and financial implication for the organisation.

Score: Initial 8, Current 1

Closed: Yes

16. These risks have been mitigated through the following actions:

- a. Digital Pen docking systems were deactivated on the 4th April 2022 with the exception of the Clinical Intelligence Team who would need them to retrieve PCR's from returned Digital Pens.
- b. All available digital pens were requested for return to the department. In the end almost 2,500 pens were returned which enabled over 6,000 additional PCR's to be retrieved and processed. This would not have been possible without the extension.
- c. Following the exploration of multiple options, including the use of Robotic Process Automation (RPA), an amended and reduced process for validation was tested in the Summer of 2022 and utilised to good effect.
- d. The full backlog was cleared before the end of November 2022 and a paper was brought to report this to the Executive Management team in December 2022. This meant all PCR's were cleared ahead of the end of December 2022 deadline set by EMT in April 2022.
- e. Processed PCR's were secured on WAST servers and retrievable before the formal end of the Digital Pen contract extension on the 30th March 2023.
- f. Testing the retrieval has been completed and a paper has been drafted for the Information Governance Steering Group.

17. All PCR's are now on WAST servers, which act as mitigation for the three DATIX risks outlined above.

18. A further action was for a lessons learned exercise to be held with members of the Clinical, Digital and Strategy & Planning Directorates. This was held on the 13th April 2023. The meeting had comprehensive notes taken at the time.

19. Key lessons from the exercise included:

- a. A discussion regarding how the escalation was raised late with Executive Colleagues. This included a discussion to understand the relationship between WAST and the supplier and the supplier and their subcontractor which led to delays at each step as the product was not supported by the supplier. The point in time that the costed options were available was after the Executive team should have been sighted on the issues. Reporting mechanisms were in place, however there was not the focus to provide the necessary detail at a senior level. While the issues were

understood at an operational level not enough had been done through the project and programme structure to pass the required information 'up the chain'. As such the resolution to the emerging risk was landed late in the financial year with no prior indication to key individuals who were then expected to sign-off the request. Section 23 below addresses future controls that will prevent the same circumstances from re-occurring.

- b. Delays to the early phases of the ePCR programme were outlined, in particular the additional steps resulting in the use of external consultants as part of the process from outline to full business case. In hindsight, this was not a required step and not doing this could have accelerated the development and deployment of ePCR into clinical practice sooner which may have negated the requirement for an additional extension to the Digital Pen Contract.
 - c. Late adoption of ePCR by Health Boards as part of their Emergency Department handover processes led to the use of Digital Pen in clinical practice right up to the end of the original contract extension.
20. The group explored how decommissioning is prioritised when new systems are implemented. One of the lessons to come out was that there was no additional resource to put into the work, however it was formed as a separate workstream as part of the ePCR programme. This led to additional meetings whereas it could have been more tightly linked with the core ePCR implementation work to make best use of the time for the same individuals involved.
21. An additional element to the decommissioning is that the ePCR programme has adopted the DCB0160 Clinical Safety Standard. While this exists to ensure the application is safe for use in clinical practice, with a hazard log to be managed, one of the core principles of the standard includes the safe closure of digital systems. The ePCR programme commissioned and paid for the DCB 0160 report to be completed by an external organisation, this in the future will be an annual exercise and will need to be repeated for any material change or update to the ePCR system. This will involve decisions whether to continue to use external contractors at cost or to off-set by developing expertise and roles within the WAST workforce to undertake the work. This is subject to a draft risk assessment.
22. There is now a contracts manager within the Digital Directorate who was instrumental in working with the suppliers on the costed options.

23. Additional points raised in the lessons learned included providing advice to programme SROs to actively seek out risks and issues and for these to be flagged to Strategic Transformation Board or Executive Management Team. The reporting to senior leadership is restructured to provide a focus on risks and barriers to success – this is to be undertaken by Strategy, Planning and Performance colleagues.
24. Use of SBAR vs reporting structures was discussed – if an SBAR is required in a programme to flag an issue, the question was raised as to whether the lines of communication had already stalled within the programme structure? Would the SBAR be a duplication of effort and the most efficient use of limited team resources? The outcome was linked to Section 23 above and if this method of reporting is more robust, it will reduce this duplication.
25. The group discussed how the organisation de-layers the governance structure, how human factors affect the ability to feedback in a timely manner and how WAST helps leaders understand what needs to be flagged and the feedback loop to effectively do so. The consistency of project management plays into this element, which the ePCR programme was affected by as there were a number of project managers employed at the time and consistency was difficult to achieve as a result. The group were not able to de-layer the governance structure of the organisation, but the consistency of the project management was felt to be unique to the programme. The factor that played into the latter shift of the substantive project manager was the end of the programme and the need to secure permanent employment in a similar role.
26. SP&P raised the possibilities that the Verto software can offer it this space to make sure the highlight reports include the right risks and issues with the further question that a risk and issues report for Strategic Transformation Board might have helped in the described circumstances.

RECOMMENDED: That the Finance and Performance Committee: Note the content of the report.



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AGENDA ITEM No	17
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	

AUDIT REPORT

MEETING	Finance and Performance Committee
DATE	15 th May 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk/Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. 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 in a timely manner.
2. There are 23 recommendations assigned to Committee for oversight which are overdue from their originally proposed completion date. All but eight have recommended revised dates.
3. The Audit Tracker will undergo a revision over the next quarter, with a recommendation to the September Audit Committee on a revised process and format. This will include an approach to the more historical recommendation and management action plans. The Corporate Governance Team will work in partnership with Internal Audit and Audit Wales in the production of this.
4. **The Committee is requested to note the update.**

KEY ISSUES/IMPLICATIONS

As set out above.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICIES

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)	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



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AGENDA ITEM No	18
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

COMMITTEE CYCLE OF BUSINESS 2023-24

MEETING	Finance and Performance Committee
DATE	15 May 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. Updating of the cycle of business for this committee is the final step in the 2022/23 effectiveness reviews that were conducted in Q4. Amendments to the Committee's terms of reference agreed in Q4 have been incorporated into this updated cycle of business.
2. The cycle has been developed with direct correlation to the duties in the terms of reference. This will allow members to review the appropriateness of the proposed reports and their frequency.
3. The cycle for the Committee is a maturing document which will grow organically over the next 12 months.

RECOMMENDATION:

4. The Committee is asked to:
 - (a) Review and approve the 2023-24 cycle of business at Annex 1; and
 - (b) Note the cycle of business monitoring document at Annex 2.

KEY ISSUES/IMPLICATIONS

5. There are some areas of the cycle where reporting remains to be developed including the report on Commissioning; annual HART KPIs; digital KPIs and cyber reliance and cyber security reporting. Work will continue with the relevant directors on these areas over the coming months..

REPORT APPROVAL ROUTE

N/A

REPORT APPENDICIES
<p>Annex 1 – Cycle of business 2023/24</p> <p>Annex 2 – Cycle of business monitoring report</p>

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)	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

CYCLE OF BUSINESS 2023/24

SITUATION

6. The purpose of this paper is to provide the Committee with the updated cycle of business as the final step in the 2023/24 effectiveness review process.

BACKGROUND

7. The Committee carried out its effectiveness review in Quarter 4 2022/23. This included a review of its terms of reference, amendments to which were approved by the Committee in February 2023.
8. The final step in the effectiveness review process is the development a cycle of business for the Committee.

ASSESSMENT

Cycle of Business

9. A cycle of business provides order and structure and sets a Committee work plan for the year. This, together with the Board Assurance Framework, should drive agenda setting. It also:
 - 9.1. allows papers to be planned in advance, giving Directors and report writers the opportunity to plan necessary pre-committee forums and align cycles of business;
 - 9.2. schedules compliance related reports according to legislative or regulatory timeframes;
 - 9.3. provides focus for reporting and an opportunity to see where there may be duplication, gaps, and interrelationships;
 - 9.4. generates commitment to review matters that may sometimes be vulnerable to postponement;
 - 9.5. allows for easy tracking of the Committee's adherence to the cycle which is a marker of an effective Committee;
 - 9.6. provides for a collective awareness and agreement of the areas where it applies its focus on an annual basis; and
 - 9.7. removes the ad hoc elements of agenda setting.
10. Whilst it is inevitable that other items will arise from time to time, the cycle allows them to be prioritised - perhaps coming later on the agenda.
11. The cycle of business at **Annex 1** has been designed to do all the above. It includes further detail on the pre-committee forums, lead presenters, purpose of reports and any relevant and/or helpful commentary. It also includes each of

the duties for the Committee in the terms of reference (in red text) so members can see and demonstrate that the reporting expected for each area will in fact provide appropriate assurance, generate discussion, and allow for the right balance of challenge and support.

12. The cycle for the Committee is a maturing document which will grow organically over the next 12 months. The areas which remain to be developed include:

12.1. The Committee's terms of reference requires it to monitor the effectiveness of commissioning arrangements with the Local Health Boards via EASC, as well as reviewing performance against the targets set by the Commissioners and Welsh Government. Whilst some of this reporting is included in the MIQPR, a scoping exercise is required to ensure it encompasses all elements of these duties.

12.2. The Hazardous Area Response Team (HART) internal audit in November 2022 recommended annual reporting of HART KPIs. This is in development.

12.3. The digital system metrics will include service delivery across critical digital systems infrastructure and lessons learned and are in development.

12.4. Reporting to capture the newly added duties with respect to cyber resilience and cyber security are in development.

Work will continue with the relevant directors on these areas over the coming months.

Continued monitoring of the cycle of business

13. The cycle of business will be used to build the quarterly Committee agenda. A monitoring report will be provided to each meeting under the Consent Agenda, and where issues of escalation are required i.e. where cycle needs to be adjusted or reporting is overdue, these will be drawn out in a short paper by the Board Secretary.

14. The first monitoring report appears at **Annex 2** for Q1 2023/24.

RECOMMENDATION

15. The Committee is asked to:

(c) Review and approve the 2023-24 cycle of business at Annex 1; and
(d) Note the cycle of business monitoring document at Annex 2.

PAPER	PRE-C'EE FORUM	FREQUENCY	MAY	JUL	SEP	NOV	JAN	MAR	LEAD	PURPOSE	COMMENT/COMPLIANCE
FINANCE AND PERFORMANCE COMMITTEE - CYCLE OF BUSINESS 2023/24											
TERMS OF REFERENCE NOTED IN RED TEXT											
FINANCE											
3.1 Oversee and contribute to the medium and long term financial strategy, in relation to both revenue and capital											
Annual revenue budget	EMT	Annually							EDOF	Endorsement	SFI 4.2.2 - Boards must approve balanced revenue and capital plans before the start of the year
Annual capital budget	Capital M'ment Board	Annually							EDOF	Endorsement	Private session
3.2 Monitor the Trust's in-year and forecast revenue financial position against budget and review and make appropriate recommendations for corrective action to address imbalances											
3.4 Monitor progress against the Trust's capital programme, scrutinise, approve or recommend for approval (where appropriate) business cases for capital investment. This will include those then submitted to Welsh Government for approval via Trust Board											
3.6 Receive, review and ensure mitigation of financial risks of delivery of plans											
3.8 Review performance against the relevant Welsh Government financial requirements											
3.3 Review progress against the Trust's annual operating framework and make recommendations to the Board in relation to development of the annual financial plan and budget setting and long term financial strategy and financial sustainability programmes, efficiency review implementation and required savings targets											
Financial report	EMT	Each meeting							EDOF	Assurance	Financial sustainability report may be included in this report or separately throughout the year; year end report May
Business cases over £500K	TBC	As required							EDOF	Endorsement	
IMTP financial plan	STB/EMT	Annually							EDOF	Endorsement	
3.5 Ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting											
Value Based Healthcare Report	TBC	Every other meeting							DOF	Assurance	Format of reporting and assurance to be developed in 22/23 - see Note 2
3.7 Monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation											
3.5 Assurance that a business case post implementation review is in place and is effective: review post implementation reviews on specific business cases and capital investment schemes from time to time											
Assurance paper on PIR process	TBC	One off and then cyclical							EDSPP	Assurance	To demonstrate the PIR process is embedded in planning cycle and business planning, with cyclical reviews.
Post Implementation Reviews	TBC	As required							Relevant Director	Assurance	
Monitoring of key projects as requested from time to time	TBC	As required							Relevant Director	Assurance	
PLANNING											
3.19 Review service or directorate specific long term plans and ensure they align to 'Delivering Excellence: Our Vision for 2030' and are incorporated into the IMTP or, where relevant, local directorate plans. It is noted that other Board Committees will review specific long term plans in detail however this Committee will hold a central overview of all service or directorate specific long term plans. The Committee will not oversee local directorate plans.											
3.16 Oversee and contribute to the development of the Trust's long term strategy 'Delivering Excellence: Our Vision for 2030' and make recommendations to the Board for its approval											
Refreshes of 2030 Delivering Excellence	EMT	Ad Hoc							EDSPP	Endorsement	
Service or Directorate Specific Plan New & Refreshes	EMT	Ad Hoc							EDSPP	Endorsement	Long term service or directorate specific plans from time to time
3.17 Oversee and contribute to the development of the Trust's Integrated Medium Term Plan (IMTP) and ensure alignment of that plan with Delivering Excellence: Our Vision for 2030											
IMTP for following year	STB/EMT/Board	Annually							EDSPP	Endorsement	NB: IMTP will also go to Board Committees such as PCC and Quest for areas within their remit prior to FPC
3.19 Monitor the effectiveness of commissioning arrangements with the Local Health Boards via the Emergency Ambulance Services Committee											
3.10 Review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators											
Report on commissioning	TBC	TBC							EDSPP	Assurance	Scope of this element to be developed - see Note 3
3.20 Review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews											
Demand and capacity reviews	EMT	Ad Hoc							EDSPP	Endorsement	
PERFORMANCE											
3.13 Agree and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets											
3.14 Monitor and review plans to recover areas of underperformance, reviewing where appropriate associated KPIs as part of any deep dives, and providing assurance to the Board and escalating as required - See Note 4											
Monthly Integrated Quality Performance report	EMT	Each meeting							EDSPP	Assurance	
MIQPR review of metrics	EMT/Board Committees	Annually							EDSPP	Endorsement	KPIs relevant to PCC and Quest reviewed by those Committee in Q4 prior to presentation to FPC
Annual HART KPI report	TBC	Annually							DO	Assurance	HART Internal Audit Nov 22 recommended annual reporting of HART KPIs which was accepted
3.11 Monitor and review progress against the Trust's Integrated Medium Term Plan and obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams											
3.16 Obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams											
IMTP progress updates	STB/EMT/Board	Each Meeting							EDSPP	Assurance	IMTP outturn position in May
3.12 Review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework											
QPMF update report	QPMF Steering Group	Bi-annually 22/23									Assurance on the value of outcomes produced by the framework and effectiveness. Six monthly reviews in 22/23 then annual.
ESTATES AND FLEET											
3.21 Oversee, contribute to, and monitor the implementation of, the Estate Strategy											
3.22 Oversee, contribute to, and monitor the implementation of, the Fleet Strategy											
3.23 Review proposals for acquisition, disposal, and change of use of land/buildings.											
Estates and fleet strategy refreshes	TBC	Periodically as required							EDOF	Approval	Estates and Fleet strategies refreshed Mar 21, therefore these will refresh every 3 year or sooner if required.
Fleet replacement programme	Capital M'ment Board	Annual BJC see notes							EDOF	Approval/Endorsement	2018/19 ten year fleet strategic outline proposal (SOP) with annual business justification cases calls down on that SOP (private session)
Fire safety update	EMT	Periodically as required							EDOF	Assurance	Carry out every 5 years
ENVIRONMENTAL AND SUSTAINABILITY											
3.24 Oversee, contribute to, and monitor the implementation of the Environmental Strategy											
3.25 Ensure compliance with environmental regulations and national targets											
Decarbonisation Update	Decarb Programme Board	Every other meeting									Progress also against WG action plan and Trust Plan; metrics in development. Annually to include update on waste management
Waste Management Update	Decarb Programme Board	Annually							EDOF	Assurance	Annual update aligned with Internal Audit recommendations. First report in September 2023.
DIGITAL SYSTEMS AND STRATEGY											
3.26 Oversee, contribute to, and monitor the implementation of, the Digital Strategy											
Digital strategy	STB	Periodically as required							DD	Review and Endorse	Implementation through IMTP; strategy/plan refreshes as required - See Note 1
Metrics for digital systems infrastructure	TBC	Each meeting							DD	Assurance	KPIs in development - See Note 1
3.27 Review projects and monitor implementation and delivery of benefits of major digital and information/reporting projects											
Review/Monitor of major projects	TBC	Ad Hoc							Relevant Director	Assurance	Including WG PARs and gateway reviews
BUSINESS CONTINUITY											
3.28 Oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and assurance that such plans are effective											
WG Annual Emergency Planning Report	EMT/Board	Annually							EDO	Assurance	Report provides for compliance with Civil Contingencies Act 2004; exercises carried out; learning from incidents/exercises/debriefs.
Incident Response Plan Report	EMT	Annually							EDO	Assurance	Externally reported - See Note 5
Business Continuity Annual Report	EMT	Annually							EDO	Assurance	See Note 5
3.29 Oversight and scrutiny of cyber resilience including assurance on awareness and training of WAST staff and volunteers; maintenance of upgrades/updates of systems, and replacement of legacy/high-risk systems											
3.30 Oversight and scrutiny of cyber security including assurance of regular monitoring of risks and threats, business continuity planning and engagement with national cyber centres and stakeholders											
Cyber Resilience and Cyber Security Reporting	TBC	TBC							DD	Assurance	Reporting developing in 23/24
POLICIES AND RISK											
3.30 Oversight of policies within the remit of the Committee											
Report from policy group	Policy Grop	Annually							BS	Assurance	
Policies for review and approval	Policy Grop	Ad Hoc							BS	Approval	
3.31 Corporate Risks are identified and appropriately manged; CRR and BAF risks for their remit are presented and Committee is assured on progress and ratings; Audit Recommendation Trackers monitored											
Board Assurance Framework	Board	Each meeting							BS	Assurance	
Corporate Risk Register	Board	Each meeting							BS	Assurance	
Audit Recommendation Tracker	ADLT	Each meeting							BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc							Relevant Director	Assurance	
STANDARD ITEMS											
Quarterly operations update	TBC	Each meeting							EDQN	Information/Discussion	
GOVERNANCE											
Committee effectiveness review and annual report	Audit/Board	Annually							Board Sec.	Approval	
Review of Terms of Reference	Audit/Board	Annually							Board Sec.	Approval	
Committee cycle of business refresh	N/A	Annually							Board Sec.	Approval	
Committee Cycle of Business review	Audit/Board	Each meeting							Board Sec.	Approval	
Committee Review of Annual Priorities	None	Every other meeting							Chair	Review	
SUB-GROUPS											
Where applicable	N/A	Ad Hoc							N/A	N/A	No sub-committees - but may set up task and finish groups from time to time
PROMPTS											
External Reports	N/A	Ad Hoc							TBC	TBC	

EDOF - Exec Director of Finance and Corporate Resources

Cycled for each meeting

EDO - Exec Director of Operations
EDSPP - Exec Director of Strategy, Planning and Performance

Ad hoc item - prompt for agenda setting
Reporting developing

Digital
Value Based Healthcare
Commissioning
MIQPR

IA raised need to be explicit and define intended timescales for delivery of digital strategy phases. Digital strategic outline case September 2022; focus on baseline and business usual in November 2022; SOP and resourcing September 2022 (in IMTP); digital governance
Digital performance KPIs in development re service delivery across critical digital systems infrastructure and lessons learned (e.g. by downtime). Reporting being developed with QPMF work streams.
VBH is part of the financial sustainability programme and deliverables for IMTP 23-26 set out. Includes PLICS, PROMS and PREMS. Could be part of IMTP reporting generally, but propose a bi-annual update.
Review of commissioning standards is the commissioning intentions met as part of IMTP. AQLs published monthly to EASC. Key AQLs included in the 28 KPIs.
FPC is primary Committee for review of performance across all four quadrants of the MIQPR.
The Committee will commission deep dives or refer such deep dives to other Committees

Emergency Preparedness

The Trust is classed as a category one responder under the Civil Contingencies Act (2004) and as a result there is a legislative obligation for us to address 6 key responsibilities, which are

- Assess local risks and use this to inform emergency planning
- Put in place emergency plans
- Put in place Business Continuity Management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency

CCA Part one devolved to Wales.

WAST is a category 1 responder under the Civil Contingencies Act (2004) and Regulations (2005). Category 1 responders are required to maintain plans for preventing emergencies; reducing, controlling or mitigating the effects of emergencies in both the response and recovery phases, and has a duty to ensure business continuity plans are in place. Trust is working towards ISO22301 accreditation.

Internal Audit on Major Incidents - September 2022 AC - raised F&P review of incident response plan when reviewed next.

Incident Response Plan Report: WG report accompanied by assurance that Incident Response Plan (IRP) in place and approved by EMT. SBAR includes detail of staff training in place, compliance levels, and resourcing for assurance; list of plans that underpin IRP are in date and regularly reviewed. IRP provides guidance and support to commanders on a range of incidents.

Business Continuity Annual Report: SBAR to include compliance with CCA 2004 if not included in WG annual report and compliance under policy; list of plans that underpin BCP are in date and regularly reviewed; staff training in place, compliance levels and resourcing for assurance if not included in IRP report above; exercises carried out and planned; learning from incidents/exercises/debriefs. In July 22 this was a business continuity assessment, but will be an annual report going forward.

PAPER	PRE-C'EE FORUM	FREQUENCY	MAY	JUL	SEP	NOV	JAN	MAR	LEAD	PURPOSE	COMMENTS
FINANCE AND PERFORMANCE COMMITTEE - CYCLE OF BUSINESS 2023/24											
See full cycle of business for reference to the duties in the terms of reference as they relate to Committee reports below											
MAIN ELEMENTS											
FINANCE											
Annual revenue budget	EMT	Annually							EDOF	Endorsement	
Annual capital budget	Capital M'ment Board	Annually							EDOF	Endorsement	Presented at May meeting (private session)
Financial report	EMT	Each meeting							EDOF	Assurance	
Business cases over £500K	TBC	As required							EDOF	Endorsement	
IMTP financial plan	STB/EMT	Annually							EDOF	Endorsement	
Value Based Healthcare Report	TBC	Every other meeting							DOF	Assurance	
Assurance paper on PIR process	TBC	One off and then cyclical							EDSPP	Assurance	
Post Implementation Reviews	TBC	As required							Relevant Director	Assurance	ePCR benefits realisation at May meeting
Monitoring of key projects as requested from time to time	TBC	As required							Relevant Director	Assurance	Salus in private session
PLANNING											
Refreshes of 2030 Delivering Excellence	EMT	Ad Hoc							EDSPP	Endorsement	
Service or Directorate Specific Plan New & Refreshes	EMT	Ad Hoc							EDSPP	Endorsement	
IMTP for following year	STB/EMT/Board	Annually							EDSPP	Endorsement	
Report on commissioning	TBC	TBC							EDSPP	Assurance	Reporting being developed
Demand and capacity reviews	EMT	Ad Hoc							EDSPP	Endorsement	May report on demand and capacity
PERFORMANCE											
Monthly Integrated Quality Performance report	EMT	Each meeting							EDSPP	Assurance	
MIQPR review of metrics	EMT/Board Committees	Annually							EDSPP	Endorsement	
Annual HART KPI report	TBC	Annually							DO	Assurance	
IMTP progress updates	STB/EMT/Board	Each Meeting							EDSPP	Assurance	
QPMF update report	QPMF Steering Group	Bi-annually 22/23									
ESTATES AND FLEET											
Estates and fleet strategy refreshes	TBC	Periodically as required							EDOF	Approval	
Fleet replacement programme	Capital M'ment Board	Annual BJC see notes							EDOF	Approval/Endorsement	
Fire safety update	EMT	Periodically as required							EDOF	Assurance	
ENVIRONMENTAL AND SUSTAINABILITY											
Decarbonisation Update	Decarb Programme Board	Every other meeting									
Waste Management Update	Decarb Programme Board	Annually							EDOF	Assurance	
DIGITAL SYSTEMS AND STRATEGY											
Digital strategy	STB	Periodically as required							DD	Review and Endorse	
Metrics for digital systems infrastructure	TBC	Each meeting							DD	Assurance	Reporting being developed
Review/Monitor of digital major projects	TBC	Ad Hoc							Relevant Director	Assurance	ePCR benefits realisation and Digipen closure at May meeting
BUSINESS CONTINUITY											
WG Annual Emergency Planning Report	EMT/Board	Annually							EDO	Assurance	
Incident Response Plan Report	EMT	Annually							EDO	Assurance	
Business Continuity Annual Report	EMT	Annually							EDO	Assurance	
Cyber Resilience and Cyber Security Reporting	TBC	TBC							DD	Assurance	Reporting being developed
POLICIES AND RISK											
Report from policy group	Policy Grop	Annually							BS	Assurance	
Policies for review and approval	Policy Grop	Ad Hoc							BS	Approval	
Board Assurance Framework	Board	Each meeting							BS	Assurance	
Corporate Risk Register	Board	Each meeting							BS	Assurance	
Audit Recommendation Tracker	ADLT	Each meeting							BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc							Relevant Director	Assurance	
STANDARD ITEMS											
Quarterly operations update	TBC	Each meeting							EDQN	Information/Discussion	
GOVERNANCE											
Committee effectiveness review and annual report	Audit/Board	Annually							Board Sec.	Approval	
Review of Terms of Reference	Audit/Board	Annually							Board Sec.	Approval	
Committee cycle of business refresh	N/A	Annually							Board Sec.	Approval	
Committee Cycle of Business review	Audit/Board	Each meeting							Board Sec.	Approval	
Committee Review of Annual Priorities	None	Every other meeting							Chair	Review	
SUB-GROUPS											
Where applicable	N/A	Ad Hoc							N/A	N/A	
PROMPTS											
External Reports	N/A	Ad Hoc							TBC	TBC	

EDOF - Exec Director of Finance and Corporate Resources
EDO - Exec Director of Operations
EDSPP - Exec Director of Strategy, Planning and Performance
DD - Digital Director
BS - Board Secretary

Cycled for each meeting
Ad hoc item - prompt for agenda setting
Reporting developing
Presented as cycled/ad hoc item considered at agenda setting
Deferred



FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	30 March 2023
Committee Meeting Date	21 March 2023
Chair	Joga Singh

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. There are no alerts from this meeting, however the Board will note the criticality of the discussions with the Chief Ambulance Services Commissioner (CASC) regarding funding for part of the 2023/24 financial plan.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The Committee received the **Integrated Medium Term Plan (IMTP) 2023-26 and a presentation on the financial plan 2023/24**. The content and direction of travel was familiar to members as a result of discussions over the last few months at Board development and various Committee meetings. The Committee commended the teams on the extensive engagement that has taken place in the development of the IMTP, particularly the inclusion of issues raised by staff at CEO Roadshows and providing solutions to address issues such as flexible working, shift over-runs and process efficiencies.

The IMTP was praised as being appropriately ambitious to affect the shift left that our long-term strategy envisages. However, members cautioned that there was a balance to be struck in setting expectations in the IMTP as against what is within the Trust's control in what will be a very challenging financial environment in 2023/24.

As at the date of this meeting an IMTP underpinned by a financial plan that had the ability to balance in the 2023/24 financial year was realistic, although much more challenging from a savings perspective than the Trust has experienced for many years. It is however firmly dependent on two key elements - confirmation from the CASC that recurrent funding of just under £6m will be made available for the additional 100 staff recruited in 2022/23 and the ability for the Trust to make c£6m in savings, including c£2.6m which is not yet fully identified as we enter the 2023/24 financial year. It was agreed that firm deadlines for the CASC funding to be confirmed was crucial, and actions to then follow at pace to reduce spend asap if this funding is not going to be available in 2023/24.



The driving of efficiencies and income generation initiatives coming through the financial sustainability programme will be one of the key factors in realising the significant savings target and managing the level of risk going into 2023/24.

The Committee endorsed the IMTP subject to further amendments, including more emphasis on the duty of quality and the duty of candor, discussions with the CASC which are key ahead of Board approval, and final proofing.

The Equality Impact Assessment and consideration of the socio-economic duty were not reviewed by the Committee but will be completed prior to the Trust Board. An easy read for staff will be prepared following the IMTP's approval.

ASSURE

(Detail here assurance items the Committee receives)

3. The Committee received a presentation on the **financial position for Month 11 2022/23**. The Board will have a detailed paper on the financial position before it for the March meeting however the Committee commended the team on the very positive year end position. There is a small underspend as at month 11 of £12K, with gross savings of £4.025m having been achieved against a current year to date target of £3.942m. A break-even position is forecast for 2022/23. An update was provided on capital expenditure with confidence that major works ongoing will be completed by the year end to ensure capital is fully expended.
4. The **Integrated Medium-Term Plan (IMTP) interim Quarter 4 Progress Report** was received. The final outturn position for 2022/23 will be presented at the May meeting. Excellent progress was noted despite the pressures experienced over the quarter, with a small number of actions rated as red primarily as a result of external factors. The Committee was assured that the Trust was doing everything within their control to make progress on these.
5. The **internal audit on IMTP delivery** which was rated as 'reasonable assurance' with no high rated recommendations was reviewed by the Committee. The review examined the governance framework and operations of the Strategic Transformation Board and its constituent programmes and change programme delivery set out in the IMTP. Management actions against recommendations will be monitored by the Committee via the audit tracker.
6. The Monthly Integrated Quality and Performance Report (MIQPR) was received for January/February. Of note:
 - 999 answering times have been challenged through significant increases in call demand through the year. However, in January 2023 median and 65th percentile performance were good and the 95th percentile performance returned to three second answer times, not seen since May 2021
 - December 2022 saw unprecedented levels of demand and very low 111 call answering performance, and whilst this did improve in January and February 2023 to 34.8% and 28.7% respectively, it remains substantially off target (95%). However the 111 Clinical response has seen a significant improvement in on priority 2 and 3 call back times, with performance being just under of the 90% target. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies. This was the subject of some focus at the People and Culture Committee on 14 March (see their AAA report) however the Finance and Performance Committee will look at this area in more detail at its May meeting.



- The Red 8-minute ambulance response performance for February 2023 was 50.9%, an improvement when compared to January 2023, but still far below the target of 65%. Amber response times also improved; however, Amber 1 waiting times remain far too long, for example, the 95th percentile was just under 6 hours. These long response times have a direct impact on outcomes for many patients and this has been discussed at length in the Quality, Patient Experience and Safety Committee. A key factor in relation to response times is the capacity lost to handover outside Emergency Departments. Whilst handover lost hours reduced to 19,110 hours in February 2023 compared to the 32,000 hours in December 2022 the levels are still so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss.
 - Ambulance Care (formally NEPTS) (Patient Experience) performance remains above target for enhanced renal patient arrivals prior to appointment (December 2022). Discharge performance declined to 79% (target 90%) caused by IA impact and the implementation of changes to the CLERIC software that supports the planning and management of NEPTS transport.
 - Good progress has been made through the year in increasing consult and close rates with 14.2% achieved in February 2023, close to the Trust's 2022/23 IMTP ambition of 15%.
7. **New performance standards for Non-Emergency Patient Transport Service (NEPTS)** were reviewed ahead of their submission to the Chief Ambulance Services Commissioner. The standards which are due to come into effect on 1 April 2023 are broadly based on the 2019 demand and capacity review performance parameters and, with the exception of Oncology transport, represent an improved patient experience with a shift in focus towards transport arriving prior to a patient's appointment. Whilst the oncology parameter does expand the time period for patient arrival, it reflects the fact that the enhanced level of oncology service delivery was unfunded in the NEPTS Business Case and has remained unfunded ever since. The Committee noted that this standard was never achievable without significant additional investment.
8. The Committee were not presented with the **audit tracker** at this meeting as the confirm and challenge meetings with action owners could not be scheduled. This was due to resource challenges and operational pressures; however, the tracker is being updated as a priority to support the Q4 Follow Up Audit which will commence in March. The **Immediate Release Directions** internal audit review which was rated 'reasonable assurance' was considered by the Committee. The Audit Committee had also been presented with this review and it will also be reviewed by the Quality, Patient Experience and Safety Committee at their next meeting. There were two high rated recommendations related to escalations and completion of timely review of Datix incidents. Management actions against recommendations will be monitored by the Committee via the audit tracker.
9. The Committee held its **annual effectiveness review**. Responses to questionnaires were reviewed and changes agreed to membership, terms of reference and operating arrangements. The Committee's annual report and revised terms of reference will be presented to the Audit Committee on 20 April and the Board on 26 May.
10. A new agenda item for **reflections** drew out the following:
- Positive end of the financial year position;
 - Timing allocation of items was appropriate and there was a focus on high level presentation of items leaving a good amount of time for discussion.



- Discussion on performance and the financial outlook demonstrated an aligned appetite for risk among Non-Executive Directors, Executives and other attendees; and
- Recognising the challenges that 2023/24 will bring there was honest and respectful discussion of difficult items.

RISKS

Risks Discussed: The principal risks in the remit of the Committee were discussed. The highest risks are:

139 (failure to deliver our statutory financial duties in accordance with legislation). It was agreed that the May meeting will take a more focused look at this risk in light of the financial situation in 2023/24.

245 (failure to have sufficient capacity at an alternative site for EMS CCCs which could cause a breach of statutory business continuity regulations)

458 (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning)

260 (a significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems)

543 (major disruptive incident resulting in a loss of critical IT systems)

New Risks Identified: The risks to the delivery of the IMTP 2023-26 were discussed. These will be monitored by the Strategic Transformation Board.

COMMITTEE AGENDA FOR MEETING

Operations Quarterly Report	Financial position for month 11	Risk Management and Corporate Risk Register
Integrated Medium Term Plan 2022-25 progress report	Integrated Medium Term Plan 2023-26 and Financial Plan 2023/24	Monthly Integrated Quality and Performance Report
Committee Annual Effectiveness Review	Internal Audit Tracker and reviews	NEPTS Performance Standards

COMMITTEE ATTENDANCE

Name	16 May 2022	18 July 2022	20 Sep 2022	14 Nov 2022	16 Jan 2023	20 March 2022
Kevin Davies	Chair	Chair		Chair		
Bethan Evans			Chair			
Joga Singh					Chair	Chair
Ceri Jackson						
Chris Turley						
Rachel Marsh						
Lee Brooks					Rachel Marsh	
Andy Haywood						
Leanne Smith						
Wendy Herbert	J. Turnbull-Ross					
Liam Williams				Wendy Herbert		
Liz Rogers	Catherine Goodwin					Angela Roberts
Hugh Parry						
Damon Turner						
Trish Mills						



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

	Attended
	Deputy attended
	Apologies received
	No longer member