Bundle Finance and Performance OPEN 17 March 2022

Agenda attachments

ITEM 0 F and P Agenda Open 17 March 2022.docx

1 09:30 - Chair's welcome, apologies, and confirmation of quorum

2 09:32 - Declarations of Interest

Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.
Standing Declarations
Emrys Davies, Retired Member of Unite
Ceri Jackson, Trustee of the Stroke Association

3 09:33 - Minutes from the last meeting

ITEM 3 OPEN F and P Minutes 20 January 2022.doc

4 09:34 - Action Log

ITEM 4 Action Log.docx

4.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION

5 09:35 - Operations Quarterly Report - Verbal Update

6 09:45 - Quality and Performance Management Framework

ITEM 6 QPMF SBAR F&P hb20220304.docx

ITEM 6.1 WASTQualityPerformanceFramework (13 F&P) hb20220309.docx

ITEM 6.2 Appendix 1 - Assurance & Review Governance Map HB_20220304.xlsx

ITEM 6.3 Appendix 2 - Q&PMF Tools & Techniqueshb20220202.docx

ITEM 6.4 Appendix 3 - Q&PMF Steering Group ToR hb20220309.docx

ITEM 6.5 Appendix 4 - Quality&PerformanceCyclehb20220304.xlsx

7 10:05 - Monthly Integrated Quality and Performance Report

ITEM 7 MIQPR SBAR February 2022 FPC.docx final.docx

ITEM 7.1 Annex 1 MIQPR February 2022 FPC.pptx final.pdf

8 10:25 - Red Activity Review

ITEM 8 SBAR - Red Activity Review - FINAL.docx

9 10:40 - Deep Dive on Shift Left Activity

ITEM 9 Shift Left Deep Dive February 2022 Combined.pptx nq.pdf

10 11:10 - Integrated Medium Term Plan Progress Report

Integrated Medium Term Plan 2022-25
To Include Review of Financial Plan

ITEM 10 FandP IMTP Exec Summary 170322.docx

ITEM 10.1 WAST IMTP 2022-25 draft v0.5.docx

ITEM 10.2 Appendix 2a _WAST IMTP Delivery Tracker_Ambitions_Feb22.pdf

ITEM 10.3 Appendix 2b _WAST IMTP Delivery Tracker_Enablers_Feb22.pdf

11 11:50 - COMFORT BREAK

12 12:00 - Financial Position for Month 11 - PRESENTATION

13 12:15 - Committee Effectiveness Review

ITEM 13 F&P SBAR on Committee Effectiveness.docx

ITEM 13.1 Finance and Performance Committee TORs v.3 280222 (Marked Up).docx

ITEM 13.2 Finance and Performance Committee TORs v.3 280222 (Clean).docx

ITEM 13.3 F&P questionnaire results.docx

14 12:30 - Risk Management and Board Assurance Framework Report

ITEM 14 Executive Summary Risk Management Report F&P 170322.docx

15 12:40 - Internal Audit Tracker Report

ITEM 15 Executive Summary F&P - Internal Audit Report 170322.docx

16 12:50 - Decarbonisation Update – Progress to Date on Welsh Government Action Plan

ITEM 16 FPC Decarb update March 22.docx

16.1 12:55 - Decarbonisation Action Plan - Circulated separately by e mail

17 13:00 - Value Based Healthcare - Verbal Update

18 13:05 - Policies for Approval:

ITEM 18 Executive Summary Fire Safety Policy 170322.docx

ITEM 18.1Fire Safety Policy v2.2 010322.docx

18.1.1 CLOSING ITEMS

19 13:10 - Key messages for Board

20 13:13 - Any other business

21 13:15 - Date and time of next meeting: 16 May 2022 at 09:30

MEETING OF THE OPEN FINANCE AND PERFORMANCE COMMITTEE

Held on 17 March 2022 from 09:30 to 13.16
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	Emrys Davies	Verbal	5 Mins
2.	Declarations of interest	Information	Emrys Davies	Verbal	
3.	Minutes of last meeting	Approval	Emrys Davies	Paper	
4.	Action log	Review	Emrys Davies	Paper	
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
5.	Operations Quarterly Report	Assurance	Lee Brooks	Verbal	10 Mins
6.	Quality and Performance Management Framework	Approval	Rachel Marsh	Paper	20 Mins
7.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	20 Mins
8.	Red Activity Review	Assurance	Lee Brooks	Paper	15 Mins
9.	Deep Dive on Shift Left Activity	Assurance	Rachel Marsh	Paper	30 Mins
10.	Integrated Medium Term Plan Progress Report 10.1. Integrated Medium Term Plan 2022-25 10.2 Review of Financial Plan	Assurance Approval	Rachel Marsh Chris Turley	Paper	40 Mins
11. COMFORT BREAK 11:50 – 12.00					
12.	Financial Position for Month 11	Assurance	Chris Turley	Presentation	15 Mins
13	Committee Effectiveness Review	Approval	Trish Mills	Paper	15 Mins
14	Risk Management and Corporate Risk Register	Assurance	Julie Boalch	Paper	10 Mins
15	Internal Audit Tracker Report	Assurance	Julie Boalch	Paper	10 Mins
16	Decarbonisation Update – 16.1 Progress to Date on WG Action Plan 16.2 Decarbonisation Action Plan	Discussion Approval	Chris Turley	Paper	10 Mins
11.	Value Based Healthcare	Discussion	Chris Turley	Verbal	5 mins
12.	Policies for Approval: 12.1. Fire Safety Policy	Approval	Chris Turley	Paper	5 Mins
CLOSING ITEMS					
13.	Key messages for Board	Discussion	Emrys Davies	Verbal	5 Mins
14.	Any other business	Discussion	Emrys Davies	Verbal	
15.	Date and time of next meeting: 16 May 2022 at 09:30	Information	Emrys Davies	Verbal	

Lead Presenters

Name	Position
Chris Turley	Executive Director of Finance and Corporate Resources
Emrys Davies	Chair and Non Executive Director
Lee Brooks	Director of Operations
Trish Mills	Board Secretary
Julie Boalch	Head of Risk and Corporate Governance
Rachel Marsh	Director of Strategy, Planning and Performance

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

Chair: Emrys Davies

PRESENT :

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Corporate Governance (Minute 8 and 9 only)
Lee Brooks	Director of Operations
Nadia Frangos	Graduate Trainee
Jonathan Jones	Principal Auditor Internal Audit
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Chris Turley	Executive Director of Finance and Corporate Resources

APOLOGIES

Joga Singh	Non Executive Director

01/22 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Ceri Jackson as a Trustee of the Stroke Association was noted.

Minutes

The minutes of the open and closed sessions held on 18 November 2021 were considered by the Committee and agreed as a correct record subject to adding the resolution to Item 73/21 on page eight.

Action Log

The action log was considered:

Action: 61/21: Consider whether individual staff objectives on environmental actions could be included in PADR's. Chris Turley updated the Committee advising there was still further

work required to be undertaken in terms of detail and it was noted that an update would be provided in the future once it was feasible to do so. Action to be closed.

Action 66/21: In respect of vacancies, mainly in the Quality and Safety Directorate it was requested that further information be provided at the next meeting and further information be provided regarding variations in spend across directorates. Chris Turley explained that the Information was illustrated in the Finance update report with a full report being presented to Board on 27 January – Action closed.

Action 66/21: Further detail was requested on the number of Mannequins. Chris Turley informed the Committee that this information was contained in the internal business case which had been disseminated through a Chairs Action to members. Action closed.

Action 68/21: Draft Quality and Performance Accountability Management Framework, Consider which Committee should receive updates going forward. Rachel Marsh advised that a steering group would be formed to oversee and develop the framework commenting that the Quest and Finance and Performance Committees should receive updates going forward as required. Action closed.

RESOLVED: That

(1) the Minutes of the open and closed meeting held on 23 September 2021 were confirmed as a correct record subject to the amendment as described;

(2) the declaration of interests as stated were noted; and

(3) the action log was considered and updated as described.

02/22 OPERATIONS QUARTERLY REPORT

Lee Brooks drew the Committee's attention to the following:

1. The main focus during the last quarter had been on the Trust's response to the pandemic. Support had been welcomed from other directorates and strategic command support from others would continue until the end of January 2022 when the winter cell will draw back.

2. The Clinical Safety Plan had been revised to introduce a phased approach to the Emergency Rule (999 call handling tactic); this incorporated a new design of a four-phase approach to the use of the emergency rule which can gradually create greater capacity.

3. Recent new developments in respect of plans would be submitted to the Committee as one document for assurance; these plans would include the Incident Response Plan, the Resource Escalation Action Plan, Clinical Safety Plan and probably the Pandemic Plan.

4. Good progress had been made on the Clinical Support Desk clinician recruitment with the required number of staff now identified.

5. A record number of around 7 thousand calls had been made through the 111 system during the Christmas bank holiday. There had been reported issues of some callers not being able to connect to the service; this was addressed in the short term and root cause analysis is underway.

6. Lee Brooks provided a verbal update relating to the current operational position. In terms of 999 demand this is beginning to return to levels as seen historically which was encouraging. Incident demand was falling below the modelling forecasts.

7. Capacity, there was a significant reduction in the abstraction of staff associated with Covid, these had reached pre-Omicron levels.

8. Production of hours, Rapid Response Vehicle production was in the region of 90% and conveyance resource capacity was in the region of 117% which included those hours provided by the military support. Military helping to provide a 10-15% uplift.

9. Handover delays at Emergency Departments; these have peaked at over 5 thousand hours per week for the last two weeks.

Comments:

1. Following a query regarding access and experience of the automated messaging on the 111 service by those with specific needs (for example learning difficulties), Lee Brooks advised that the messaging itself was not new and that moving to a new platform created an opportunity to refresh the messaging and options. The messaging had been co-designed with the PECI team. A focused survey through the PECI team had been requested to consider the needs of all welsh citizens and the outcome shared with management and the Quality, Experience and Safety Committee.

2. Was there a view in terms of how the whole system may recover following the pandemic? Lee Brooks explained hospitals continue to experience challenges relating to discharge for those medically fit and some hospital-based isolation changes have been welcomed but these are not replicated for the care home setting yet. Delivery Unit also making some resource available to aid health boards to ease pressure related to flow. However, limitations lay in the challenges with respect to workforce within the social care sector.

3. Ambulance Care (formally NEPTS), in respect of the additional funding in place until the end of March to assist health boards with the backlog of planned care, an update was requested. Lee Brooks advised that WAST continues to liaise and engage with health boards about their plans, more time likely required to understand how services shall re-set. Our greatest capacity constraint are the social distancing requirements, and whilst health board activity has reduced so too has our capacity. Lee Brooks noted if health boards shift services to do more remotely in the future, our current reduced level of activity may remain. There would be an assessment of the Ambulance Car Service created temporarily with additional funding to understand if this presents an opportunity to change our fleet in a way that could be consistent with the outcomes of the demand and capacity review for NEPTS. Generally, under the current climate it was difficult to predict when the backlog would improve.

4. How confident was the Trust in receiving the requested trajectory from health board Chief Operating Officers in respect of future lost hours at their respective emergency departments? Lee Brooks had previously asked them for this information to assist WAST planning and anticipated that due to the challenges in gathering this information was doubtful it would be forthcoming in the near future. Rachel Marsh added this information was not on the list of Ministerial priority measures. The Chair commented that whilst this may not be a Ministerial priority it remained a key impact on the Trust and consideration be given for it to be annotated within the IMTP.

5. The Committee discussed in further detail what impact the recent easing of restrictions

in Wales would have on the Trust going forward.

RESOLVED: That the Committee noted the update and acknowledged the work of the Operations Directorate.

03/22 QUALITY AND PERFORMANCE FRAMEWORK UPDATE

Rachel Marsh confirmed that work was continuing and provided details of the timelines and where it was being reviewed with the ultimate aim of it being approved at the Board meeting on 24 March 2022.

RESOLVED: That the Committee noted the update.

04/22 FINANCIAL POSITION FOR MONTH 9

Due to meeting timing, Chris Turley provided the Committee with an overview of the financial performance of the Trust to date via a PowerPoint presentation and drew several key items for their attention which included:

1. The Trust was on target to deliver financial balance by the end of the financial year; the current revenue financial position showed a small underspend of £50k.
2. Capital expenditure was forecast to be fully spent for this financial year. £7.142m had been expended against a budget of £23.873m. The Committee were updated with details of the ongoing work which included the projects at Vantage Point House and Ty Elwy. The Committee were also advised that the full capital allocation for the 2022/23 fleet replacement programme had been supported by Welsh Government in the full amount of £15.1m
3. In terms of Directorate level budgets there was a small underspend in some areas offset by some additional non recurring spend, some of which is being managed through the Trust reserves.
4. The Net Covid -19 spend to date was £7.583m with an end of year forecast spend of £11.315m.
5. The Committee were informed of the remaining risks and whilst none of these were high, until formally confirmed they included; the funding for the pay enhancement of 1% for staff on Bands 1 -5 together with an additional days leave for all staff.
6. Interim audit work was underway for the 2021/22 Trust annual accounts, and this would as the previous year be conducted virtually.
7. The Committee recognised that the full financial report would be presented at the next Board meeting on 27 January 2022.

Comments:

1. Members acknowledged the ongoing work from the Finance Directorate.

2. In terms of Capital spend, the Committee remarked it would have been useful if details of the year to date spend forecast could be included against the actual incurred. Chris Turley explained that this was included in the more detailed report, once complete by means of a monthly cashflow statement. How this is then presented against future spend levels can be further considered

RESOLVED: That the update was noted and the Committee also noted a full written report would be provided to the Board at its meeting on 27 January 2022.

05/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD

Rachel Marsh presented the Committee with the December report and drew their attention to the following highlights:

1. Call answering times for 999 and 111 continued to provide challenges for the Trust. Several actions were in place to improve performance and this included additional recruitment to expand capacity with the result that January's performance was expected to be enhanced.
2. Ambulance response times continued to be longer than the Trust would want and several actions to enhance these times included increases in capacity, efficiency measures and demand management.
3. Ambulance Care performance was having a positive impact on patient experience. Performance was above target for enhanced renal patient arrivals prior to appointment in Dec-21. However the Committee would continue to monitor any possible capacity issues.
4. The unprecedented high levels of hours lost to handover at Emergency Departments was impacting on red performance due to the unavailability of resources.
5. Staff abstractions. This remained high at 45.2% against a benchmark of 30%, with Covid – 19 being a significant impact. The Trust's overall sickness level remained high across all areas of the Trust.
6. In respect of the shift left initiatives (this related to the Trust working with health boards and other partners to provide the right care closer to home and reduce the number of patients who required conveyance to hospital) Good progress had been made on the hear and treat rates after 999 calls; an increase of 36 Paramedics had been agreed and supported by EASC and also a cohort of mental health professionals to work within the Clinical Support Desk.

Comments:

1. Concern was expressed in respect of performance relating to staff PADR's (Personal Appraisal Development Review) compliance which was below target accepting the challenges in meeting this target; the Committee noted that the People and Culture Committee monitored PADR compliance. Rachel Marsh and Lee Brooks accepted that PADR's required completing and championed the benefits associated both from an employer and employee perspective. The Trust had been under extreme pressure for a considerable amount of time and the focus was to respond to patients. This therefore had an impact on the completion of PADR's. Notwithstanding this, the Trust had increased the target by 10% from the same time the previous year.

2. Was there any update on Ombudsman cases? Lee Brooks advised that the number of cases where the Ombudsman had decided to investigate and seek additional information from the Trust had increased. The Committee noted that an update would be provided at Quest in due course and in the meantime Rachel Marsh would provide an update at the next F and P meeting.

RESOLVED: That the Committee considered the December 2021 Integrated Quality

and Performance Report and

(1) It was recognised that the Committee would undertake a deep dive into performance related to the Trust's 'shift left' ambition at its next meeting.

(2) The Committee formally requested that the issues of performance related to PADRs and Ombudsman cases were referred to the People and Culture Committee and QuEST respectively for further analysis, and it was noted that QuEST was monitoring the significant number of national reportable incidents.

06/22 INTEGRATED MEDIUM TERM PLAN (IMTP) PROGRESS REPORT

Rachel Marsh updated the Committee on progress against the 2021/22 Integrated Medium Term Plan (IMTP) and highlighted the following for the Committee's attention.

1. Implementation of the new 111 system with Salus delivery had slipped until Oct/Nov 2022.
2. It was noted that the development of the quality strategy implementation plan was advancing, with the QuEST Committee reviewing the plan at its February meeting.
3. Assurance was given to the Committee that remedial plans were in place and there was confidence that those plans marked as amber would be completed in year.

Comments:

1. The Committee commended the organisation for the substantial number of projects which had been completed during a challenging year

2. In terms of the Amber categories, what was the confidence level of completing these and should this be reported to Board; Rachel agreed this would be reflected in the report to Board.

3. The Committee were advised that the Quality strategy and implementation plan, which was in the red category, would receive an update on progress at the Quest Committee in February.

RESOLVED: That the report was noted.

07/22 INTEGRATED MEDIUM TERM PLAN PLANNING UPDATE – NEXT STEPS

1. Rachel Marsh provided the Committee with an overview in terms of the challenges and opportunities which were shaping the plan; these included:

   a. The achievements from last year which will be incorporated in to the IMTP
   b. The learning the Trust had gained from Covid-19
   c. Feedback from the community which had been captured through engagement,
   d. Feedback from Staff through staff surveys and CEO Roadshows.

2. In terms of developing the plan, the Trust was part of the overall system which was working towards a healthier Wales through the strategy for the health and social care in Wales. Several aims within the strategy in which the Trust contributed to included; improving the health of the population, improving the quality and accessibility of services, increasing the value of the care provided and the ongoing work to develop and maintain a sustainable workforce.

3. There were six goals set out which included coordinating for people at risk, signposting patients to the right place, access to clinically safe alternatives to hospital admission, a rapid response in a health crisis, optimal hospital care and a home first approach. These goals have been given measures by the Minister for Health and specifically for the Trust, the need to establish urgent primary care centres and to collect data on the percentage of total conveyances taken to a service other than an ED. Other measures included the detailing of progress against the health boards plans to deliver a same day emergency day care service.

4. Rachel Marsh made reference to EASC's IMTP and outlined their priorities for Members' attention; of note was the need to strengthen the collaborative work to develop services.

5. In respect of Ambulance Care (formerly NEPTS) and following completion of the transfers of work from health boards; the Trust amongst other initiatives, would work with the National Collaborative Commissioning Unit (NCCU) to strengthen quality, develop a robust forecasting and modelling service and collaborate with the system and suppliers to ensure that any inefficiencies were reduced.

6. In respect of the Long Term Strategy Development section of the IMTP, the Committee were briefed on the ongoing programme of work and how it would mature through a series of schemes.

7. In terms of the Gateway to Care section of the IMTP, the Trust's ambition was to develop a simplified system for people across Wales to access the Trust when they had a health care need. This would see an increase in the capacity and capability of the clinical teams for 111 and 999 callers. For example, patients who required further specialist or face to face assessment or treatment would be booked directly to the right place.

8. Emergency Medical Services – Rachel Marsh detailed the main areas of focus which included increasing overall capacity and efficiency through additional workforce.

9. Ambulance Care – Several actions had emerged from the demand and capacity review which continued to be implemented. Going forward an All Wales Transfer and Discharge service was being developed.

10. Enablers. This incorporated how the Trust would support its staff through several enterprises and schemes. Improvements to the Trust's estate were incorporated in the plan which would not only enhance working areas but also address any environmental and sustainability issues.

11. Partnership working. The plan would outline the work with key stakeholders to ensure they supported the Trust's longer term ambitions.

12. Fundamentals. The Committee were reminded that the Trust would focus on being quality driven and clinically led with value at the heart of everything it does.

13. Risks. Several risks had emerged which should be noted; these included, 111 commissioning intent remained unclear at this stage and the risk around health board recovery plans which may impact on the Trust.

14. Revised Timetable. Members were shown a slide which illustrated the timeline for board approval (24 March) with subsequent submission to Welsh Government on 31

March 2022.

Comments:

1. How does the Trust garner its feedback from the public which then influences the IMTP? Rachel Marsh explained that the Patient Experience Community Involvement Team, through engagement, captures and summarises any themes and trends relevant for the IMTP.

2. Members welcomed the update and looked forward to seeing some tangible evidence that will demonstrate the ambitions and aspirations set out in the plan.

3. Prior to finalisation at the March Board, was the Trust confident that sufficient engagement with key stakeholders would have occurred. Rachel Marsh advised that the stakeholder engagement plan was currently being refreshed and going forward for the following year the breadth of engagement will be enhanced.

4. The Committee recognised that due to Covid-19 many ambitions in last year's plan had been paused and these would need to be restarted at some point in the future; which may impact delivery of the current plan

RESOLVED: That the Committee noted the update.

08/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Julie Boalch provided an overview of the report and drew the Committee's attention to the following points:

1. The Risk Management and Board Assurance Framework improvement programme was presented to the Audit Committee in December 2021 and was fully supported.

2. A programme of work was underway to strengthen the articulation of the Corporate Risks including title and descriptions, the controls, assurances and any additional actions required with the priority focus being on the Trust's highest scoring risks; Risk ID's 223, 224, 199, 316 and 160.

3. A temporary risk officer had been appointed to support the Corporate Governance Team with the work mentioned above.

4. There were 8 of 15 Corporate Risks currently assigned to the Committee which were described in the summary table of the report

5. A new risk relevant to the Committee had been developed during the period which was Risk ID 458 - regarding funding for recurrent costs of commissioning. This was undergoing assessment and consideration by ADLT and EMT and would be presented to the Committee in March 2022.

Comments

Risk ID 100 'Failure to collaborate and engage with EASC on developing ambitions and plans for WAST'. Members queried whether this was the correct description. Trish Mills advised that this risk would be re-articulated to confirm if it was appropriately described. She added that as part of the work going forward some of the risk descriptions would be re-articulated.

RESOLVED: That the Committee received assurances on the report and specifically:

(1) Noted and discussed the contents of the report; and

(2) Highlighted any specific aspects or concerns that need to be raised to Senior Management and/or Audit Committee.

09/22 INTERNAL AUDIT TRACKER REPORT

1. Julie Boalch advised the Committee of the up to date position in relation to the outstanding recommendations from internal and external audit reviews.

2. There were currently 57 of the 83 recommendations assigned to the Committee. There were 4 which were high priority and overdue

3. Of the 4 high priority recommendations showing as overdue these related to the 20/21 Clinical Contact Centres Performance Management Reasonable Assurance review

Comments:

The Chair advised that the Trust should continue to focus on the high and medium recommendations and suggested that the low priority recommendations should be closed. This would allow the Trust to concentrate on the critical items going forward.

RESOLVED: That the Committee:

(1) Noted the contents of the report;

(2) Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to FPC, and

(3) Agreed any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.

10/22 DECARBONISATION UPDATE

Chris Turley updated the Committee on progress since the previous meeting:

1. At the Flintshire Dobshill site, development of two hectares of land for planting trees, plus the installation of a substantial solar energy source, battery storage and of an air source heat pump should see the Trust's aspiration for its first Net Zero Carbon facility to be realised by the end of this financial year.

2. The Fleet transition to Ultra Low Emission Vehicle vehicles has continued with the purchase of three full Electric Vehicle 3.5 tonne workshop vans and fifteen plug in hybrid Rapid Response Vehicles, due for delivery before the end of this financial year accelerating the deliverables of the 2022/23 Fleet BJC

RESOLVED: That the Committee noted the update.

11/22 VALUE BASED HEALTHCARE

1. Chris Turley notified the Committee to the fact that development of the programme of work on Value Based Healthcare had been paused during the pandemic.

2. However work was continuing in the background, particularly with discussions around looking at some technical detail to underpin the programme going forward.

3. Members recognised that the Trust would be benchmarking costs and cost behaviour against other ambulance services who were developing similar systems.

RESOLVED: That the update was noted.

12/22 DEEP DIVE ON A PARTICULAR AREA ON PERFORMANCE FOR MARCH COMMITTEE MEETING

Rachel Marsh suggested that work be conducted on the 'shit left' activity, as this would be a key part of the Trust's strategy going forward.

RESOLVED: That a deep dive on the 'shift left' activity would be presented at the next meeting.

13/22 KEY MESSAGES TO BOARD

The Chair advised the Committee that the following items would be reported to the Board.

1. Quality framework was in development.

2. Finances were on track – low risk, however there may be challenges in the next financial year.

3. Operations Directorate, work had clearly been focused on the pandemic.

4. 111 work with the additional capacity had been resolved.

5. Ambulance Care – environmental impact of journeys had been considered.

6. Performance, the military support continued, high demand of 111 and 999 had affected ability to respond.

7. IMTP – Update on planning and delivery; Committee content with direction of travel.

8. Risk Management – no issues with the tracker

9. Environment and Sustainability – no issues

10. Value Based Healthcare – continued to be in development

RESOLVED: That the Key Messages were noted

Date of next meeting: 17 March 2022

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
05/22a	20 January 2022	Ombudsman Investigations contained in MIQPR	Further detail was requested in relation to Ombudsman investigations	Lee Brooks	20 January 2022	Update for 17 March During the last few years the cases being considered by the Ombudsman's office have been primarily in relation to the timeliness of the Trust's response to patients and or the call prioritisation and the allocation of resources. During the reporting period, the approaches being received have been in relation to the clinical care being provided by Trust staff. These include;The clinical decisions made when attending a patient experiencing seizures, who had a DNACPR in place. The actions of the Non-emergency staff when transferring a patient home; The appropriateness of leaving a patient at home and the effect that decision had on the investigation for a suspected stroke; The accuracy of advice provided by paramedics when they attended a patient and did not transport that patient to hospital. The outcome of these investigations will be shared when the final reports are received. These details were circulated to Committee on 21 January 2022	Complete
05/22b	20 January 2022	MIQPR	Deep dive into performance related to the Trust's 'shift left' ambition	Rachel Marsh	17 March 2022	Update for 17 March On Agenda at Item number 9	Complete

AGENDA ITEM No	**6**
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	5

QUALITY & PERFORMANCE MANAGEMENT FRAMEWORK 2022-2025

MEETING	Finance & Performance Committee
DATE	17 Mar-22
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance Claire Roche – Executive Director of Quality & Nursing Trish Mills – Corporate Secretary
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance
CONTACT	Hugh.bennett2@wales.nhs.uk

EXECUTIVE SUMMARY

Finance & Performance Committee is asked to consider the draft Quality & Performance Management Framework.

Trust Board approved a Planning & Performance Management Framework in 2016. This is now out of date and does not reflect the significant improvement in practices since 2016 or future plans. The update has been delayed as a result of the pandemic response.

The purpose of the Framework is to deliver appropriate (prudent) patient care and staff well-being across the Trust's responsibilities, through the application of quality and performance management practice.

The Framework provides a formal document to give assurance to Trust Board that the Trust has a clearly defined approach for the delivery of quality and performance at all levels of the Trust.

The Framework is designed to be integrated and combines quality and performance; and reflects the statutory duty of quality as per the Health & Social Care (Quality & Engagement Act) and the Trust's Quality Strategy.

RECOMMENDATION

Finance & Performance Committee is asked to:-

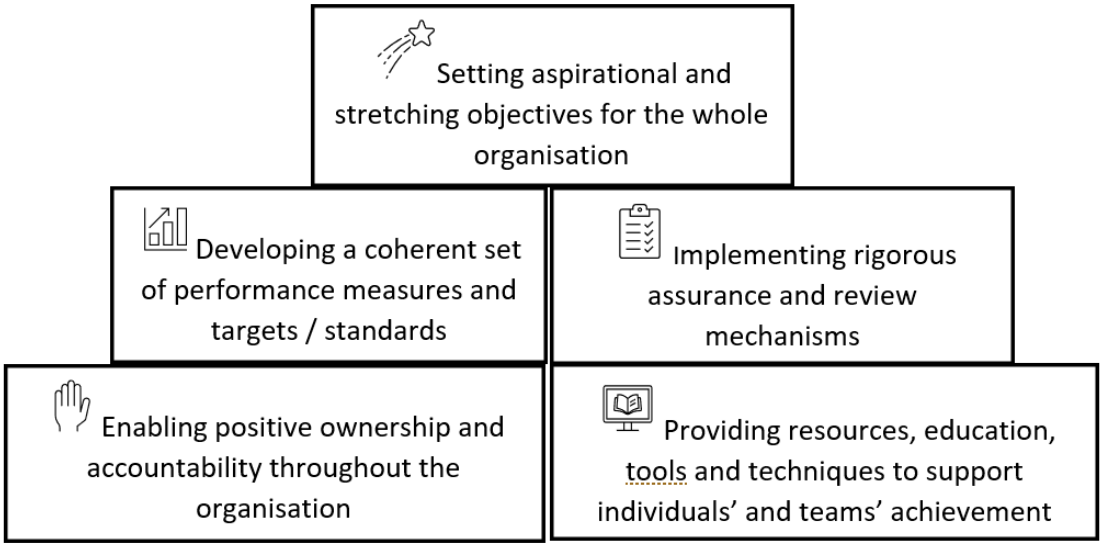
- **Consider** the draft Quality & Performance Management Framework 2022-2025;
- **Endorse and Recommend** for approval by Trust Board.

KEY ISSUES/IMPLICATIONS

The draft Framework and its supporting appendices are attached at Appendix 1.

Five Building Blocks

The Framework has five component parts or building blocks.



Organisational Requirements

Each component has "Organisational Requirements". These are the principles or the rules that define how the Trust will discharge quality and performance at every level in the Trust. There are 23 proposed Organisational Requirements.

Dynamic

The Framework is designed to be dynamic and reflect the fact that quality and performance management practice is being continuously improved. The Framework proposes the formal establishment of a Quality & Performance Management Steering Group to oversee the on-going development of the Framework before its next formal update to Trust Board in Mar-25

Priorities for Improvement

The Framework maps elements of the "as is" quality & performance management arrangements of the Trust at a Trust wide level, in particular, a quality and Performance Management Cycle that feeds through the meetings detailed in the Assurance & Review Governance Map.

The Trust's current arrangements are considered good, but the ambition is excellence. Priority areas for improvement include:

- Local-frameworks: the development of documents in each area of the Trust which set out how the Framework will be enacted in that area. This will include an assessment of current practice v the Organisational Requirements as a guide to future improvement activity;
- Strategic partner or expert reference group: which enables the Trust to lever in excellent practice, looking to health economies across the world and different sectors as well as the NHS family;

- A formal dynamic and prioritised work programme for the Steering Group.

On-going Assurance for Committee and Trust Board

The Finance & Performance Committee's terms of reference has the following duty:-

- Review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework.

As part of on-going assurance, the Board Secretary has recommended that the committee receive a six month update on the Framework and the work of the Steering Group and a short annual report.

Communications

The Steering Group will also liaise with the Trust's Communications Team to launch the Framework after its approval, with a focus on the "why" and "what will this mean to me".

REPORT APPROVAL ROUTE

Date	Meeting
09 Feb-22	**EMT**
17 Feb-22	**QUEST**
22 Feb-22	**People & Culture Committee**
09 Mar-22	**EMT**
17 Mar-22	**Finance & Performance Committee**
27 Mar-22	**Trust Board**

REPORT APPENDICES

Appendix 1 – Draft Quality & Performance Management 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)	y	Financial Implications	y
Environmental/Sustainability	y	Legal Implications	y
Estate	y	Patient Safety/Safeguarding	y
Ethical Matters	y	Risks (Inc. Reputational)	y
Health Improvement	y	Socio Economic Duty	y
Health and Safety	y	TU Partner Consultation	y

WAST QUALITY & PERFORMANCE MANAGEMENT FRAMEWORK

VERSION: (13)

09 Mar-22

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1.	WAST Assurance & Review Governance Map
2.	Quality & Performance Improvement Techniques
3.	Quality & Performance Management Steering Group Terms of Reference
4.	Quality & Performance Management Cycle

1. Purpose

This Quality & Performance Management Framework sets out an integrated approach to helping the Trust **improve the quality of its services and outcomes for patients** and **achieve its ambitions and objectives** by monitoring and improving the performance of people, teams, and the organisation.

It establishes a framework for developing a **shared understanding** about what is to be achieved and an approach to leading and developing people which will ensure that it is achieved. It should **empower** colleagues at every level in the organisation to do their jobs more effectively and help remove barriers that are preventing them from giving their best.

The Framework also provides a formal document to give assurance to Trust Board that the Trust has a clearly defined approach for delivering quality and performance at all levels of the organisation.

Quality is defined within the Health and Social Care (Quality & Engagement) (Wales) Act 2020 as:

- the effectiveness of health services;
- the safety of health services; and
- the positive experience of individuals to whom health services are provided.

Performance Management is the process of actively managing delivery of a plan, in particular, regular review and corrective action to remain on target to deliver a plan and the process of making change to a process or system that is key to delivering improved performance, normally involving a service redesign technique.

2. Background

The Framework builds on the Trust Board **approved 2016 Planning & Performance Framework**. Whilst the Trust has not formally updated the Framework since that time, significant strides have been made in quality and performance management over the last 5 years.

Both the Trust's **Structured Assessment** and a recent internal audit of Clinical Contact Centre (CCC) performance management identified the need to formally update the Framework.

In developing this updated Framework, consideration has been given to similar frameworks in other public sector organisations, literature on quality and performance, external stakeholder requirements and feedback from internal stakeholders.

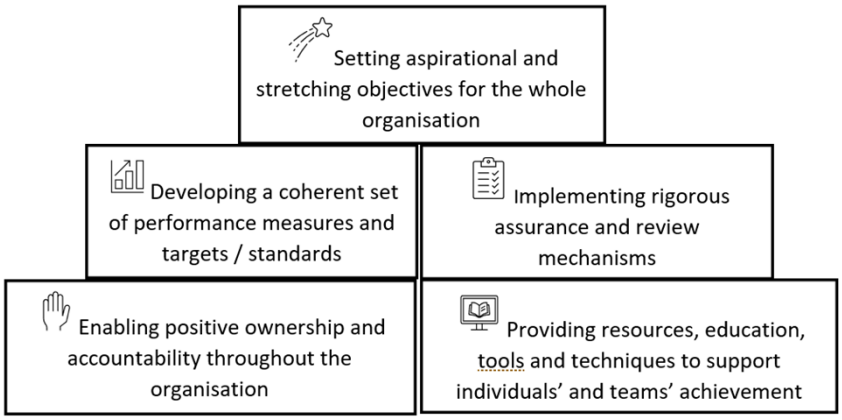
Importantly, this Framework is also a key facet of the Trust's action plan in relation to its **Quality Strategy**. The Quality Strategy 2021-24 is aligned to the Trust's *Delivering Excellence* 2030 vision and complements the organisation's wider strategic plans and priorities. The strategy has been driven by new legislative requirements for health and care organisations in Wales; the *Health and Social Care (Quality and Engagement) (Wales) Act 2020*. This places legal duties upon the Trust including, the *Duty of Quality*, the *Duty of Candour*, and engagement requirements with Wales' *Citizen Voice Body*. One of the key components of the Quality Strategy is to develop and embed **Quality Management Systems**, and this Framework should be read as the organisation's response to this element.

The Quality & Performance Management Framework also forms part of the wider assurance arrangements within the organisation. The **Risk Management Framework** is an integral part of our governance arrangements and is central to the management of the Trust's objectives. It includes the components that enable the Trust to effectively manage risk supporting the delivery of continuous quality improvement, safer patient care and the safety of our staff and visitors. This is strengthened by embedding a positive risk management culture and the principles of good governance throughout the organisation.

The **Board Assurance Framework** sets out WAST's overall arrangements for providing assurance to the Board by aligning these closely to the Board's strategic goals and objectives as described within its 3 year Integrated Medium Term Plan. In addition, the framework informs the Board on the principal risks that threaten the delivery of those objectives.

3. Framework Overview

The Trust's Quality & Performance Management Framework is a broad organisational framework made up of **5 key building blocks,** set out in the visual below**.** These set out both the **processes** that need to be in place across the organisation, but also importantly also touch on the **values and culture** of the organisation that will need to be embedded around **supporting people and teams** to take positive ownership and accountability for improvement.



The Trust is a complex and diverse organisation, and there will need to be some flexibility in terms of how this Framework is implemented. However, the Framework sets out some core principles or **organisational requirements** for each of these building blocks, which are set out in more detail in the following sections.

In each part of the organisation, whether that be in corporate or operational Directorates and teams, managers will be required to assess their own systems and processes against the requirements in this Framework, and where necessary, implement changes and improvements. The arrangements for quality and performance management, aligned to this Framework, for a particular part of the Trust, will be documented in a series **of local Frameworks**.

The Framework is designed to be a dynamic document, reflecting the fact that quality and performance management practices are being amended and improved on a weekly basis to reflect the fast moving and changing nature of the Trust's work, and later on the document, how this will happen will be described.

A **work programme** will be developed by the newly formulated Quality and Performance Framework Steering Group to take forward the development and implementation of this Framework across the organisation, reporting in to EMT and to the Finance and Performance Committee,

4. Setting Aspirational and Stretching Objectives

OR1	The Trust will clearly set out its long-term ambitions in a Board approved **strategy or strategies.** It will be easily accessible and understood by staff across the organisation and by stakeholders**.**

OR2	The Trust will operationalise these long-term ambitions through a Trust wide, rolling, three year **Integrated Medium Term Plan** (IMTP).

OR3	More detailed **Delivery Plans** will be developed as required at Directorate, Team or Programme level**,** setting out how they will contribute to achievement of the Trust's Strategy and IMTP.

OR4	All staff will have annual **Performance Appraisal Development Review (PADR)** with an individual plan for the year, connecting the individual's contribution to Trust ambitions and plans.

OR5	All plans at every level will **be balanced**, taking into account quality, our people, resources & value, and how the plan contributes to the wider system. The plans will also consider risks and how they might be mitigated.

OR6	The Trust will give due regard to Welsh Government, Commissioner and other **strategies and statutory requirements** when developing its plans and planning arrangements.

OR7	All plans should include objectives that are **FAST**: frequently discussed, ambitious, specific and transparent.

OR8	All plans should be **dynamic** and responsive to changing circumstances, with supplementary plans being produced (as agreed) where required

The Trust is committed to developing, evolving and clearly articulating its longer-term strategy and ambitions, taking into account the wider context in which it operates, and working in collaboration with internal and external stakeholders. The process of **production of plans** that then turns these longer-term ambitions into specific aims and objectives that are stretching and focused is a key component of the Framework.

The Trust has a **statutory requirement** to think and plan in a generational way (the Well-Being of Future Generations (Wales) Act 2015), plan in a way that is consistent with the NHS Wales Planning Framework, Commissioning requirements, Welsh Government strategy (currently A Healthier Wales) and a statutory requirement to think of quality and engagement through the Trust's work – the Health & Social Care (Quality & Engagement) (Wales) Act 2020. But plans

The Trust will develop plans at every level of the organisation - **strategic, tactical and operational**. This will produce a **hierarchy of plans** that link together, aligning the Trust and all its people towards achieving its agreed, overall vision.

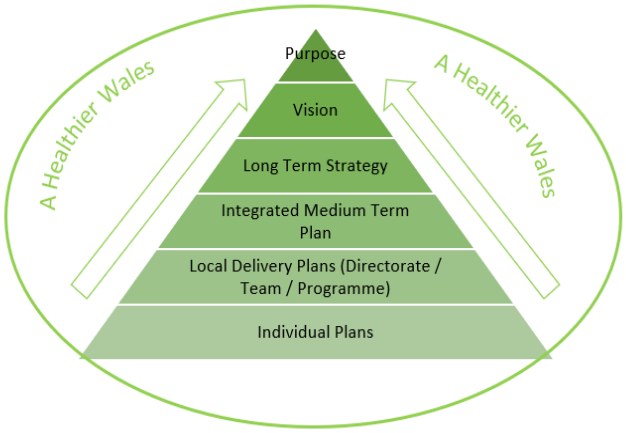
At an organisational level, **the Integrated Medium Term Plan** will set out, on a three-year rolling basis, the prioritised actions that the organisation will take to move it towards its strategic ambitions. The IMTP will take into account the national planning guidance issued by Welsh Government annually, the external environment in which we operate including statutory requirements and commissioning intentions, as well as intelligence gathered from patients and staff.

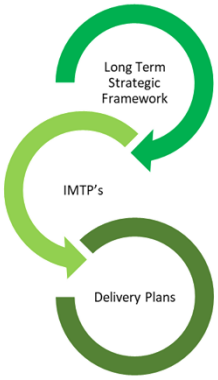
Underneath the IMTP, a range of more detailed **delivery plans** will be developed. These may be at a programme level, a Directorate level, or a sub-Directorate level. These are important mechanisms which set out the actions that individuals and teams need to take at all levels of the organisation, linked back to the IMTP.

Lastly, these plans will all be linked back to individuals through their **PADRs,** which will allow each member of staff to understand how they contribute to the organisations aims and objectives.

In addition, emergency and business continuity plans should be produced to deal with unplanned situations that interrupt the planned delivery of strategic ambitions and impact on the quality and performance delivery.

All plans will set out clear objectives which should be FAST (frequently discussed, ambitious, specific and transparent). Actions should have clear milestones for delivery.





5. Balanced & Coherent Measures and Targets

OR9	The Trust will develop appropriate measures **at every level** of the organisation, aligned to plans that demonstrate progress in achieving long term ambitions and objectives.

OR10	The measures will **be proportionate and balanced** reflecting the quality of services to our patients, our people, finance & value and partnership & system contribution.

OR11	In reviewing progress against quantitative measures, consideration will be given to **progress over time,** and information will be **simply presented** to ensure that it is clearly understood.

OR12	Everyone in the Trust should have **easy access** to information on the measures relevant to their role, **empowering** quality and performance management in their job.

OR13	Everyone in the Trust should have access to and **be aware** of the corporate level measures and metrics to understand the progress that is being made.

OR14	All reports setting out progress against these measures will be **quality assured** in terms of the data, with clarity provided on data definitions.

Quantification of Aims & Objectives

The development and monitoring of measures is the mechanism by which the organisation can assess whether its strategy, aims and objectives are being achieved. If an aim or objective does not have an agreed quantifiable measure, then assessing progress becomes subjective and difficult. Aims and objectives, normally contained in plans, projects or programmes should be supported by measures. These measures should be FAST.

Balanced, Logical & Coherent Metrics

There is plenty of quality and performance literature that identifies that setting the wrong measures can cause perverse incentives or sub-optimize performance i.e. an over focus on one measure to the detriment of another. The origins of the **balanced scorecard** approach to measures came from a number of high-profile organisational failures, where there was an over focus on profit at the expense of wider considerations like safety. The Welsh Government paper “A Healthier Wales”, set out the Quadruple Aims, which is based on this approach.

Welsh Government Quadruple Aim

The Trust agrees with this balanced approach and has interpreted it into the Trust setting with the following 4 areas of focus.

- Our Patients (Quality, Safety and Patient Experience);
- Our People;
- Finance & Value; and
- Partnerships and System Contribution.

The metrics chosen should be logical (based on evidence) and **connected to one another** so that they provide a coherent picture of the interaction between variables that affect quality and performance.

A coherent set of metrics will usually look at the links between **inputs, processes and outputs and outcomes**, for example, ambulance hours produced, speed of mobilisation, Red 8 minute performance and lives saved, which helps determine value achieved from the initial investment of taxpayers' money.

The Institute of Health Improvement (IHI) similarly advise that metrics should be **proportionate**, focusing on the "the vital few" i.e. the key metrics that need to be affected in order to improve quality and performance.

Vanguard Systems Thinking also recommends the avoidance of hit/miss targets to help manage quality, safety and patient experience, so the use of **distribution curves** (median, 65th and 95th percentiles). This is not to say that hit/miss targets cannot be used, but that they should be supported by distribution measures e.g. Red A8 hit/miss, but also Red 95th percentile. The Trust has also learnt that a focus on what is happening in the last five percentile points is also an important aspect to patient safety.

Both IHI and Vanguard recommend the use of **time series analysis** graphs. Time series analysis enables colleagues to identify trends, variations, and changes in the metrics over time which may be driven by service change or presenting demand (user or patient). Time series analysis can be further supported using supporting techniques like statistical process control (SPC) and pathway/system mapping of flow (work, users and patients).

Metrics should be presented in a way that are **easy to read** and use, with an emphasis on graphical presentation that provides the reader with a coherent narrative of what is happening and why.

There will need to be an appropriate level work undertaken within the organisation to ensure that data is of sufficient **quality** to be used in reporting of these measures, and an appropriate clear definition of each measure.

And finally, **predictive techniques** are encouraged, for example forecasting patient demand and simulation modelling, which enable decision makers to get upstream and have sufficient time to take balanced, coherent and FAST actions to mitigate potential identified quality and performance issues.

Clearly, not all quality and performance reports need to balanced and coherent, they may rightly have a specific focus, but **decision-makers should be receiving either balanced and coherent quality and performance reports or a suite of reports that together provide this balance and coherence.**

Drill Down

Most performance literature agrees that for senior decision makers quality and performance reports need to focus on the "vital few" metrics; however, it is also possible to "drill down" from key high level metrics and obtain more detailed information. This may be by geography (health board, locality, station) or by time (month, day, hour) or both. This ability to drill down enables colleagues to identify the geographic area or time period that is most important to improving quality and performance.

Alignment

The Trust operates in a data rich environment. Whilst this is a good thing, an issue can be that colleagues cannot always easily understand how the metrics they are working on align to what the Trust is trying to achieve overall. Most quality and performance literature agree that organisations are more effective if employees at every level in an organisation understand how their work and the metrics they are working on fit into the **"big picture".** The most famous example of this is the NASA janitor who was helping to put a man on the moon.

This alignment has traditionally been done through PADRs. The Trust is currently developing IMTP posts that will provide colleagues with an overview of the Trust's aims and objectives linked to key metrics. The Trust knows that this is an area, particularly with the growth of ICT, where there are opportunities for further development over the three years of this Framework.

6. Ownership & Accountability

The requirements for Ownership & Accountability are:-

OR15	**Everyone in the Trust** has a level of ownership and accountability for quality and performance management and improvement, commensurate with their job description.

OR16	**The plans** at every level of the organisation will clearly set out the **owners** of each action and deliverable, although **matrix working** is a key part of the way in which owners can ensure actions are delivered

OR17	The individual owner is **accountable** for the action, deliverable and outcome achieved, and is provided with the support to deliver.

Overall accountability for quality and performance rests at Trust Board level, but **everyone** in the Trust has a responsibility for quality and performance. Accountability and responsibility are detailed through a variety of management mechanisms, for example, formal schemes of delegation, job descriptions, scope of practice, plans and PADRs.

However, quality and performance management theory points to **one person** needing to be identified as **owning an aim, objective or measure**, to avoid confusion, create clarity and ensure ownership and accountability. The Trust makes extensive use of action logs, risk registers, project plans, programme plans, tactical plans as well as the Board level IMTP and Monthly Quality & Performance Report. It is established practice in the Trust that these management mechanisms include a column which identifies the Lead so that ownership and accountability are clear.

The identified lead is the person who is deemed to be **accountable** for a particular aim, objective or measure. The level of accountability should be appropriate to their job description with increasing breadth of responsibility and delegation to deliver the aim, objective or measure.

Accountability means that the lead will be **held to account**. This will normally be in a quality and performance forum (see next chapter) and will involve challenge and scrutiny if an aim, objective or measure is not being delivered. This process should lead to the identification of corrective actions to aid the delivery of the aim, objective or measure, which should be recorded.

Whilst it is right and proper that colleagues are held to account it is equally important that colleagues have the tools, techniques and capacity to deliver on what they are accountable for i.e. we set up to succeed.

7. Assurance & Review Mechanisms

OR18	There will be **regular meetings** at every level across the Trust (Trust wide, Directorate, team, individual) where quality and performance delivery is reviewed and assured, linked to the relevant plans.

OR19	These meetings will form part of a **quality and performance management cycle** (Trust, departmental or functional)

OR20	Where assurance is not achieved, **corrective action** will be agreed with a supporting improvement tool or the issue will be escalated.

OR21	The Trust will comply with and support all **external quality and performance management** assurance requirements (JET / EASC / 111 Programme Board)

Assurance is positive declaration intended to give confidence that a key deliverable/action and the associated measures are being delivered. **Assurance is achieved through review**. Review invariably requires formal organisational mechanisms. A lack of assurance should lead to corrective action in order to achieve assurance.

Assurance & Review Governance Map

Appendix 1 contains the Framework's Assurance & Review Governance Map i.e. the current standing meetings at a Trust wide level that focus on quality and performance management at a corporate level. This map itself will need to be reviewed against the requirements in this Framework.

Performance management theory and practice identifies that **regular meetings** provide a clear process for reviewing quality and performance, an organisational rhythm and through repetition the development of knowledge and insight.

For the Trust wide level meetings identified in *Appendix 1* the expectation is that:-

- They are formal meetings, with clear terms of reference;
- Receive a regular supply of timely quality and performance information;
- Quality and performance information is historic, but also predictive;
- There is a supporting action log and maybe also an action plan (optional);
- The meetings are undertaken in collaboration, in a matrix style.

Corrective Action

The acid test of quality and performance meetings is whether quality and performance improves or the impact of system pressures is mitigated. In more formal meetings there should be a clear action log with a focus on corrective/remedial actions allocated to attendees. In less formal meetings email notes or hand written notes in a daily log book may suffice. The actions/notes should be returned to in the next meeting.

8. Support to Individuals and Teams

OR22	The Trust will ensure that colleagues at every level in the Trust have **access to the resources, education, training & development and tools and techniques** to enable them to deliver and improve quality and performance.

OR23	Appropriate **quality and performance management training** will be available for colleagues at all levels in the Trust, including training in data, analytics and behaviours.

Access to Improvement Tools and Techniques

The Trust will ensure that colleagues at every level in the Trust are supported to deliver and improve quality and performance through the **availability of good improvement tools and techniques**.

The Trust acknowledges that the current range of improvement tools and techniques have emerged over time and not been subject to a more formal analysis of what each type of role in the Trust requires. This will be an area of development for the Framework over the next three years.

Nevertheless the Trust does have access to an extensive range of good improvement tools and techniques (see *Appendix 2*).

Quality & Performance Management Training

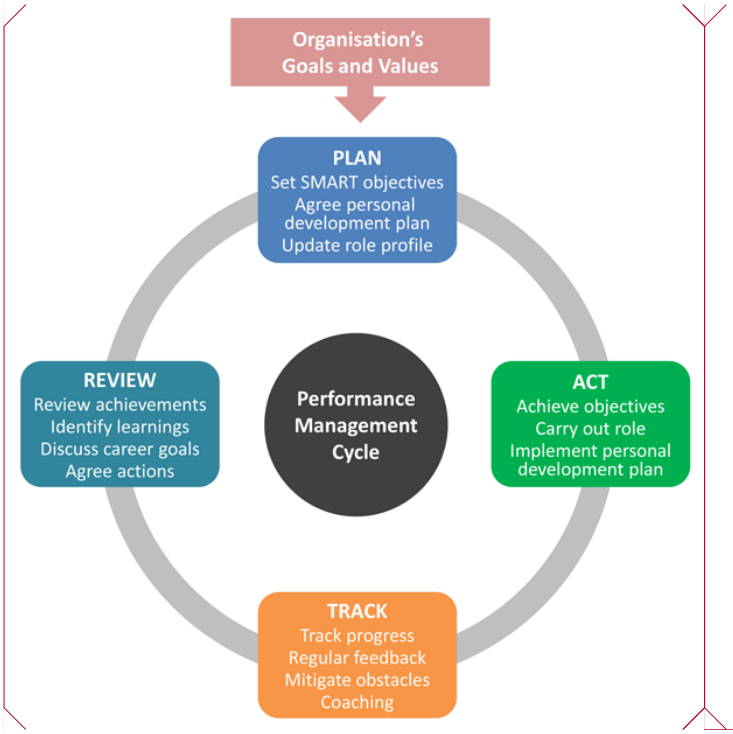
Similarly training on improvement tools and techniques is largely the responsibility of individual managers and staff via the PADR process; there is no real corporate overview (horizon scanning or needs analysis) of the Trust's quality, performance management and improvement tools & techniques. The proposed Quality & Performance Management Framework Steering Group will collaborate with the Workforce & OD Directorate to ensure appropriate quality and performance management training for colleagues at all levels in the Trust.

The overall approach should be that of a learning organisation.

9. Quality & Performance Management Cycle

The process of developing a stretching aims and objectives in plans, the development of balanced, coherent and FAST measures and delivering these through ownership, accountability, assurance, review and improvement can be brought together and articulated into a formal quality & performance cycle.

Quality & Performance Management Cycle



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Quality & Performance Management Cycle

In Chapter 7 the Framework identified an Assurance & Review Governance Map (*Appendix 1*) i.e. the series of meetings that make up the Trust wide approach to quality and performance. In order for these meetings to be fully effective they need to fit together around a cycle that has the following characteristics:-

i. sufficiently upstream to enable good planning for quality and performance;

ii. integrated to ensure that plans are aligned to each other, what has been referred to as "planning advantage" (rather than competitive advantage);

iii. Delivery focused, in particular, sufficient mechanisms are in place in year to ensure that a plan is supported and delivered; and

iv. Evaluates, that the cycle asks "have we delivered what we set out to deliver?" and has "what we planned delivered the intended benefits and outcomes?"

Appendix 4 sets out the Trust's Quality & Performance Cycle.

10.Roles & Responsibilities

Every colleague in the Trust has a role and responsibility for quality and performance management. There are also specific roles within the Framework.

The **Chair** has oversight and ultimate Board level accountability and responsibility for the Trust's quality and performance. In discharging this responsibility the Chair is supported by the Board made up of Non-Executive Directors and directors. The Quality & Performance Management Framework provides a key assurance mechanism for the Chair and Board to discharge their overall responsibility for quality and performance. The Chair has a specific role within this Framework to undertake a PADR with the CEO and monthly one to ones.

Non-Executive Directors support the Chair in discharging Board level accountability and responsibility for the Trust's quality and performance, in particular, act as Chairs and Vice Chairs of sub-committees to the Board with a specific focus as per the committee's terms of reference.

The **Chief Executive Officer** has ultimate officer accountability and responsibility for the Trust's quality and performance. The Chief Executive Officer will primarily discharge these responsibilities, in line with this Framework, through the Strategic Transformation Board, weekly Executive Management Team (EMT), monthly one to one meetings with Directors and PADRs.

The **Director of Operations** has lead officer responsibility for Operations quality and performance across the Trust's three patient pathways: 111, EMS and Ambulance Care; a specific lead responsibility for an Operation's Quality & Performance Management Sub-Framework.

The **Executive Director of Finance & Resource** has lead responsibility for the Trust's financial & resource planning, financial & resource monitoring and delivery and financial & resource benefits and outcomes, including financial balance. The Executive Director of Finance & Resource also has specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

The **Clinical & Medical Director** has lead officer responsibility for the Trust's overall Clinical Strategy, clinical practices and a specific lead responsibility for the Clinical & Medical Quality & Performance Management Sub-Framework.

The **Director of Paramedicine** has lead officer responsibility for the Trust's paramedicine and quality and performance management practices within this context. The Director of Paramedicine also has a director level responsibility for the paramedicine aspects of the Clinical & Medical Quality & Performance Management Sub-Framework.

The **Executive Director of Quality & Nursing** has lead responsibility for the regulation of registered nurses and professional standards in the Trust and the Trust's Quality Strategy. The Executive Director of Quality & Nursing has a specific lead responsibility for the QSPE Quality & Performance Management Sub-Framework. The Executive Director of Quality & Nursing is a member of the Quality & Performance Management Steering Group.

The **Executive Director of Workforce & OD** has lead responsibility for the Trust's People Strategy including workforce & OD aspects of the Quality & Performance Management Framework e.g. training, PADRs etc. The Executive Director of Workforce & OD also has specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

The **Director of Partnerships and Engagement** has lead responsibility for communications, engagement and partnership aspects of the Quality & Performance Management Framework e.g. communication

metrics etc. The Director of Partnerships and Engagement has a specific responsibility for the Trust's Annual Report and specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

The **Board Secretary** has lead responsibility for the Trust's Board Assurance Framework and overall governance of the Trust. The Quality & Performance Management Framework is a key part of the Trust's Board Assurance Framework. The Board Secretary has lead responsibility for managing the flow of reports to the Board and its sub-committees including quality and performance management reports. The Board Secretary has a specific responsibility for overseeing the management of the Trust's integrated year end reporting and specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

The **Director of Strategy, Planning and Performance** has lead responsibility for the Trust's planning and performance management processes, including the commissioning of the Trust's services by its funders. The Director of Strategy, Planning & Performance has lead responsibility for the Quality & Performance Management Framework and chairs the Quality & Performance Management Steering Group. The Director of Strategy, Planning & Performance also has specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

All **senior managers** have a responsibility to contribute to the on-going development of the Framework, in particular, its content and then application of the Organisational Requirements at every level of the Trust.

The following members of the Assistant Directors Leadership Team (ADLT) have AD lead responsibility for the Quality & Performance Management Framework and are members of the Quality & Performance Management Steering Group:-

- Assistant Director Strategy, Planning & Performance;
- Assistant Director Commissioning & Performance;
- Assistant Director Quality Governance;
- Assistant Director of Data & Analytics; and
- Head of Risk & Corporate Governance

Every member of staff has a responsibility to contribute to the on-going development of the Framework, in particular, its content and then application of the Organisational Requirements at every level of the Trust, in a way that is consistent with the Trust's behaviours.

11.Developing the Framework

The Framework will be formally reviewed (and Trust Board approved) every three years, but will also be dynamic and updated in the intervening three years if required. The Executive accountability for dynamically updating the Framework resides with the Director of Strategy, Planning & Performance, working in collaboration with the Executive Director of Quality & Nursing and engaging with the wider Executive team.

Responsibility for the ongoing development and implementation of this Framework will be discharged through a formal **Quality & Performance Management Framework Steering Group**, which will meet quarterly and ensure the Framework is dynamic, live and reflecting changes in theory, practice and the health care system. The terms of reference for the Quality & Performance Management Steering Group is attached at *Appendix 3.*

12.Further Advice & Guidance

Please contact:-

Hugh Bennett, Assistant Director Commissioning & Performance

Hugh.bennett2@wales.nhs.uk

Jonathan Turnbull-Ross, Assistant Director of Quality Governance

Jonathan.Turnbull-Ross@wales.nhs.uk

Alex Crawford, Interim Assistant Director of Planning & Transformation

Alexander.Crawford2@wales.nhs.uk

Julie Boalch, Head of Risk & Corporate Governance

Julie.Boalch@wales.nhs.uk

WAST Quality & Performance Governance Framework

Welsh Government Joint Executive Team (JET)

Emergency Ambulance Services Committee (EASC)

111 Board

EASC Management Group

NEPTS Delivery Assurance Group (DAG)

Chief Ambulance Services Commissioner (CASC) Assurance Meeting

Trust Board

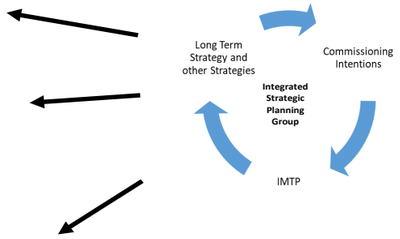
Finance & Performance Committee

People & Culture Committee

Quality, Patient Experience & Safety (QUEST) Committee

Strategic Transformation Board (STB)

Executive Management Team (EMT)



Note: the sub-groups linked to Quest are currently under review.

Assistant Directors Leadership Team (ADLT)

Patient Safety Learning & Monitoring Group

Serious Case Incident Forum

Clinical & Quality Governance Group

Scrutiny Panel

Complex Case Management

Health & Safety Committee

Infection Prevention & Control Steering Group

Support Services Directorates (Quality & Performance Framework)

Clinical & Medical Directorate (Quality & Performance Framework)

Quality, Safety & Patient Experience (QSPE) Directorate (Quality & Performance Framework)

Operations Directorate (Quality & Performance Framework)

Resource Escalation Action Plan (REAP)

Clinical Safety Plan (CSP)

Project & Programme Management Framework

Quality & Performance Management Framework Steering Group (process)

Integrated Governance Group (intelligence)

Appendix 2

Quality & Performance Improvement Techniques

Tools & Techniques	Description	Lead
Benchmarks	Normally a level of quality or performance on a measurement which is considered best-performing, an industry standard or a "gold standard". The Trust has access to a range of benchmarks.	AD Commissioning & Performance
Benchmarking	The process of finding good practice in other organisations than can be applied into the Trust.	AD Commissioning & Performance AD of Quality Governance
Forecasting	Predicting or estimating a future trend, for example patient demand based on extrapolation of historic data using statistical techniques and software. The Trust has access to techniques and software.	AD Commissioning & Performance
Simulation Modelling	Simulation modelling is the process of creating a digital model of part of the health care system to help predict quality and performance in the real world. The Trust has access to a range of powerful simulation software.	AD Commissioning & Performance
Qliksense, Report Manager & Power BI (quality and performance software)	Qlik Sense is an application released by Qliksense, which is specifically used for visualizing and analyzing data**.** It helps in building interactive dashboards and reports, and also to extract the data from various data sources. It is the Trust's main quality and performance software. The Trust also uses Report Manager, which is internal software that provides set reports. Power BI is a business analytics solution that lets a user visualize data and share insights across an organisation, or embed them in an	AD Data & Analytics

Tools & Techniques	Description	Lead
	app or website. It is part of MS365 and is expected to replace Qliksense.	
Hackathons	A meeting or series of meetings, where interested parties and the Trust's experts in quality and performance data analytics get together to collaborate on drilling into data with a view to finding areas of focus for improvements.	AD Commissioning & Performance
Deep Dives	Deep dives involve drilling down into a particular quality and performance issue and writing up the findings with a focus on resulting improvement actions.	AD Commissioning & Performance
Surveys	A method of investigating the opinions and experience of a cohort of people often using statements and scale of response e.g. strongly agree to strongly disagree that enables quantification of the results.	Head of Patient Experience & Community Involvement
User Feedback (non-survey)	A qualitative rather than quantitative method of investigating opinions and experience, for example, focus groups, structured interviews, stories of experiences.	Head of Patient Experience & Community Involvement
Process Mapping	Process maps are diagrams that show – in varying levels of detail – how the Trust delivers something through an interconnected series of steps. Mapping a process aids thinking about how a process or service can be redesigned to improve quality and performance.	AD Commissioning & Performance AD of Quality Governance
Systems Thinking	A system is an interconnected series of processes that make up a system that delivers an outcome. Mapping a system (which will normally span several organizations) aids thinking about how a system can be redesigned to improve quality and performance and outcomes.	AD Commissioning & Performance AD of Quality Governance
Project and Programme Management	Project management is the application of processes, methods, skills, knowledge and experience to achieve	Alex Crawford AD Strategy & Planning

Tools & Techniques	Description	Lead
	specific objectives within an agreed time frame. Programme management involves the management of a dossier of linked projects around a shared objective. The Trust has a Project & Programme Management Framework	
Statistical Process Control (SPC)	The use of time series analysis (run charts) linked to statistical techniques that seek to identify quality and performance variation and its causes. The Trust has software to support SPC. The Trust also has a number of colleagues trained as Improvement Advisors.	AD Commissioning & Performance AD of Quality Governance
Plan Do Study Act (PDSA) Cycles	PDSAs are tests of changes (normally in a series) that are undertaken in a planned and controlled manner to study the impact on quality and performance, linked to SPC.	AD Commissioning & Performance AD of Quality Governance
Roster Reviews	Roster reviews aim to improve the alignment between patient demand capacity and improve staff health and well-being through improved working patterns. The Trust has access to powerful roster design software.	AD Commissioning & Performance AD Operations, Resourcing & EMS Coordination

Appendix 3

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

NHS WALES GIG CYMRU

Quality & Performance Management Steering Group

Terms of Reference

Introduction

The Quality & Performance Management Steering Group will manage will manage the on-going development of the Trust's Quality & Performance Management Framework and its formal review every three years.

Background

The Trust's current Planning & Performance Management Framework was approved by Trust Board in 2016. It was due for review in 2019, but was delayed which was then compounded by the pandemic response.

The Trust's Structural Assessment and an internal audit of CCC Performance Management identified the need to update the Framework.

The updated Framework, now the Quality & Performance Management Framework, will be approved by Trust Board in Mar-22.

The Framework will be formally reviewed again in Mar-25, but there is an organisational requirement to keep on developing the Framework over the next three years and to also dynamically respond to changes in the Trust's operating environment.

Purpose

The purpose of the Steering Group will be to:-

- Align the Trust to the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- Move the Trust to a level of consistent excellence of practice for quality and performance management;
- Provide a Trust wide setting responsible for the on-going development of the Framework;
- Undertake the formal three year review of the Framework, engaging with stakeholders (internal and external) with the Framework being Trust Board approved;
- Provide a collaborative setting and guiding coalition for undertaking the development and review;
- Identify priorities for development, based on stakeholder feedback;
- Manage the delivery of these priorities linked to a work programme for the Group;
- Scan the Trust's operating environment and update the priorities and work programme, based on this scanning; and
- Co-opt additional internal and external expertise into the Group to facilitate the development of the Framework.

Duties (roles within the Steering Group)

Executive Sponsors	Director of Strategy, Planning & Performance Executive (quarterly) Director Quality & Nursing (quarterly) Corporate Secretary (quarterly)
Chair Vice-Chair	AD Commissioning & Performance AD Quality & Governance
Steering Group Manager	Commissioning & Performance Manager
Other Attendees	AD Planning & Transformation AD Data & Analytics AD Operations Resourcing & EMS Co-ordination Head of Risk & Corporate Governance TU Representative (quarterly)
Steering Group Administrator	Planning & Performance Support Officer

Exclusions

Whilst linked forecasting and modelling will have its own framework (commissioning intention) and already has a steering group.

The Steering Group will focus on the process of quality and performance management and not reviewing quality and performance, which will be discharged through the assurance mechanisms identified in the Framework.

Structures and Relationships

The Steering Group will report in the first instance to Executive Management Team.

It will be accountable to the Finance & Performance Committee.

It will engage with external stakeholders e.g. NCCU, WG.

It will engage at all levels within the Trust.

Core Membership

Core membership of the Steering Group will be as per duties above.

Other individuals will be co-opted as required.

The core membership is designed to be small (with a focus on delivery), but will engage widely.

Meeting Frequency

The Steering Group will meet monthly (or more regularly if the work programme requires) and be chaired by the AD Commissioning & Performance with the Executive Sponsors attending quarterly. :

Quorum

For Steering Group will be quorate if:

- One of the Chair/Vice Chair is present; and

- Two of the other ADs are present.

Quality & Performance Cycle

Ref	Activity	Lead	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
	IMTP Away Day	DSP&P	x																						
	EASC Commissioning Intentions Received	CASC	x																						
	WG IMTP Guidance Issued	DSP&P		x																					
	IMTP First Cut to Trust Board	DSP&P					x																		
	Trust Board of Approval of IMTP	DSP&P							x																
	LDP Guidance Issued	DSP&P					x																		
	LDPs Approved by EMT	CEO										x													
	Chair's PADR (with Minister)	Minister											x												
	CEO PADR (with Chair)	Chair									x														
	Directors' PADRs (with CEO)	CEO							x	x															
	Seasonal Tactical Plans (Winter & Summer) Approval	SP&P	x							x															
	Patient Safety Related Incidents Report (monthly)	QSPE	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Significant Claims Report	QSPE		x			x			x			x			x			x			x			x
	Annual Safeguarding Report	QSPE										x												x	
	Health & Safety (Monthly & Quarterly Mgt Report)	QSPE	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Patient Experience and Community Involvement Report	QSPE		x			x			x			x			x			x			x			x
	WIIN Report	QSPE		x			x			x			x			x			x			x			x
	Corporate Risk Register Quarterly Report	CS	x		x		x		x		x		x		x		x		x		x		x		x
	STB IMTP Delivery Report (overall and per programme)	DSP&P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Trust Board IMTP Delivery Report	SP&P	x		x		x		x		x		x		x		x		x		x		x		x
	Seasonal Tactical Plans (Winter & Summer) Monitoring	SP&P		x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x			x	x
	Mid-Year JET	CEO			x												x								
	Year End JET	CEO										x												x	
	Integrated Quality & Performance Report to EMT (111, EMS, NEPTS)	DSP&P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Integrated Quality & Performance Report to Committees (combined)	DSP&P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Integrated Quality & Performance Report to TB	DSP&P	x		x		x		x		x		x		x		x		x		x				
	Subscription Reports (daily, weekly etc.)	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Live Reports e.g. ODU Dashboard etc.	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	CASC Assurance Meeting (QSPE and Workforce)	DSP&P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	EASC (including IMTP, WAST Provider Report etc.)	DSP&P	x		x		x		x		x		x		x		x		x		x		x		
	EASC Management Group (including AQIs, programme updates etc.)	DSP&P		x		x		x		x		x				x		x		x		x		x	
	EASC NEPTS DAG	DSP&P		x		x		x		x		x				x		x		x		x		x	
	EASC Ambulance Quality Indicators (AQIs) Published	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	WG Statistical Release	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Annual Report to AGM	DP&E											x												x

AGENDA ITEM No	**7**
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – January 2022

MEETING	Finance & Performance Committee
DATE	17 March-22
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Kerri Hitchings – Commissioning & Performance Manager Nicola Quiller – Commissioning & Performance Officer
CONTACT	Hugh.bennett2@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 **Jan-22** and (where data is available) **Feb-22**.

RECOMMENDATION

Committee is asked to:-

- **Consider** the Jan/Feb-22 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.

KEY ISSUES/IMPLICATIONS

Overview

Mar-21 Trust Board & QUEST received a revised Integrated Quality & Performance Report which contained 28 key indicators at a highly summarised level and demonstrated 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.

These four areas of focus broadly correlate with the Quadruple aims set out in '*A Healthier Wales*'.

The Strategy, Planning & Performance Directorate has continued the formal update of the report, based on feedback from Board, committees and individual responses from non-executive directors and executives. The report will continue to be reviewed on an iterative basis, likely to be on an annual basis in line with the IMTP.

The review of the Quality & Performance Management Framework has stopped and started, due to the on-going pandemic response; however, it is now on the agenda for this committee meeting. This Framework has several components, one of which will relate to the use of metrics and indicators across all areas and levels of the Trust to demonstrate progress towards the Trust's strategic objectives and goals as well as to point to areas where improvement is required. The Framework will therefore set out how metrics and indicators will be used at Board level, at Executive level, at Directorate level and at locality level.

Our Patients – Quality, Safety and Patient Experience

Call answering (safety): The speed at which the Trust is able to answer a 999 or 111 call is a key safety measure.

999 answering times have been challenged through significant increases in demand. The median and 65th percentile performance remain good, but the call answering tail remains at just under one minute. 111 call answering performance (answered within 60 seconds/abandoned after 60 seconds), saw a signficant improvement in Feb-22 linked to increasing capacity and improvements in efficiency, with a call abandonment rate of less than 5% (meeting the target).

Actions to improve both of these areas involve the recruitment of additional call handlers. For the 999 calls, additional staff recruitment has been agreed by EMT in this financial year, with the recruitment and training of up to 32 WTE due to have been completed by mid February 2022; however, increased attrition means this target date has been revised to the financial year end (completed). It is important to note however that funding is not yet secure to continue this level of additional capacity into next financial year, and is being worked through with the Chief Ambulance Services Commissoiner (CASC).

Similarly, within the 111 service, recruitment continues with a further 30 WTE funded by the 111 Programme Board. The teams have, at pace, increased the capacity (including physical capacity) in the training cohorts planned from January onwards in

order to achieve this uplift in Q4 (complete). Again, this funding was non-recurrent and meetings are being held to agree a funded establishment level for 2022/23.

Within the 111 service, a recently implemented telephony system for interactive voice response provides callers with expected answer times and sets out alternative options as the caller waits (for example, informing callers that they may find answers on the 111 website). In due course, there will also be an option for the caller to be called back rather than hold on. This will improve the patient experience, reduce numbers of calls that end up with the call handler and reduce abandonment rates.

111 Clinical response: whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, a decline in performance was seen in Dec-21 in the lower priority calls, but improvements in Jan-22 and Feb-22. The Trust knows that the waits for a clinical ring back are too long. Clinical Advisor recruitment continues with a training course started on 10 Jan-22 with a further cycle planned to commence mid-Feb-22 (across the 3 sites for up to 29 staff; subject to workforce supply and ability to recruit – 12.8 FTEs currently in training against target of 29). As with the call handler recruitment, the Trust is also urgently looking to secure additional numbers into each of the cohorts. A demand and capacity review has been undertaken by ORH with a view to providing a better indication of the staff required to meet performance standards.

Ambulance response (safety / patient experience): Red and Amber response times have improved into Jan/Feb-22 supported by a decrease in patient demand; however, the number of hours lost at hospitals remains extreme and cannot be offset by increased ambulance production. Response times continue to be much longer than the Trust would want. Actions within the Trust's control include:

Capacity:

- Recruitment of an agreed funded additional 127 FTE front line staff as part of the Year 2 EMS Operational Transformation Programme. The Trust is on course to close the relief gap early in 2022/23; however, negotiations continue in relation to recurrent funding to close the relief gap. The Trust is currently predicting +252 FTEs versus the target for closing the relief gap of +263 FTEs.
- Securing of additional temporary capacity from alternative sources, including St John Cymru, Fire & Rescue Services and the military. A significant number of additional hours have now started to be added as part of this capacity with emergency ambulance unit hour's production (UHP) at 110% in Feb-22 i.e. above the benchmark of 95%.

Efficiency:

- Work is ongoing on a range of workforce modernisation proposals in partnership with trade union partners, aimed at increasing capacity and efficiency. This programme of work commenced in the autumn and has included 3 to 4 months of negotiations and performance study before there is agreement and subsequent implementation. The response to Omicron has cut into the time for this work, but an initial report was provided to EMT for the end of Feb-22 as planned;
- The roster review programme, designed to optimise the alignment of planned hours with patient demand patterns across Wales, has re-commenced; significant elements of the project had already been completed. The project was paused whilst consideration was given to Red performance and further

modelling on patient safety. The revised implementation timeframe is Sep-Nov 22 i.e. in time for winter 2022, with some rosters going live before this implementation timeframe where a station wants to go live early.

Demand Management

- The Chief Ambulance Services Commissioner (CASC) has funded 41 additional clinicians into the Clinical Support Desk, with 36 Paramedic FTEs and five mental health practitioners successfully recruited, with on-boarding and full go live occurring through Feb-22 and Mar-22. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in hear and treat rates.

The Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported to the Executive Management Team every two weeks (and onto the CASC). Actions are set out under four main headings with actions including:

- Better management of demand;
- Increasing capacity;
- Increasing effectiveness and efficiency of resources; and
- Supporting staff well-being.

Forecasting and modelling was completed for the winter period, which was fed into the PIP. Good progress has been made on the PIP.

The current concern is quarter one 2022/23, in particular, Apr-22 when the Trust will see the end of military support, the Transition Plan (if funded) will not have taken effect and it is likely there will be continued high handover levels. Forecasting and modelling on this has been completed and made available to Executives, including mitigation options, which would require funding. This information has been sent onto the CASC.

Ambulance Care (formally NEPTS) (Patient Experience): performance was above target for enhanced renal patient arrivals prior to appointment in Feb-22 and has improved for patients requiring discharge; however, Ambulance Care core (outpatient) demand has not yet recovered to pre CoVID-19 levels. As the system "re-sets" the Trust anticipates a situation where Ambulance Care demand returns or surpasses previous levels; this coupled with reduced capacity caused by social distancing could mean that Ambulance Care will have insufficient capacity to service patient demand. The Trust has received external funding to increase its Ambulance Care capacity through the procurement of third party providers which is now live, but further discussions are now taking place on what happens beyond 31 Mar-22 as part of the 2022-25 Integrated Medium Term Plan (IMTP) process.

National Reportable Incidents (NRIs) / Concerns Response: The Trust reported 2 NRIs to the Delivery Unit in Feb-22, compared to 5 in Jan-22; and 17 patient safety incidents were referred to health boards under the "Appendix B" arrangement, compared to 18 in Jan-22. Complaint response times declined to 64%, which, given the continued high volumes is good (target 75%). In the main, many of these incidents will be as a result of continued longer response times and the actions outlined below therefore are key.

Our People (workforce resourcing, experience and safety)

Hours Produced: 115,339 EMS ambulance unit hours were produced in Feb-22. The emergency ambulance UHP was 110% in Feb-22, however, RRV UHP was 79%. The emergency ambulance UHP has improved as a result of military aid, Fire & Rescue Services support and St John Ambulance capacity; however, the level of abstractions means that the capacity gain from this recruitment is less than the Trust would expect under more normal operating conditions.

Response Abstractions: Abstraction levels decreased in Feb-22, however, remain very high at 41% (benchmark 30%). CoVID-19 has had a significant impact on abstractions with sickness abstractions being 13% in Feb-22 (benchmark 5.99%). Workforce fatigue is also an issue.

Trust Sickness absence: The Trust's overall sickness percentage (Jan-22) was 11.96% and high sickness levels were seen across all areas of the Trust's operations including Ambulance Response, CCC, 111 and NEPTS, affecting capacity in all areas. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level, although it is difficult to forecast the ongoing impact that CoVID-19 will have on staff and volunteers. In addition, Employee Assistance Provider (EAP) data suggests that most requests for counselling are as a result of work related stress. As outlined above, the PIP contains additional actions being taken in relation to staff well-being. A specific programme of work is being established, led by the Deputy Director of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties.

Staff training and PADRs: PADR compliance and Stat / Mand training compliance are below target. This has been impacted on by the pandemic. The Learning and Development Team will continue to utilise Siren using the #WASTMakeItHappen tagline to reinvigorate My Learning on ESR to improve compliance rates for corporate staff.

Finance and Value

Financial Balance: The Trust's year to date (YTD) expenditure to budget position is 100% i.e. balance.

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). EMS Response lost over 12,000 PPLHs in Feb-22, compared to the 115,000 hours produced. The reasons for PPLHs are many and varied, with around 52% in February being attributed to return to base for meal break. The PPLH figure needs to be treated with a degree of caution, with further work currently being undertaken on data input accuracy which could significantly reduce the figure. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base. The Trust and TU partners are currently collaborating on PPLHs through the Leading Service Change Together workshops which started in Sep-21. At this moment in time there is no agreed benchmark for PPLHs. Further benchmarking work with Operational Research in Health (with three other ambulance services) indicated that the Trust benchmarked favourably with two of the three. Initial contact has been made with the third ambulance service to compare practices around PPLH.

Partnerships/ System Contribution

Shift left: much of our work as a Trust 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 **hear and treat** rates after 999 calls; and the Trust achieved 10.8% in Feb-22, compared to the benchmark of 10.2%.

The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both hear & treat and see & treat (see separate Deep Dive report on agenda), a position consistent with the EMS commissioning framework. To this end the Trust has increased the establishment in the Clinical Support Desk by 41 FTEs, almost doubling the existing establishment, with 36 Paramedic FTEs and a 5 mental health professionals FTEs into the Clinical Support Desk (CSD). Recruitment is complete with staff on-boarding and going live in quarter four. The Trust is also implementing new clinical triage software and working with health boards on how they can support remote demand management. There will be a revised benchmark of 15% for hear & treat into 2022/23.

The Trust **conveyed** 37% of patients to emergency departments in Jan-22, an increase compared to 34% in Dec-21; analysis shows that this may be 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. Further strategic modelling work has recently been completed on “inverting the triangle”.

Handover lost hours: The 2021/22 EASC commissioning intentions include an intention that handover lost hours should not exceed 150 hours a day for 95% of the year, which would mean a monthly loss of approximately 5,000 hours. 23,214 hours were lost in Feb-22. These levels are unprecedented and extreme and whilst the Trust can seek to mitigate the impact of handover lost hours, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government and will continue to support any improvement programmes such as the EDQDF. The 2022/23 EASC commissioning intentions for handover lost hours focuses on setting improvement trajectories per site; however, the pressure on the unscheduled care system as Wales emerges from the pandemic mean that the Trust can expect these extreme levels to continue into 2022.

Summary

The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust provides to patients. This is despite demand across all areas of the service in Feb-22 declining with other factors such as the continuation of the Omicron CoVID-19 variant, high levels of sickness (including CoVID-19 related absence) and extreme handover lost hours continuing to impact on the Trust. EASC, WG and the 111 Programme Board have been very supportive of the Trust through the pandemic, supporting a range of mitigations; however, whilst the patient safety concerns are set to increase in 2022/23 as system pressure remains high short term mitigations are due to end e.g. military. Recurrent and increased funding for more permanent patient safety initiatives into 2022/23 now also looks unlikely at this point in time.

REPORT APPROVAL ROUTE	
Date	**Meeting**
15 Mar-22	**Commissioning & Performance Manager** **Assistant Director of Commissioning & Performance** **Director of Strategy Planning & Performance**
16 Mar-22	**Executive Management Team**
17 Mar-22	**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

Ymddiriedolaeth GIG
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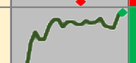
Welsh Ambulance Services
NHS Trust

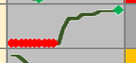
Monthly Integrated Quality & Performance Report

February 2022

Annex 1 – Top Indicator Dashboard

Section 1: Monthly Indicators /Top Indicators Dashboard

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Jan-22	Feb-22	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience						
111 Abandoned Calls	< 5%	11.00%	10.8%	4.6%		G
111 Patients called back within 1 hour (P1)	90%	95.30%	94.9%	94.8%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:03	00:54	-		R
999 Red Response within 8 minutes	65%	63.6%	52.5%	55.0%		R
Red 95th percentile	00:14:00	00:17:59	00:21:54	00:21:18		R
999 Amber 1 95th percentile	01:18:00	02:24:10	04:51:35	05:03:44		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	-	-		G
Stroke Patients with Appropriate Care	95%	95.83%	-	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	-	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	82%	82%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	87%	88%		A
National Reportable Incidents reports (NRI)	-	4	5	2		A
Concerns Response within 30 Days	75%	75%	66%	64%		R

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Jan-22	Feb-22	2 Year Trend	RAG
Our People						
EMS Abstraction Rate	29.92%	37.00%	42%	42%		R
Hours Produced for Emergency Ambulances	95%	96.0%	109%	110%		G
Sickness Absence *(all staff)*	5.99%	7.30%	11.96%	-		R
Frontline CoVID-19 Vaccination Rates	-	-	4,270	4,276		-
Statutory & Mandatory Training	>85%	83.1%	82.23%	-		A
PADR/Medical Appraisal	>85%	52%	58.34%	-		R
Ambulance Response FTEs in Post	1700	1702	1644	-		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1117	1703	-		-
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
EMS Utilisation metric	57%	-				-
Post-Production Lost Hours (All Vechicle Types)	Reduction Trend	11,053	17,106	15,153		R
Partnerships / System Contribution						
111 Consult and Close	Improve	5,612	6,943	6,699		G
999 Hear & Treat	10.2%	9.9%	11.1%	10.8%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	36.65%	-		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	22,563	23,214		R

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

CoVID-19 Circuit Breaker Dashboard

Headline Indicators

0.70 - 0.90
—
Consensus R Value
3rd Mar 2022

Figure 1

444 ▲
StatsWales COVID-19 Confirmed Hospital Occupancy (7 day rolling average)
7th Mar 2022

Figure 2

9 ▼
StatsWales COVID-19 Confirmed Invasive Ventilated Bed Occupancy (7 day rolling average)
7th Mar 2022

Figure 3

169 ▲
StatsWales Overall Invasive Ventilated Bed Occupancy (7 day rolling average)
7th Mar 2022

Figure 4

23.34% ▲
Positivity rate for COVID-19 (PHW Data) (7 day rolling average)
4th Mar 2022

Figure 5

184.94 ▲
Cases per 100k (PHW Data) (7 day rolling sum)
4th Mar 2022

Figure 6

Transmission, Incidence and/or prevalence of the virus

833 ▲
Confirmed COVID-19 cases per day (7 day rolling average)
4th Mar 2022

Figure 14

ZOE prevalence data (% of population with COVID-19)
Data Pending

Figure 15

133 ▼
NHS online activity related to COVID-19 (7 day rolling average)
28th Mar 2021

Figure 16

2260 ▼
NHS Direct 111 calls per day (7 day rolling average)
7th Jun 2021

Figure 17

Cases in last 7 days per 100k population by local authority

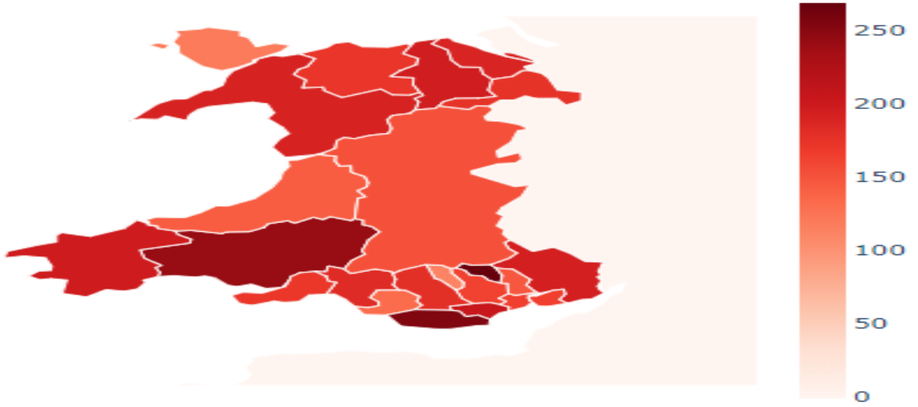


Figure 22 - 8th Mar 2022

Data Source: Welsh Government CoVID-19 Dashboard - Updated: 08/03/22

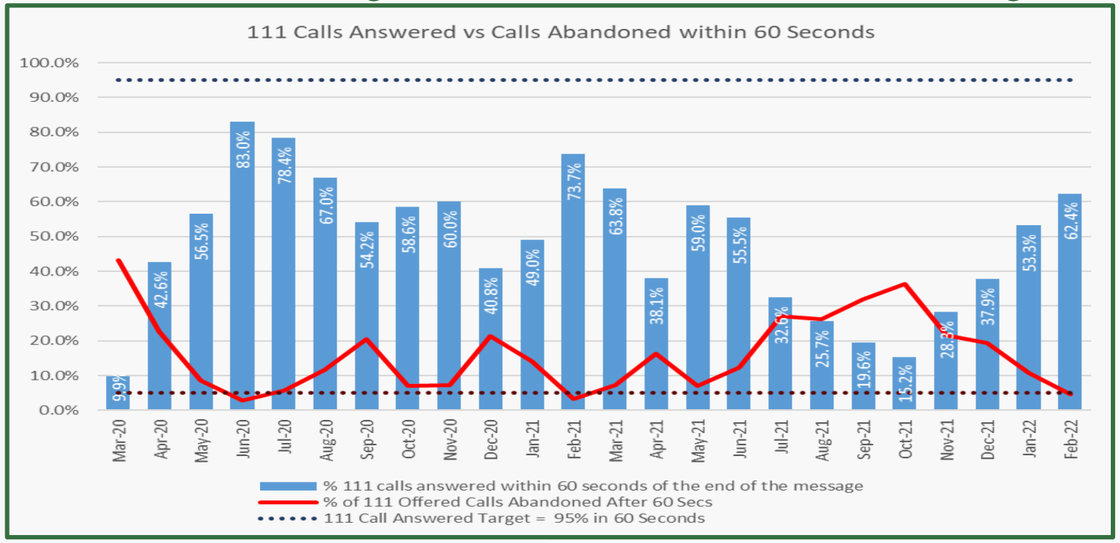
Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators

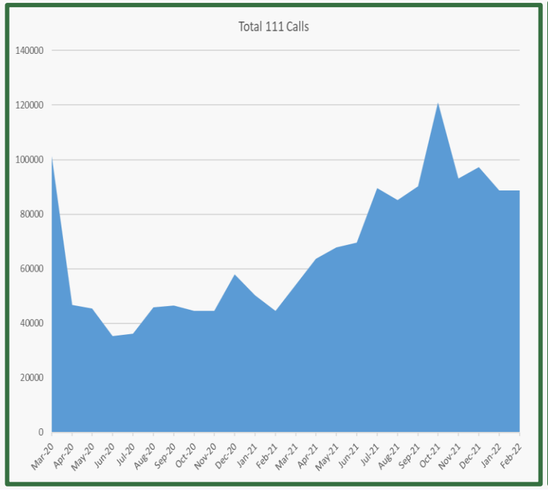
G

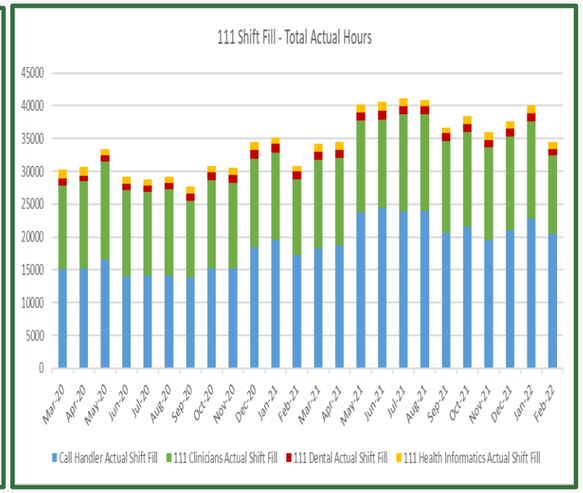
FPC

NB: 111 Roles data correct at 12/01/22

Influencing Factors – Demand and Call Handling Hours Produced







Analysis

111 call abandonment is a key patient safety indicator for the service**. Feb-22** saw a significant improvement in **abandonment rates** to 4.6%, therefore achieving the 5% or less target for the first time since Feb-21.

The percentage of 111 calls answered within 60 seconds of the end of the message also improved in Feb-22 to 62.4%. Given the continued high volumes of calls per month, this still represents a significant number of people who receive a poor patient experience.

111 call demand decreased in Jan-22 compared to the previous month, as seen in the graph.

The graph alongside also shows that **capacity (staff hours) has been increasing** in line with the roll-outs and as planned; however, despite recruiting significant numbers of additional staff as agreed with commissioners, there are very high sickness abstractions (which includes CoVID-19 Sickness), which sat at 10.39% for NHS111 in Feb-22. This means that demand is higher than forecast, capacity is lower than planned leading to the longer response times as seen.

Communication to 'Think 111 First' is regularly circulated to the public, which includes utilising online 111 Wales; in Dec-21 there were 426,608 visits to the website, the highest volume since Apr-20. Searches for CoVID remain the top reason for visits, accounting for 49,993 hits.

Remedial Plans and Actions

- Increasing the 111 workforce profile for both Call Handling & Clinical Advisors continues to be a key area of focus for the 111 service, and an additional 30 WTE Call Handlers have been funded by commissioners to support this non recurrently in this financial year.
- As part of an enhanced recruitment drive, specialist recruitment agencies have been successful alongside traditional recruitment processes, to increase the number of job applications for both Call Handler and Clinical Advisor posts.
- Additional training cycles have been planned in quarter 4 for both Call Handlers & Clinicians,
- The additional training cycles have been complimented by a successful expansion of the 111 training estate capacity across four sites including VPH, Matrix One, Ty Elwy & Thanet House. This has been a positive development increasing the number of available 111 training estate to deliver more training in the January & February cycles.
- A number of service improvement plans have been delivered to increase the productivity and increase capacity within the service to manage current demand pressures. This has included implementation of new IVR messaging and review of the Clinical Advice Line (CAL). These changes along with the continuing recruitment drive are demonstrating a positive impact on reducing the 111 call abandonment levels and providing a more responsive and timely service to patients.
- A D&C review has recently been completed and reported to EMT and the 111 Programme Directorate.

111 First	FTE Budgeted	FTE Actual	FTE Variance
Call Handler (Band 3, incl. HI advisor)	156.42	171.33	14.91
HI Advisor	9.95	9.7	-.024
Clinical Advisor - Paramedic	4.00	4.2	0.2
Nurse Advisor/ Clinical Advisor - Nurse	121.48	109.44	-12.03
Dental Health Advisor	8.52	7.1	-1.41
Senior Clinical Advisor - Nurse	13.20	16.4	3.2
Total	**313.57**	**318.17**	**4.85**

A 111 UHP Dashboard has been developed and is now live to track actual hours for call handlers and clinicians.

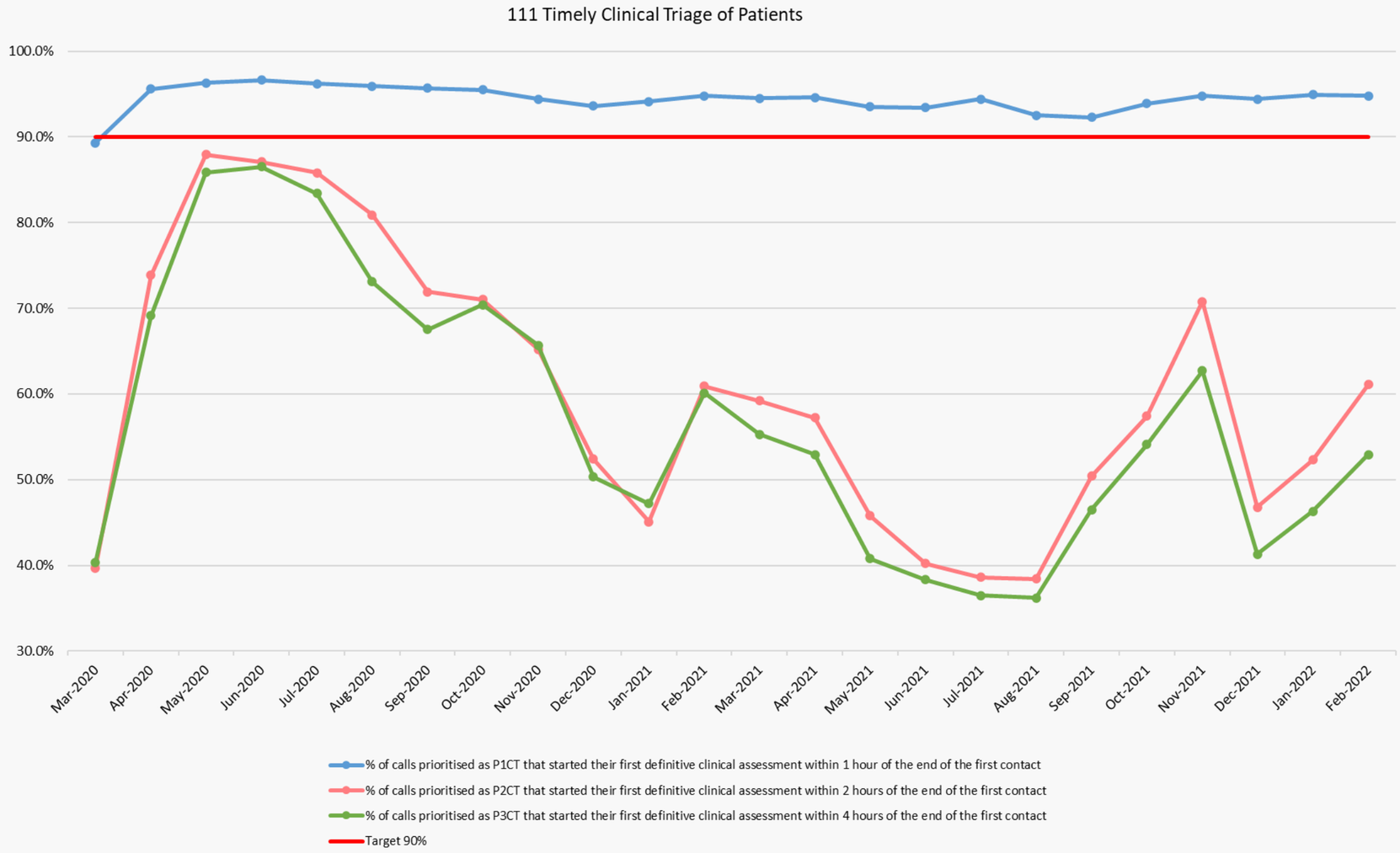
Discussions continue with commissioners to review numbers of call handlers to determine whether there is approval / funding to increase further.

Expected Performance Trajectory

The new IVR system will improve patient experience and has contributed to reduced abandonment rates (people take up option of call back); however, call answering times will only be maintained through additional capacity and this relies on our continued recruitment into funded posts and improved efficiency gains, with work ongoing to develop innovative solutions. Work is ongoing with commissioners to confirm ongoing recurrent levels of funded staffing that we will need to maintain into next year.

Our Patients: Quality, Safety & Patient Experience
111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced



Analysis

The performance of **111 calls receiving a timely response to start their definitive clinical assessment remains a challenge, with the continuing exception of the highest priority calls**.

The **highest priority calls, P1CT, continue to receive a timely response** which, with the exception of Mar-20, has continuously achieved the 90% target.

For lower category calls, we are not meeting the 90% target, in Jan-22 improvement was seen in all categories with the exception of P1CT.

Demand for the service continues to grow (see previous slide) which will affect performance, but in addition, recruitment and retention of clinical staff also remains problematic, (see previous slide, now at 109.44 WTE for clinical Advisors (Nurse) against an FTE budgeted of 121.48), these are insufficient to meet demand.

Remedial Plans and Actions

The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. Urgent work is now underway through the Gateway to Care Transformation Board to consider:

- Opportunities to widen the scope of clinicians who can apply, for example through offering remote working, exploring use of different clinicians or considering call centres in other areas.
- Opportunities to understand better and potentially reduce the number of tasks that clinicians have to undertake so that the Trust needs fewer in the future, in particular, work is focusing on the use of the Clinical Advice Line.

Expected Performance Trajectory

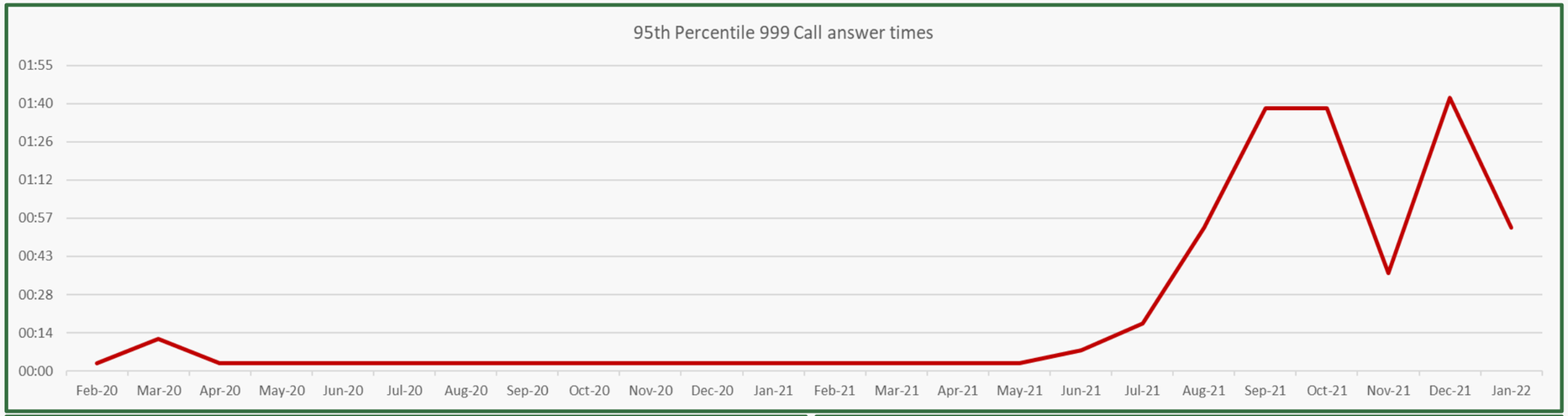
Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Urgent work is now underway to agree a series of actions that might help to increase recruitment, reduce turnover and reduce demand on clinicians, but performance is likely to be poorer than the Trust would want for some time to come.

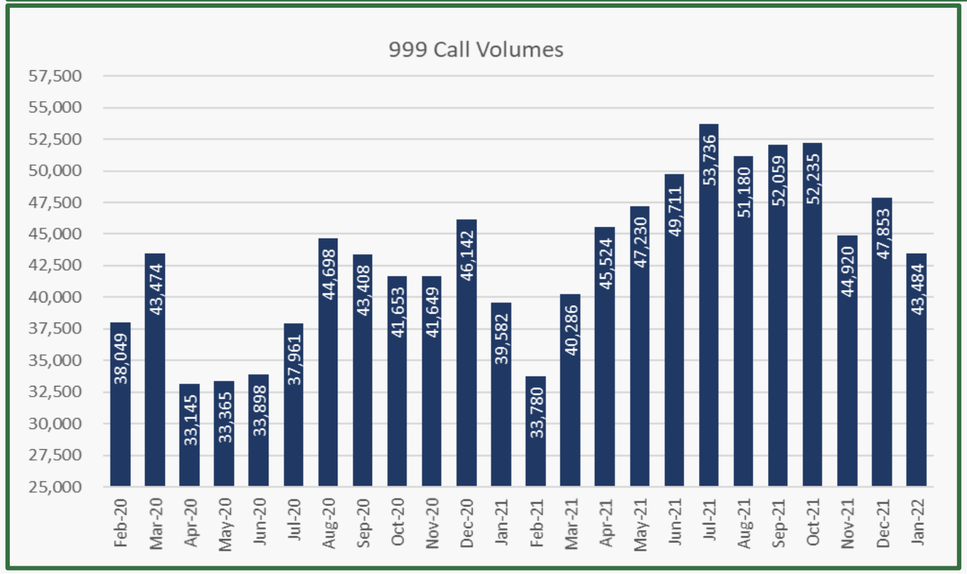
Our Patients: Quality, Safety & Patient Experience
999 Call Performance Indicators

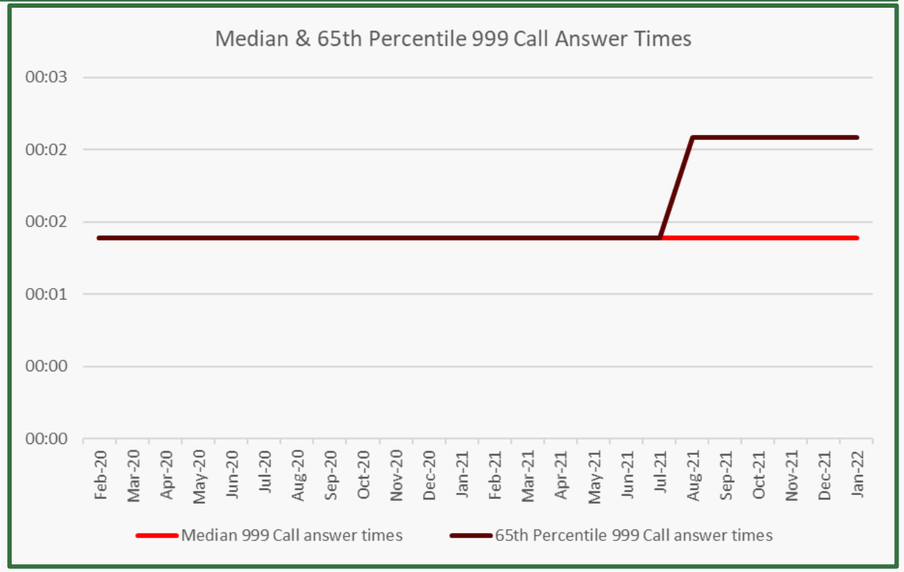
Influencing Factors – Demand and Clinical Hours Produced

R | FPC | CI

NB: Feb-22 Data unavailable as AQIs not yet published







Analysis

The 95th percentile 999 call answering performance saw An improvement in Jan-22 to 54 seconds, compared to one minute 43 seconds Dec-21, failing to meet the 6 second answer target for the eighth consecutive month largely as a result of increased call demand, particularly at weekends. Increasing call answering times are a significant concern in relation to patient safety.

The median call answer times for 999 services remains consistently at 2 seconds. In Jan-22 65th percentile continued to average at 3 seconds.

The Trust received 43,484 emergency 999 calls in Jan-22, a decrease compared to Dec-21, however this is higher than both Jan-20 and Jan-21. The continued high call volumes are likely to be a result of public activity returning to normal levels, along with the impact of the continuing pandemic. Although not shown here, there are increasing levels of staff abstraction due to sickness and COVID (18%) in the call centres which is reducing capacity.

Remedial Plans and Actions

EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resource teams are focussing on balancing capacity across the 7 day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.

EMT has approved additional funding into EMS CCC in this financial year to allow recruitment of EMDs to match the new baseline demand level being experienced, this funding includes additional relief capacity that will mitigate abstraction levels. Increased EMD capacity will allow more opportunity for current EMDs to reset and recover during shifts.

- The Trust had targeted Feb-22 as the point in time when the full impact of the uplift of 32.25 FTE EMDs would be felt in CCC; however, rates of attrition have impacted, but the target has now been achieved;
- The Omicron Tactical Action Plan includes additional Workforce & OD support to CCC to aid the recruitment process. This has been actioned.

Expected Performance Trajectory

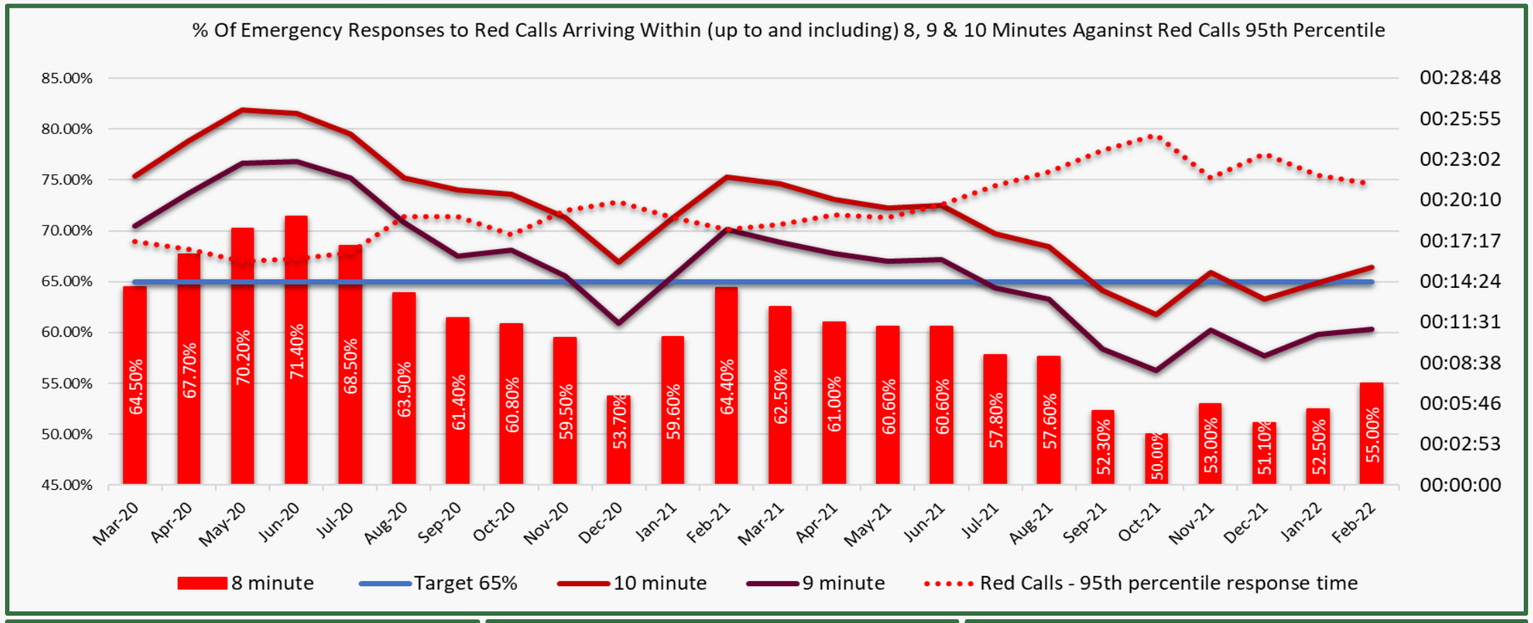
Performance has started to improve as the additional capacity has come on line. The budget for this continued capacity into 2022/23 is now a cause for concern. Further modelling is being undertaken on the future EMD call taker requirement through to Dec-24.

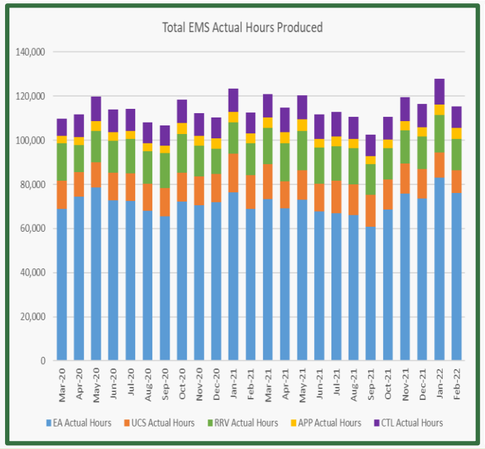
Our Patients: Quality, Safety & Patient Experience
Red Performance Indicators

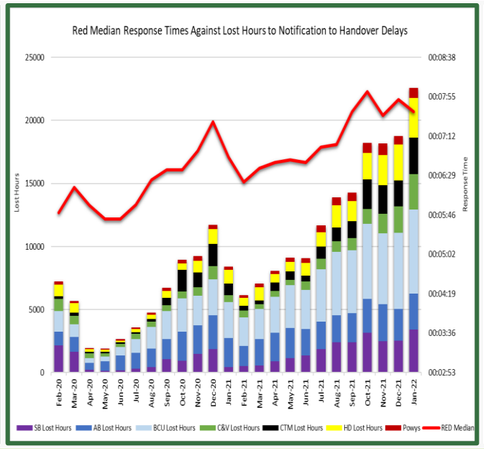
65%	95%
R	R

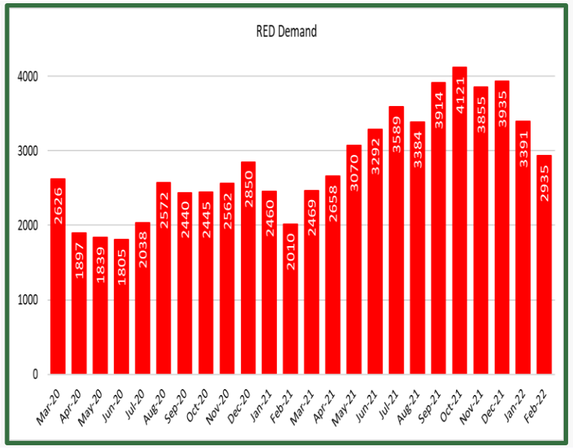
CI QUEST FPC

Influencing Factors – Demand, Hours Produced and Hours Lost









Analysis

Although improvements have been seen, red performance did not achieve the 65% target in Feb-22 and the target has not been achieved since Jul-20. There was also significant health board level variation and only one (Cardiff & Vale (68.1%)) of the seven health board areas achieved the 65% target. This level of performance was forecast in the winter plan based on predictions of demand, lost hours and hours produced. Ongoing poor performance is continuing to affect Red 9 minute responses, which achieved 60.3% and Red 10 minute performance, achieving 66.4% in Feb-22.

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

Red demand in the last 2 years has seen a particular increase, outside of normal expected variation which is impacting on response times.

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours with Feb-22 having the highest ever recorded. However, the number of hours produced was also higher than it has ever been, as a result of the military personnel in place (251).

During the pandemic there have been other factors that have also affected performance including prioritising EA hours over RRV, and the additional time taken to don level 3 PPE to all Red calls. The latter in particular was shown to add several minutes to a response, and this requirement remains in place.

Remedial Plans and Actions

The main improvement actions are:

- Increase capacity – 136 WTE were recruited by end of Mar-21. The target for 2021/22 is 127 WTE which the Trust was on-target to achieve in early Q1 22/23; however, this is at risk due to the current financial plan negotiations. This will close the relief gap and, other factors aside, would allow UHP / hours produced closer to 95%. Additional capacity is also being utilised non-recurrently through St John Ambulance, Fire & Rescue Services and the military. This has allowed the total hours to rise. Discussions are ongoing with commissioners about increased capacity for next year (transition plan)
- Reduce hours lost through modernisation of practices and supporting staff well-being. This work is being led through the Leading Service Change together programme in partnership with TU partners.
- Working with partners to reduce hours lost at hospital (to a maximum 150 lost hours per day, 95% of the year) . This is not within the gift of the Trust to achieve, although it continues to take all actions possible to influence this agenda.
- A very detailed set of strategic and more tactical actions have been pulled together into a performance improvement plan, many of which are also included in an action plan for the Ministerial oversight through the commissioning process. This is monitored every 2 weeks at EMT.

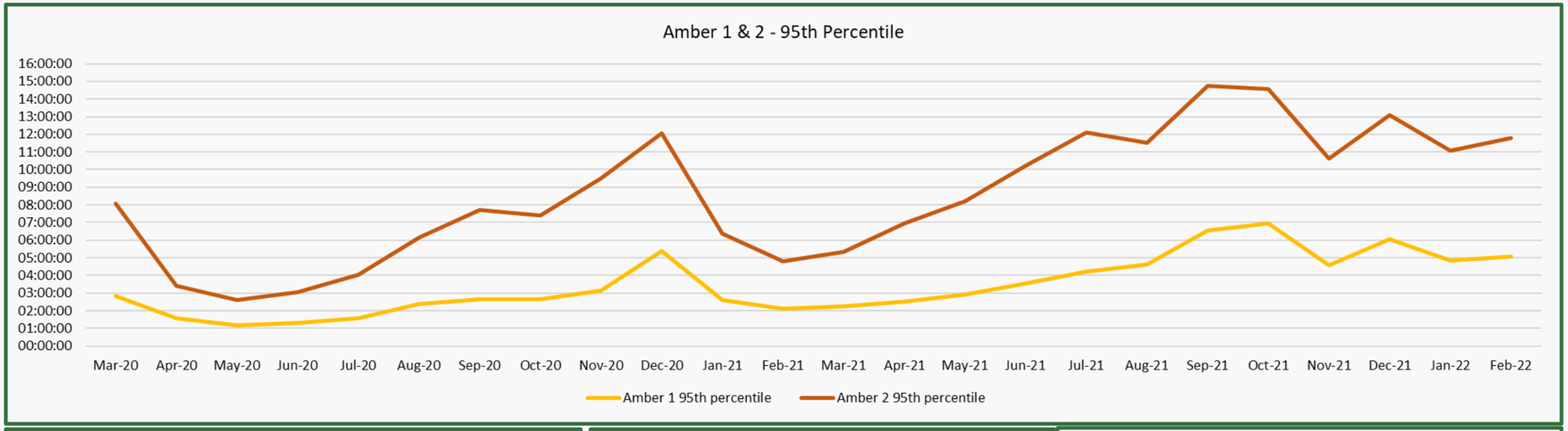
Expected Performance Trajectory

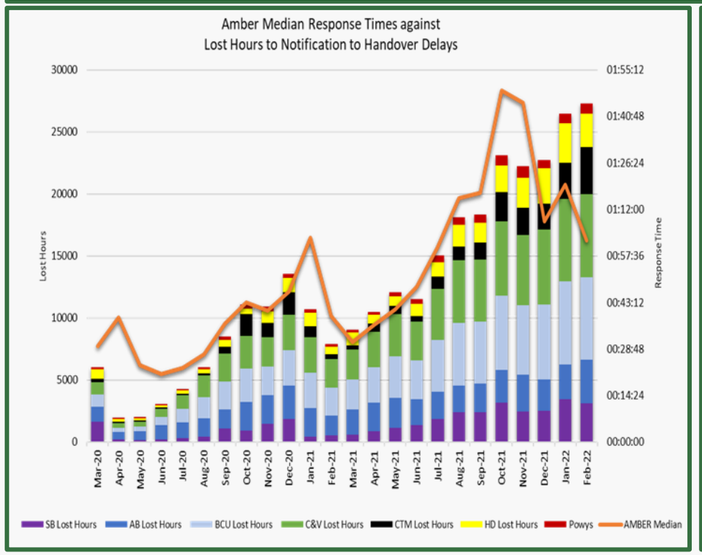
Unless Red demand reduces or the Trust is able to boost its RRV production Red performance is unlikely to achieve the 65% target; however, the Trust is building the CHARU keys into the re-rostering project, which along with other aspects of the Transition Plan (if funded) should stabilise performance. Looking ahead, it is expected that April will be a difficult month, as the military personnel leave.

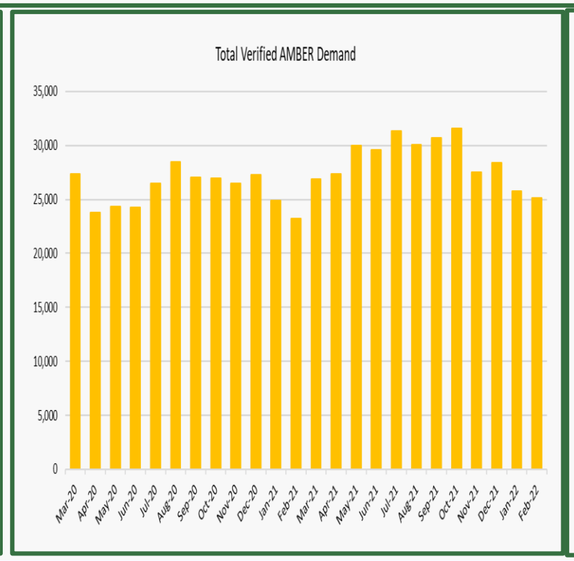
Our Patients: Quality, Safety & Patient Experience
Amber Performance Indicators

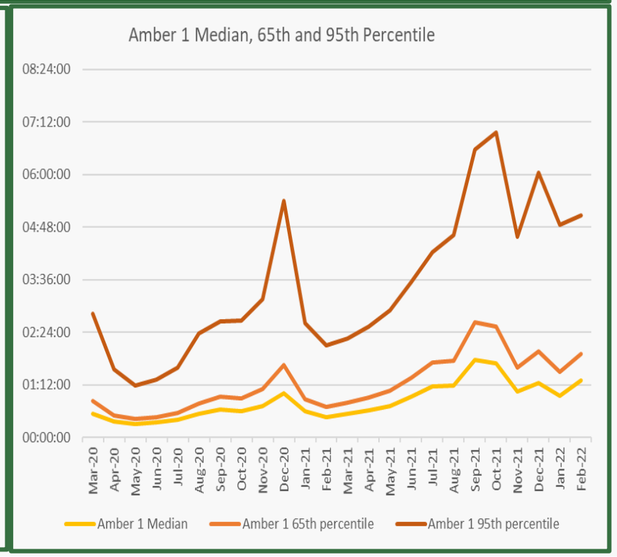
Influencing Factors – Demand, Hours Produced and Hours Lost

R | CI | FPC | QUEST









Analysis

Amber performance declined across the percentiles in Feb-22; with some very long patient waits. The ideal Amber 1 median response time is 18 minutes.

In Feb-22, 614 patients (all categories, not just Amber) waited over 12 hours, an increase when compared to Jan-22, continuing to represent a very poor quality and experience of service. 469 of these patients were in the Amber category.

Amber demand decreased in Feb-22 although activity remains at a high level and handover times continued to worsen.

There is strong correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the graph on the bottom left of this page. The number of hours lost to notification to handover delays in Feb-22 increased to 23,214. This remains higher than the worst recorded in Dec-19 (13,820).

Remedial Plans and Actions

The Trust carefully monitors long response times and their impact on patient safety and outcomes. The Trust supplies regular information to the CASC and EASC; and from Nov-20 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. The programme models an Amber 1 median of 35 minutes and 90th percentile of 78 minutes in Dec-21 These are key benchmarks for the Trust. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments, efficiencies and system efficiencies, not all of which are within the Trust's control, and which are unlikely to show improvement in the coming months.

Our Patients: Quality, Safety & Patient Experience
Clinical Outcomes Indicators

Stroke/ROSC/ Sepsis & Febrile Con. G

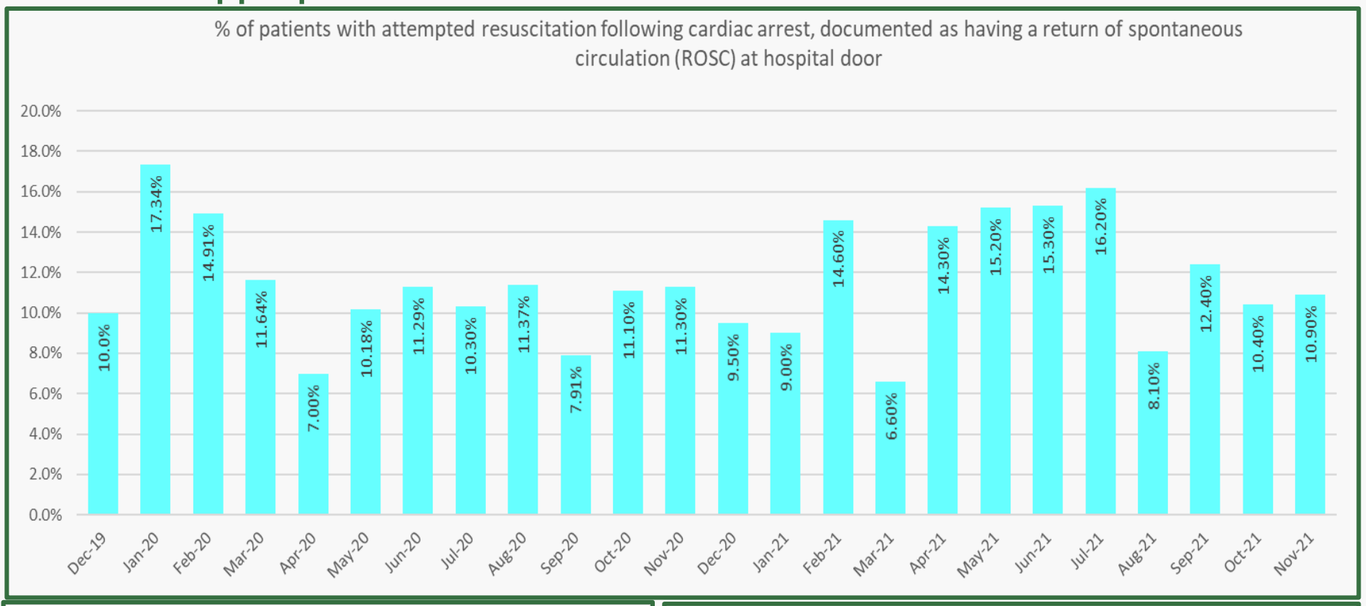
Hypoglycaemic, (STEMI) Acute Coronary & Hip fracture A

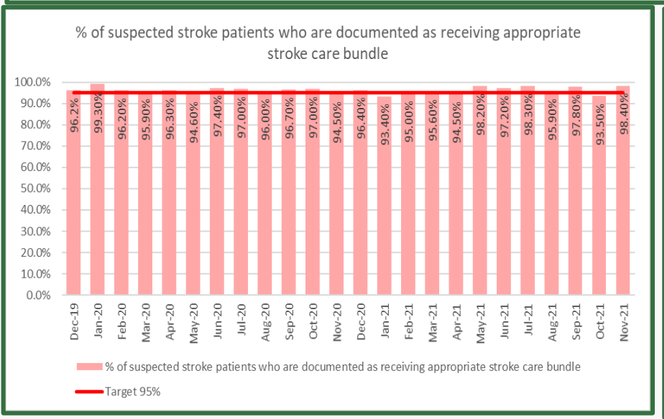
QUEST

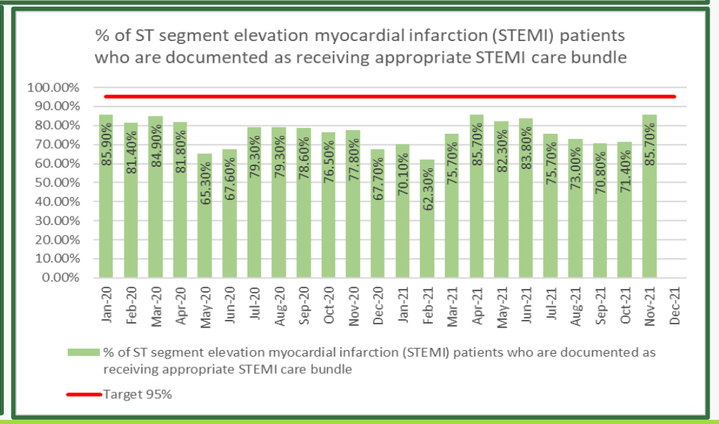
Self Assessment: Strength of Internal Control: Moderate

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

NB: Unable to report Dec-21 Clinical Indicators due to implementation of ePCR / Next reporting cycle Jan-Mar-22 due Apr-22







Analysis

Clinical Outcomes: The % of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door was 10.9% in Nov-21. Rates of ROSC are complex and determined by numerous factors which contribute to the speed of response and the application of early defibrillation and chest compressions. These factors can include location of the incident, resource availability, public access defibrillation, willingness of bystanders to engage in resuscitation

Overall, performance remains a changeable picture for all clinical indicators. **The % of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 98.4% in Nov-21** a continued increase which saw it achieve the 95% target for the 6 of the last 7 months.

The ST segment elevation myocardial infarction (STEMI) indicator was previously an area of concern but has recovered in recent months, reporting 85.7% in Dec-21. The Clinical Audit and Effectiveness Department (CA&ED) undertook a deep dive of the STEMI compliance, and an improvement plan was agreed and is being progressed. These percentages refer to the application of a whole bundle of care.

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

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

Remedial Plans and Actions

Clinical Outcomes: A new chronic obstructive pulmonary disease (COPD) clinical indicator has been developed to support the Band 6 Paramedic project. The onward referral aspect of this indicator is work in progress and forms part of the national COPD pathway development. The Clinical Audit & Effectiveness Department have undertaken a benchmarking exercise to test the COPD Clinical Indicator which has been presented to the Clinical Intelligence Assurance Group. The testing highlighted the requirement for manual scrutiny of all COPD Patient Clinical Records and the need to refine the criteria to automatically capture more of the data. Feedback from the group will finalise the required criteria, Health Informatics can then develop the reporting dashboard.

In relation to ROSC rates, whilst there are many system-wide factors affecting performance, within WAST's control it is felt that the introduction of a Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients. This will be developed and implemented through 2022/23, subject of course to funding being agreed.

It is anticipated that the ePCR will be implemented by the end of 2021 and once accomplished it will allow the Clinical Audit Team to quality assure data and provide better information on which to target improvement work.

Mortality Review: There has been a workshop planned to review DU Guidance and consider how this would work within WAST and how it would influence the Trust's current method of undertaking Mortality Reviews. Outcomes from this workshop will be presented in the next update.

Expected Performance Trajectory

Clinical Outcomes: As part of its plans for 2021/22, the Trust is developing the concept of CHARU for implementation. This concept is in place in several areas across the UK and has been very successful in increasing ROSC rates. Once CHARU has been implemented (dependent on funding) it is anticipated that ROSC rates should increase.

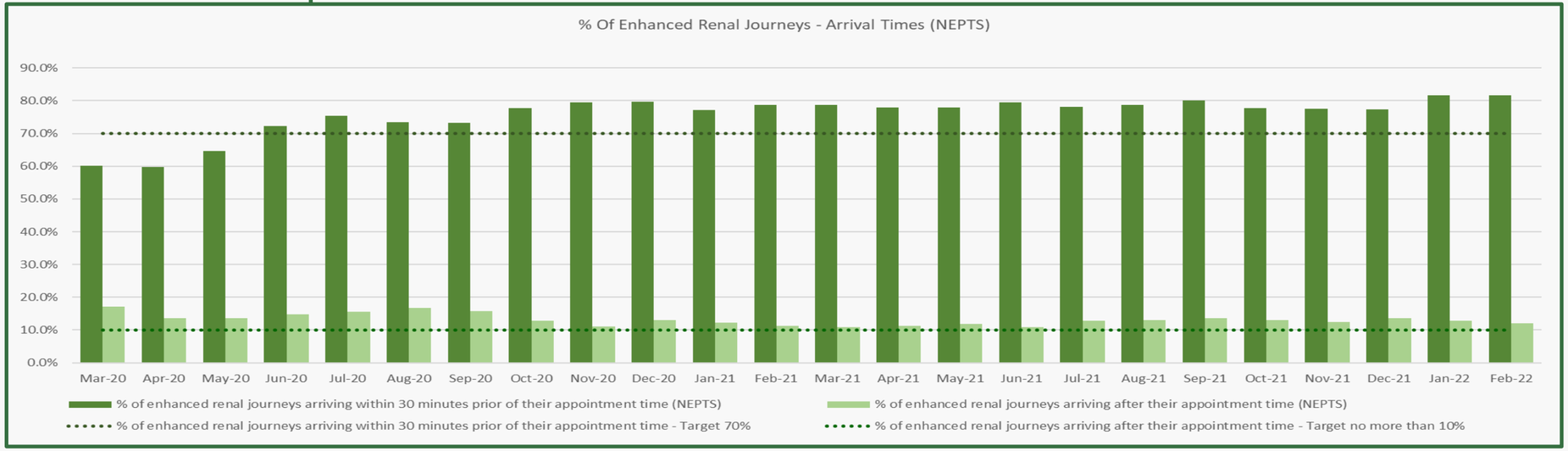
Mortality Review: The Senior Paramedic Role has now been fully implemented across the Trust, early evidence demonstrates the ability to implement learning from Mortality Reviews promptly supporting individual and organisational ,learning.

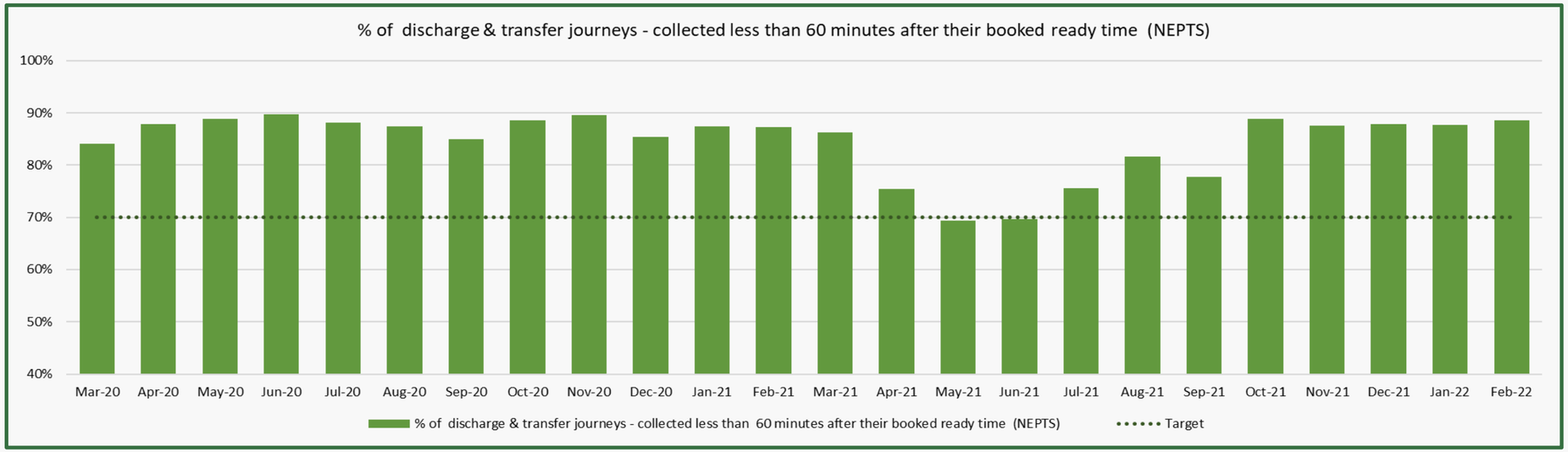
Mortality Reviews Data source: Internal Web Application

Our Patients: Quality, Safety & Patient Experience
Ambulance Care Indicators

Renal	D&T	CI	FPC
G	A		

Patient Experience





Analysis

Ambulance Care has seen a continued improvement in key areas of service delivery affecting patient experience. In Feb-22 89% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, an improvement compared to Jan-22. 82% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 12% arrived after their booked appointment time, falling just outside of the 10% target.

Key factors affecting these indicators are demand and capacity:

- Social distancing means that the number of patients than can be transported per journey has reduced, which has reduced **capacity**;
- **Capacity** has also been adversely affected by other CoVID-19 factors: journeys taking longer due to PPE, staff sickness, staff shielding, staff training and testing, infection prevention and control arrangements and so on;
- However, there has been a significant reduction in **demand** as a result of planned activity reductions in health boards. The reductions in demand have helped offset reductions in capacity.
- As we emerge out of pandemic response in 2021/22 and the health system is “re-set” we are seeing demand increase again for NEPTS at which point capacity may be an issue. This has been modelled and mitigations put in place.

Remedial Plans and Actions

- **Demand:** Continue to work with health boards to understand and model the impact of their recovery plans;
- **Demand**: As part of the Transport Solutions programme, work towards finding alternative transport solutions for non-eligible patients (to reduce demand);
- The NEPTS Demand & Capacity Review is completed and has been shared and discussed with commissioners during Q1, and action plans will be developed. The Review includes a range of benchmarks particularly around efficiency of our service, which will help to increase **capacity**;
- A recruitment campaign recently concluded to increase call taker numbers and work is ongoing regarding Patient Needs Assessment to reduce call times.
- Additional resources have now also been agreed with commissioners to secure additional capacity through the 365 framework (private providers) and this is being taken forward at pace (now live).
- Resource team are now at an advanced stage in reviewing UHP measurements to reflect current rosters and the plurality model.

Expected Performance Trajectory

At present, the uncertainty around demand means that it is difficult to forecast performance. The Trust is in dialogue with the CASC about short term funding beyond 31 Mar-22. The Trust, in agreement with the CASC, has agreed to further work in 22/23 on proposed roster keys with go live likely to be in Q1 23/24

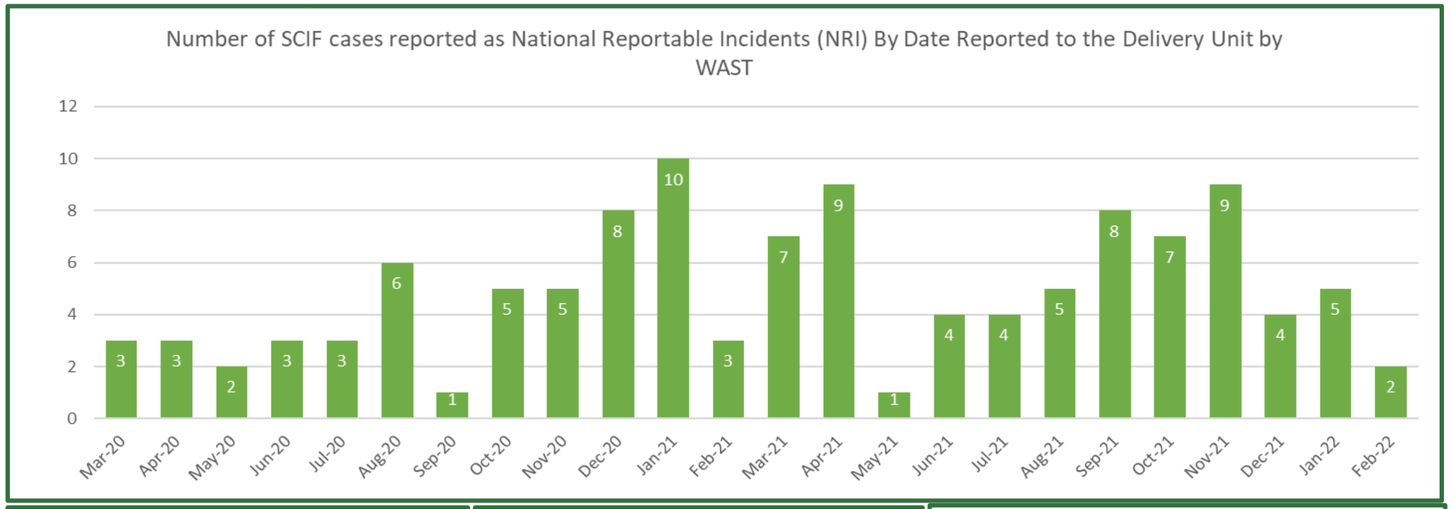
Our Patients: Quality, Safety & Patient Experience
Patient National Reportable Incidents & Patient Concerns Responses Indicators

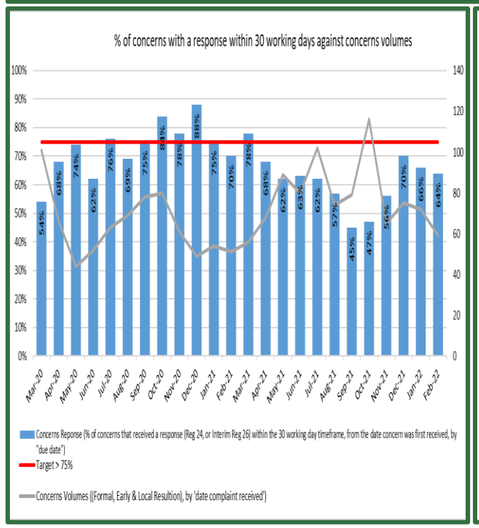
SCIF. A

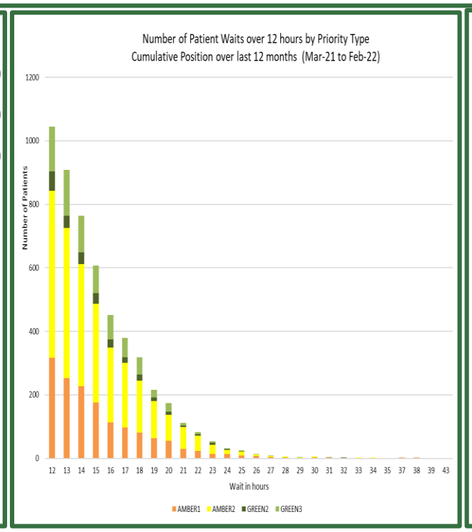
Self Assessment: Strength of Internal Control: Moderate

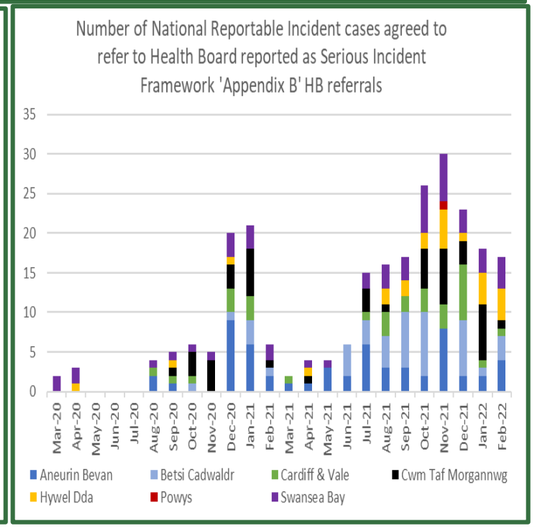
QUEST

Health & Care Standard
Health - Safe Care / Timely Care









Analysis

The **percentage of responses to concerns declined** in Feb-22 to 64%, compared to 66% in in Jan-22, this continues to be lower than the Trust would like, this is the result of several factors, including, overall increased demand, a rise in the number of inquests, continuing volumes of NRI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns decreased in Feb-22 (59) when compared to Jan-22 (72).

There were 6 SCIF forums held in Feb-22, during which 35 cases were discussed, 2 of these cases were reported to the Delivery Unit and 17 were passed to Health Boards as National Reportable Incident Framework ' Appendix B' incident referrals.

Year on year the overall volumes of NRIs is on an increasing trend. The sharp increase seen in Mar-Apr-21 and through Sep-Nov-21 is concerning and has been linked to the significant delays across the system along with the continued levels of NRIs. In Feb-22 there were 0 NRIs relating to Red and Amber calls, however 1 NRI was prioritised Amber but should have been Red.

The cases within the Complex Case Panel and Redress figures, indicate the number of cases within the reporting period, where the Trust has potentially breached its duty of care to the patient. In Jan-22 there was 1 complex case, however at the date of reporting this has not been referred to redress panel.

In Feb-22 614 patients waited over 12 hours an increase compared to 41 in Feb-21 and 125 in Feb-19.

35 Compliments were received from patients and/or their families in Feb-22, a decrease compared to the previous month.

Remedial Plans and Actions

A range of actions are in place:-

- The general theme in relation to the Trust's concerns portfolio is timeliness to respond.
- There is continued engagement with Health Boards in relation to Joint SI investigations where the primary causal factor is in relation to delayed handover.
- The Trust continues to draw the learning from our most serious incidents, in particular the issue surrounding 'ineffective breathing' descriptor.
- A 'deep dive' was undertaken in relation to the utilisation of Protocol 36 and following this no National Reportable Incidents had been raised or cases being discussed at SCIF.
- Health Board specific QSPE reports are being shared with each respective HB Directors of Nursing.
- The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

With the end of military support and other tactical mitigations on 31 Mar-22, but alongside continued system pressure, it is reasonable for foresee that the number of patient safety incidents may increase in Q1..

NB: Feb-22 data is correct on the date and time it was extracted; therefore, these figures are subject to change

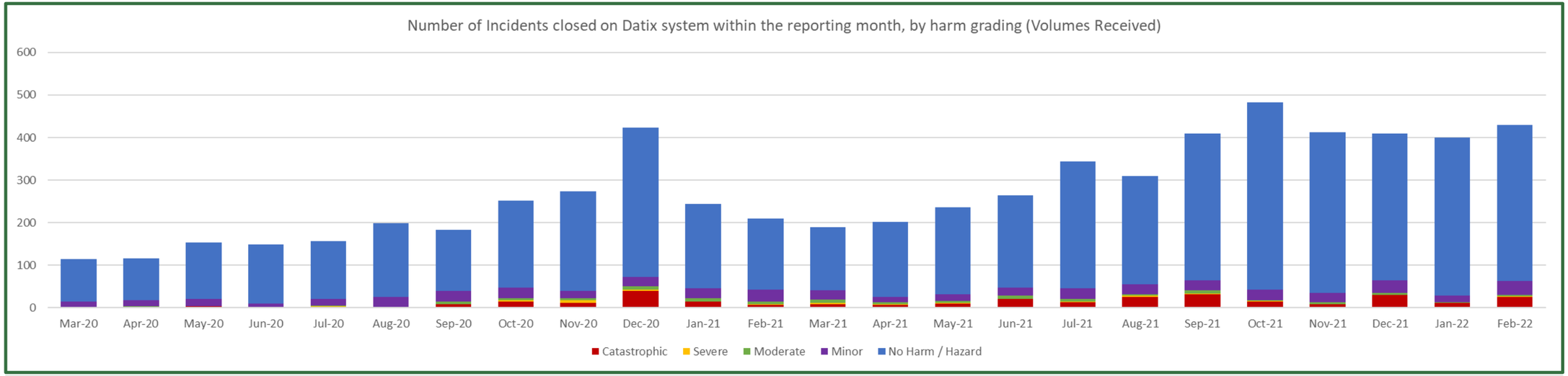
NRI & Concerns Data source: Datix / Longest Waits Data Source: Report Manager

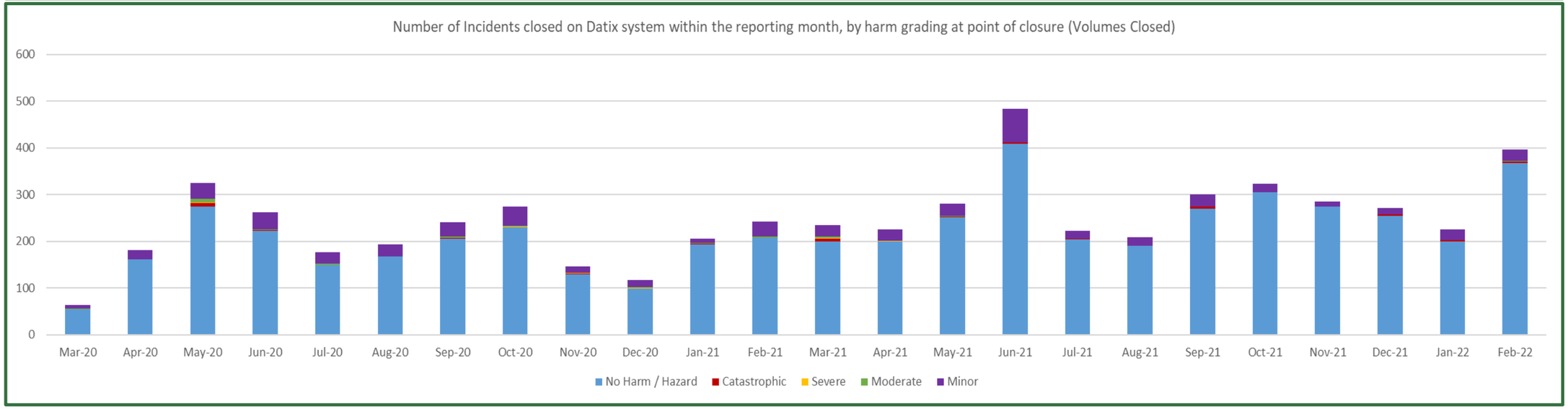
Our Patients: Quality, Safety & Patient Experience
Patient Safety Indicators

Self Assessment: Strength of Internal Control: Moderate

Health & Care Standard
Health – Safe Care

QUEST





Analysis

Patient Safety: The number of patient safety adverse incidents submitted within Feb-22 increased to 430; 367 of these were in relation to incidents where there was no harm or hazard, 33 were minor, 3 was moderate, 1 were severe and 26 incidents were catastrophic. 402 cases were closed in Feb-22 in comparison to 227 in Jan-22.

Remedial Plans and Actions

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

Expected Performance Trajectory

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

***NB: Jan-22 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

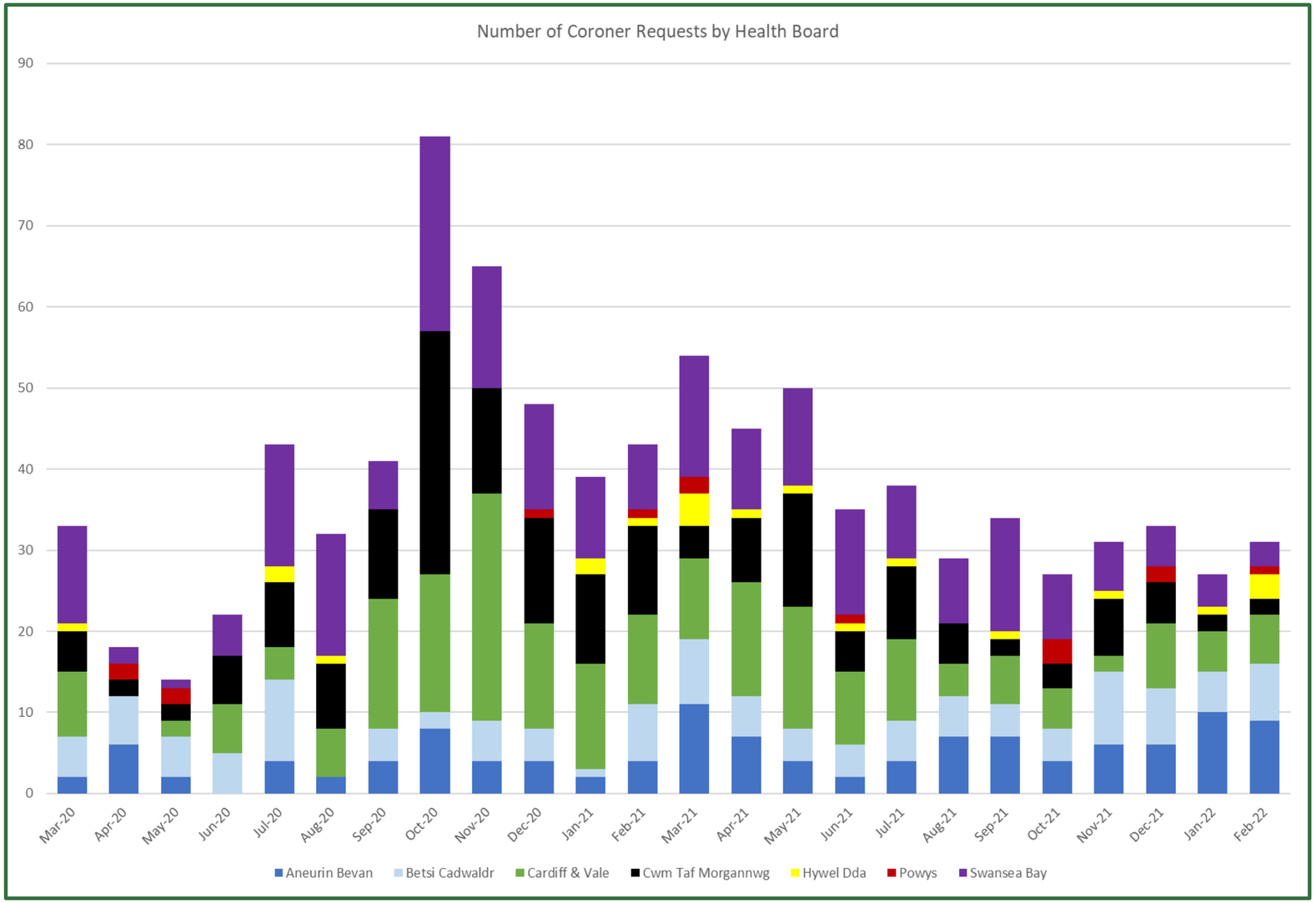
Data source: Datix

Our Patients: Quality, Safety & Patient Experience
Coroners and Ombudsmen Indicators

Self Assessment: Strength of Internal Control: Strong

QUEST

Health & Care Standard
Health – Safe Care



Analysis

Coroners: The Trust has received 2 Reg 28 reports, which are being responded to. A plan is in place to ensure that the Trust responds within the 56 days allowed. The Trust has engaged with one of the families, who are eager to see any necessary changes. The number of in month requests continue to be increased from pre-pandemic request. The timeliness of our response and unexpected deaths continues to be the main themes. The complexity of the requests being received continues to be high.

Ombudsman: There are currently 14 open Ombudsman cases in Feb-22. At present cases are not being investigated, which supports the Trusts actions.

Remedial Plans and Actions

Coroners: The Team is recovering from the unprecedented number of requests for information from Coroner's courts, that have been received from July 2020. There has been an increase in the number of cases in which staff attend to provide continuity evidence. The complexity of the requests remains to be high , with multiple statements being requested for each inquest. The pandemic has brought many challenges in relation to these requests , however inquests, where possible, continue to be heard remotely or hybrid (mixture of video, telephone, in person).

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

Expected Performance Trajectory

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

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

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

The Trust also continues to engage with our Health Board colleagues where the Trust has utilised the Joint Investigation Framework and/or where there is a focus on joint investigations and learning.

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

Data source: Datix

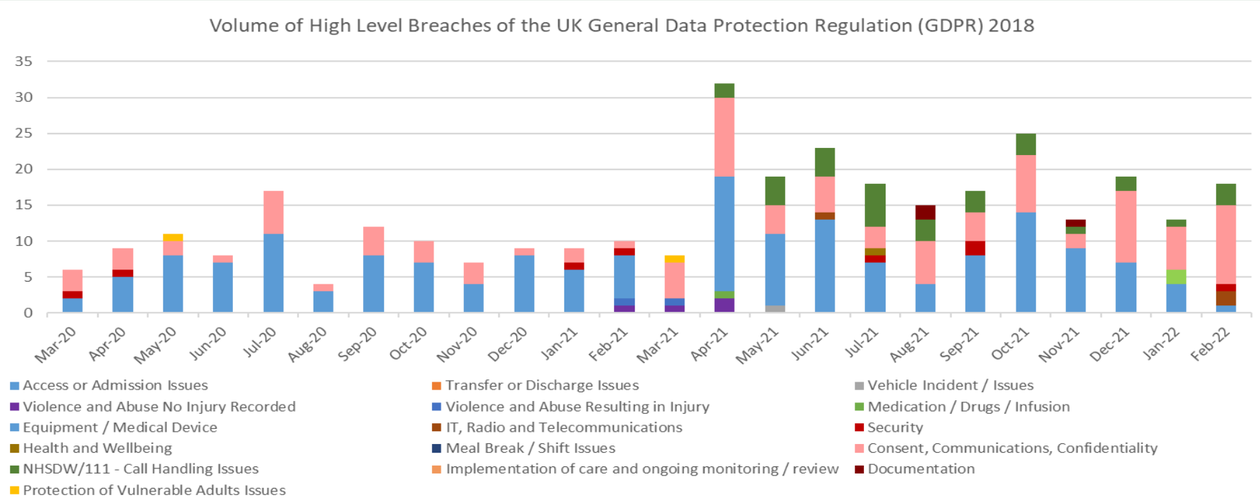
Our Patients: Quality, Safety & Patient Experience
Safeguarding, Data Governance & Public Engagement Indicators

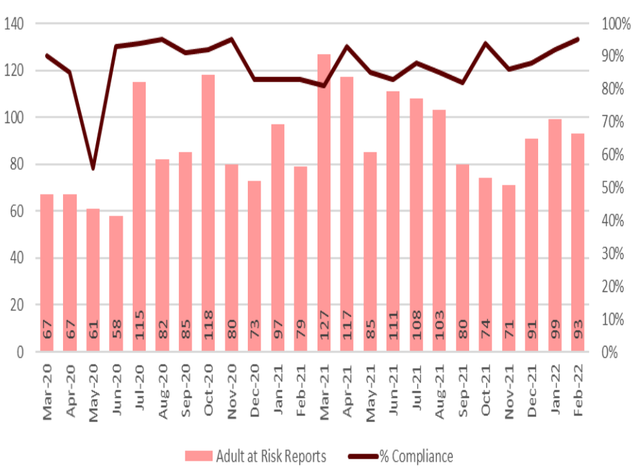
Health & Care Standard
Health – Safe Care

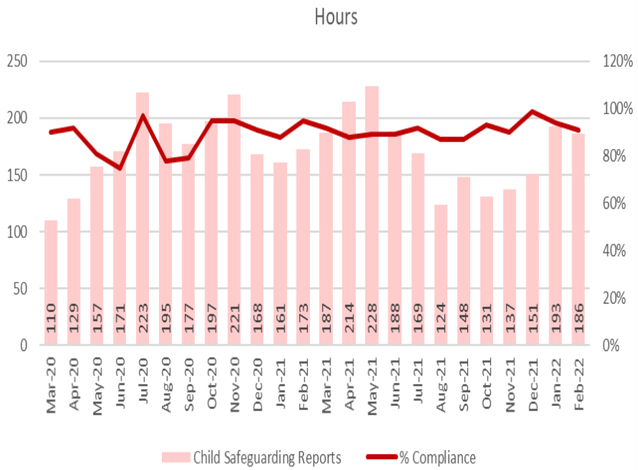
Self Assessment: Strength of Internal Control: Strong

QUEST

NB: Public Engagement next update (Jan-Mar-22) due Apr-22







Analysis

Safeguarding: In Feb-22 staff completed a total of 93 Adult at Risk Reports, a decrease compared to Jan-22 when 99 were reported. 95% of these were processed within 24 hours during Feb-22.

There have been 186 Child Safeguarding Reports in Feb-22, a decrease from Jan-22 when 193 reports were made. In Feb-22 91% were sent within 24 hours.

Data Governance: In Feb-22 there were 18 information governance (IG) related incidents reported on Datix categorised as an Information Governance (IG) breaches, an increase when compared to Jan-22. 11 related to Consent, Communications or Confidentiality; 3 related to 111 Call Handling issues, 2 related to IT, Radio and telecommunications and 1 related to Medical Devices or Equipment. All have been investigated by the IG team and received feedback on the IG Policy and practice elements, and where appropriate learning has been put in place

Public Engagement: There where 41 engagement events held this quarter (October – December 21), allowing engagement with 1,119 people. Due to the return of many coronavirus restrictions, a majority of these events were held virtually, though some were attended in person before restrictions were re-introduced. 122 surveys relating to the NHS 111 Wales website were returned. Working with colleagues in the NEPTS Team 264 NEPTS patient experience surveys were returned. 158 compliments were also logged and processed. Engaging with people and communities has continued to be a priority for the PECI Team, this engagement allows us to share important information about Welsh Ambulance services with communities and allows us to collect feedback and experiences from people which help us to understand if our services are meeting their needs and expectations.

Remedial Plans and Actions

Safeguarding: The Trust now primarily manages reports digitally via Docworks and since this move the majority of delays have been as a result of staff being unavailable during weekends and Bank holidays to forward the reports to local authorities. Commencing 08th Nov-21 any paper reports will be sent directly to the Safeguarding Team via email. With the launch of direct transfer the Trust expects to see an improvement.

Data Governance: During the reporting period of the 18 information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office.

Public Engagement: Within this reporting period we began to see an easing of coronavirus restrictions which allowed us to start and make a return to face to face engagement; however, the emergence of the Omicron variant saw many restrictions re-introduced. To ensure the safety of our Team members and communities this means a majority of our engagement work will return to happening virtually using online and digital platforms. We have previously reviewed and updated our existing processes and risk assessments to incorporate coronavirus safety elements. We will continue to monitor the current coronavirus situation and will only attend engagement events in the community if we feel it is safe and appropriate to do so.

Expected Performance Trajectory

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

Data Governance: An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence based assessment consisting of 255 items will continue to be utilised to measure the Trust against National Information Governance and Security Standards. The next submission date for the IG Toolkit is due 31 Mar-21.

Public Engagement: The PECI Team will continue to share good practice with health boards, other stakeholders and colleagues at Ambulance Services across the UK. We will continue to proactively communicate with people and communities, sharing important information about Trust services and using them appropriately during the current period of increased demand. With the Trust currently being at its highest escalation levels, all non-essential work will be being paused and some PECI Team members will be offering support to the Operations Directorate.

Safeguarding Data source: Doc Works

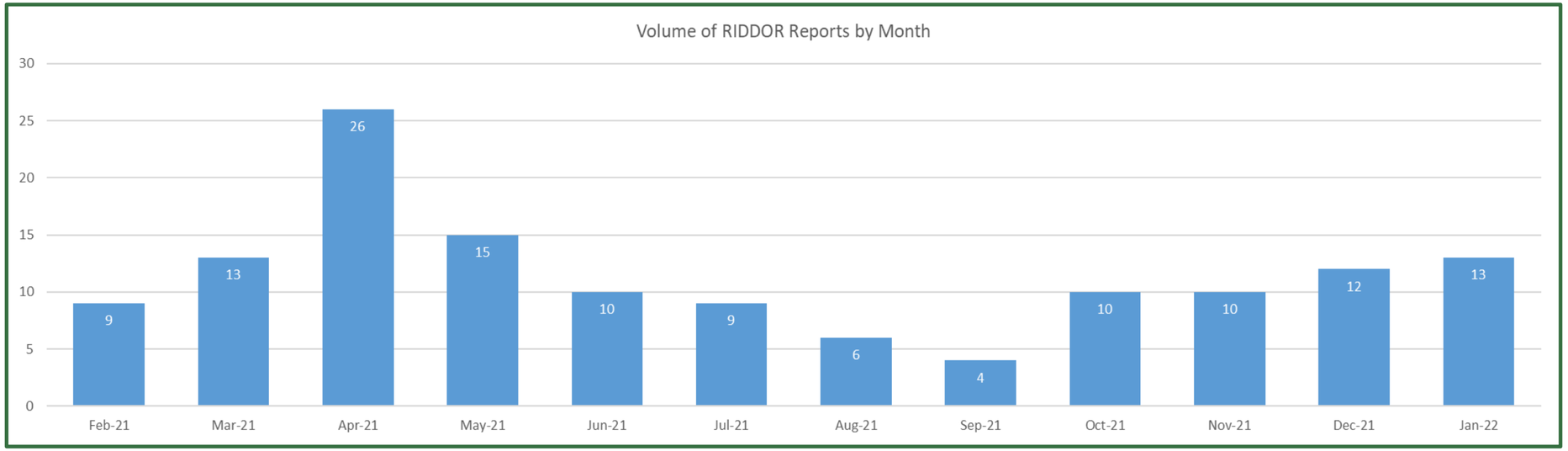
Our Patients: Quality, Safety & Patient Experience
Health & Safety (RIDDORS) Indicators

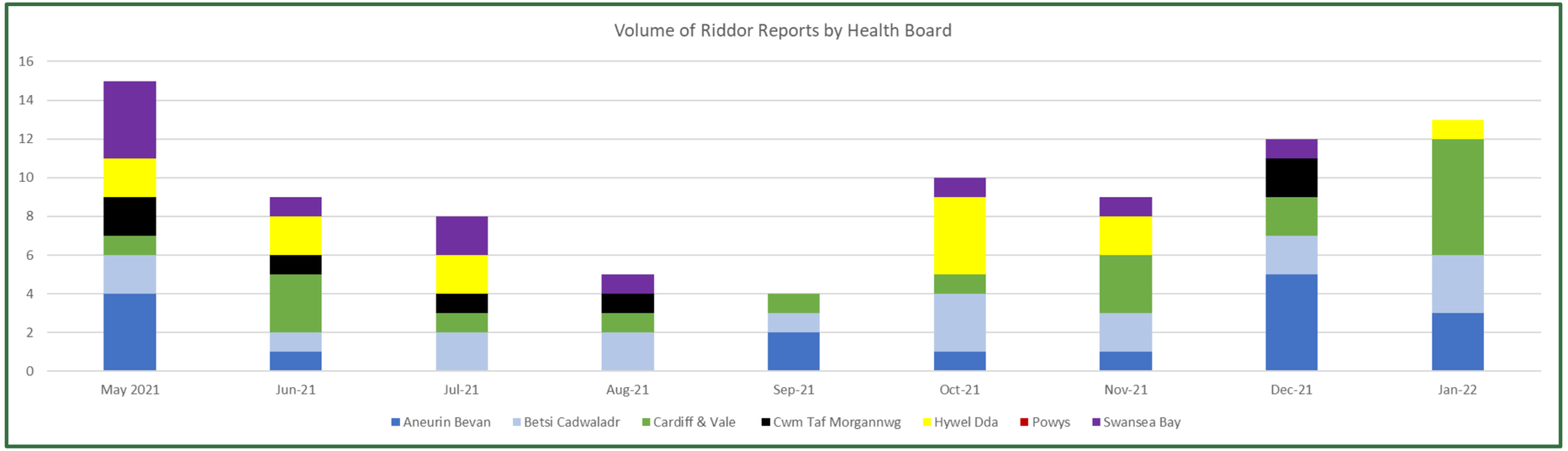
Self Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care

NB: Unable to report Feb-22 data





Analysis

Whilst there is a strong level of internal control with respect to GL1 Metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around obtaining staff details are impacting on timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE). During Quarter 3 (Oct-Dec-21) there were no fines, prosecutions, HSE improvement or Prohibition notices.

In Jan-22 RIDDORS reported were for ABUHB (3), BCUHB (3), CVUHB (6) and HDUHB (1).

Remedial Plans and Actions

The Health & Safety Team has recently been granted authorisation to access details from the Electronic Staff Record (ESR) which will provide timely access to key details in relation to RIDDOR reporting.

The Trust's compliance with Health and Safety legislation requires further work to specify and detail areas to improve compliance. A draft transformation plan has been presented to Trust forums and ADLT endorsing the commencement of this action, through a Working Safely Programme.

Expected Performance Trajectory

The Trust continues to work towards improving internal controls and the timeliness of reporting RIDDORS.

The Trust has recently reviewed its reporting process and has developed new arrangements for reporting RIDDOR reportable incidents. This change will be reflected in the Trust's Health and Safety Policy and the Adverse Incident Reporting Policy. Both polices will be going through the Trust's policy approval process within the next couple of months

***NB: Jan-22 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
Corporate Risk Indicators

Self Assessment: Strength of Internal Control: Moderate - Strong

See Table

Health & Care Standard - GLA3

CORPORATE RISK REGISTER: Summary					
RISK ID	**RISK**	**RISK CATEGORY**	**DIRECTORATE**	**CURRENT RISK SCORE**	**COMMITTEEE**
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	**25 (5x5)**	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments (CRR57)	Quality & Safety	Operations Directorate	**25 (5x5)**	Quality, Patient Experience and Safety Committee
199	Compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	**20 (4x5)**	Audit Committee; Quality, Patient Experience and Safety Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	**20 (5x4)**	Finance and Performance Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	**20 (5x4)**	Quality, Patient Experience and Safety Committee

Analysis

The Assistant Directors Leadership Team (ADLT) reviewed the existing and proposed new corporate risks during the last quarter. The full Corporate Risk Register will be presented to Trust Board on 24th March 2022.

Risk ID 223 and Risk ID 224 remain the highest scoring risks at scores of 25, this is due to pressure in the unscheduled care system and emergence of long handover delays at Hospital Emergency Departments.

Remedial Plans and Actions

Principal risks assigned to Committees detailed in the table and are considered for scrutiny and strategic oversight. The committees convened on the following dates:

- Trust Board: 24th March 2022
- People & Culture Committee: 10th May 2022
- Quality, Patient Experience & Safety Committee: 12th May 2022
- Finance and Performance Committee: 16th May 2022

A full review of the data stored within the Corporate Risk register is currently undergoing a full review.

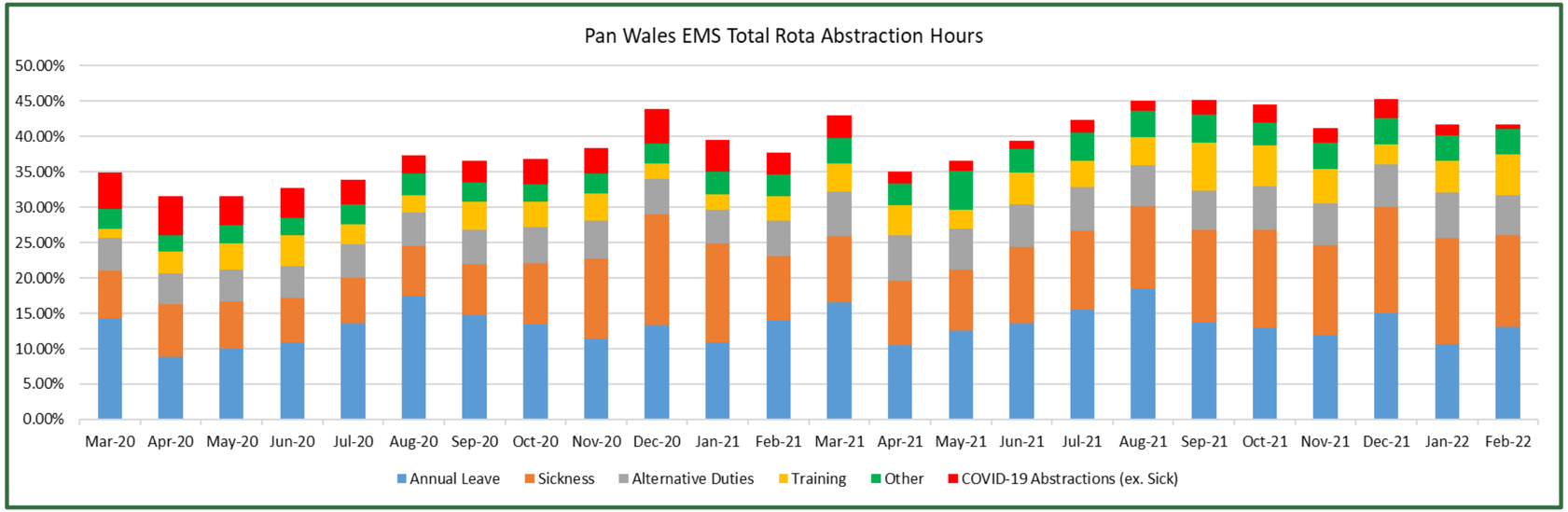
NB: Next Update (Jan- Mar-22) due Apr-22

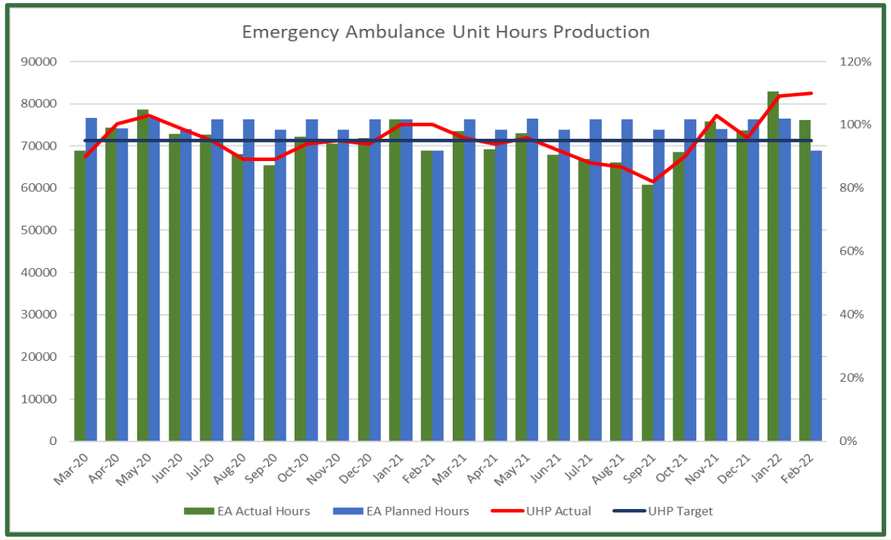
Data source: Electronic Risk Register

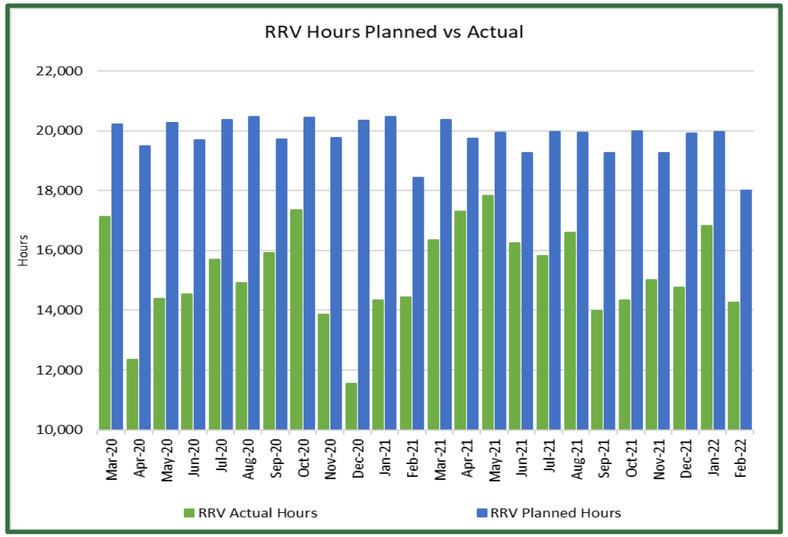
Our People
Ambulance Abstractions and Production Indicators

Abstractions	EA Production
R	G

CI PCC FPC







Analysis

As shown in the top graph, monthly abstractions from the rosters are key to managing the number of hours we produce. In Feb-22, total abstractions stood at 41.64%. 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 sickness at 14.88% and Annual Leave at 10.59%. Sickness abstractions for Feb-22 were higher than the previous year (9.16%); however, CoVID-19 related abstractions decreased in Feb-22 when compared to Feb-21 accounting for 0.66% of overall abstractions.

Emergency Ambulance Unit Hours Production (UHP) was 110% in Feb-22 (76,177 Actual Hours), achieving the 95% benchmark. RRV UHP achieved 79% (14,274 Actual Hours) compared to 84% in Jan-22. The total hours produced is a key metric for patient safety (included on slide 7 red performance). In Feb-22 the Trust produced 115,339 hours, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hour produced has not risen sustainably. From mid-Oct-21 Military support was re-introduced, and currently (from 05-Jan 22) 251 military personnel are providing support, this will now be phased out through a transition plan in preparation for it ceasing on 31 Mar-22.

The Trust de-escalated to REAP 3 on 18 Jan-22 however the Pandemic Plan Response Posture introduced on 20 Dec-21 remains in place. The Trust has introduced a Performance Improvement Plan bringing together all tactical and transformative actions across the three services. Additional capacity have been actioned to help offset the level of abstractions.

Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A new programme of work is being commenced to review and take action to reduce sickness absence / alternative duties. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 127 WTE to be recruited this year; however, the current impact of CoVID-19 means that the Performance Improvement Plan contains a range of tactical responses to increasing capacity in the short term e.g. military aid.

Expected Performance Trajectory

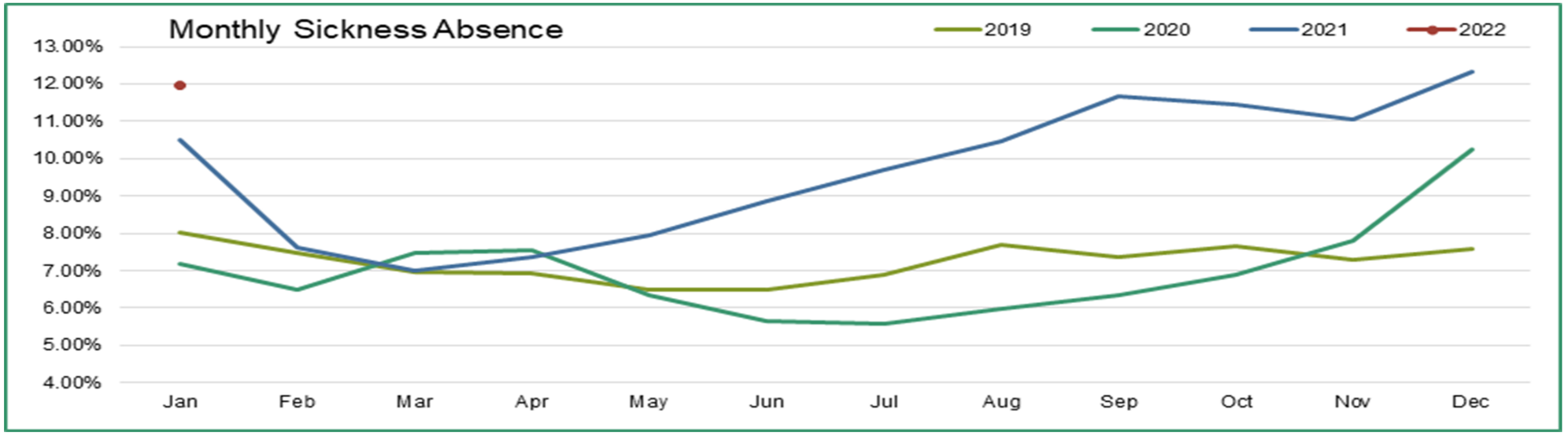
Subject to the longer-term impact of CoVID-19 the benchmark is a UHP of 95% across the Trust's three main resource types and an abstraction rate of 30%. The Trust is proposing, as part of the Transition Plan, that a higher level of abstractions (and relief) is used.

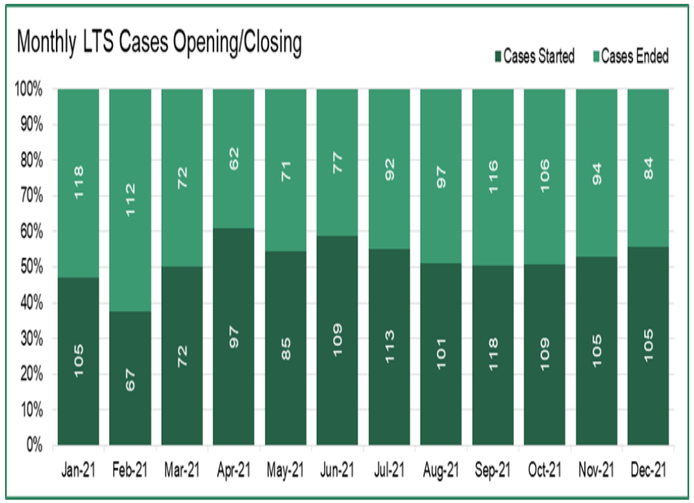
Our People
Sickness Absence Indicators

R

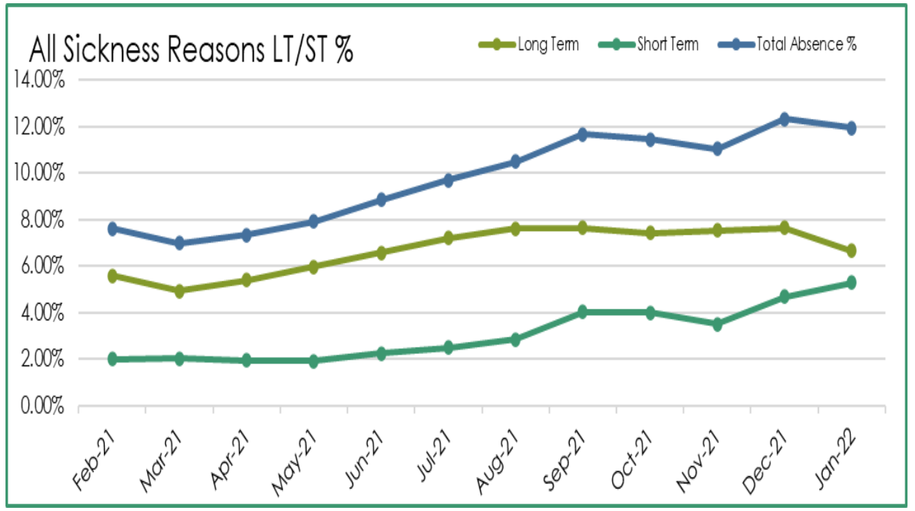
CI

NB: Feb22 data not yet available to report





Average working days lost per FTE (Annual)	
22.40 days	
Single month Absence %	
11.96%	
Long Term	**Short Term**
6.65%	5.31%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.33%	1.31%



Analysis

The monthly sickness absence figure for Jan-22 was 11.96%, a decrease of 0.37% from last month; however, sickness levels are the highest recorded in a 5 year period with increases in both short term and long term absence.

- Decrease in Covid absence during the Omicron wave
- 1% decrease in LTS compared with December
- Chest & respiratory problems highest reason for absence in January
- Slight increase in Stress and Anxiety rates compared to December 21.

Remedial Plans and Actions

- Physiotherapy referrals increased to 30 referrals for this month, with 63% off work at time of referral (26% increase compared to December). Majority of referrals were for back symptoms, closely followed by shoulder issues. Referrals to our EAP were reduced against December slightly to 53 calls, top call reasons for Mental Health, Relationships and Work
- The Trust is introducing a new structured programme on absence management.

Expected Performance Trajectory

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

NB: Reporting for LTS Cases opening/closing will always be one month in arrears

Our People
Staff Vaccination Indicators

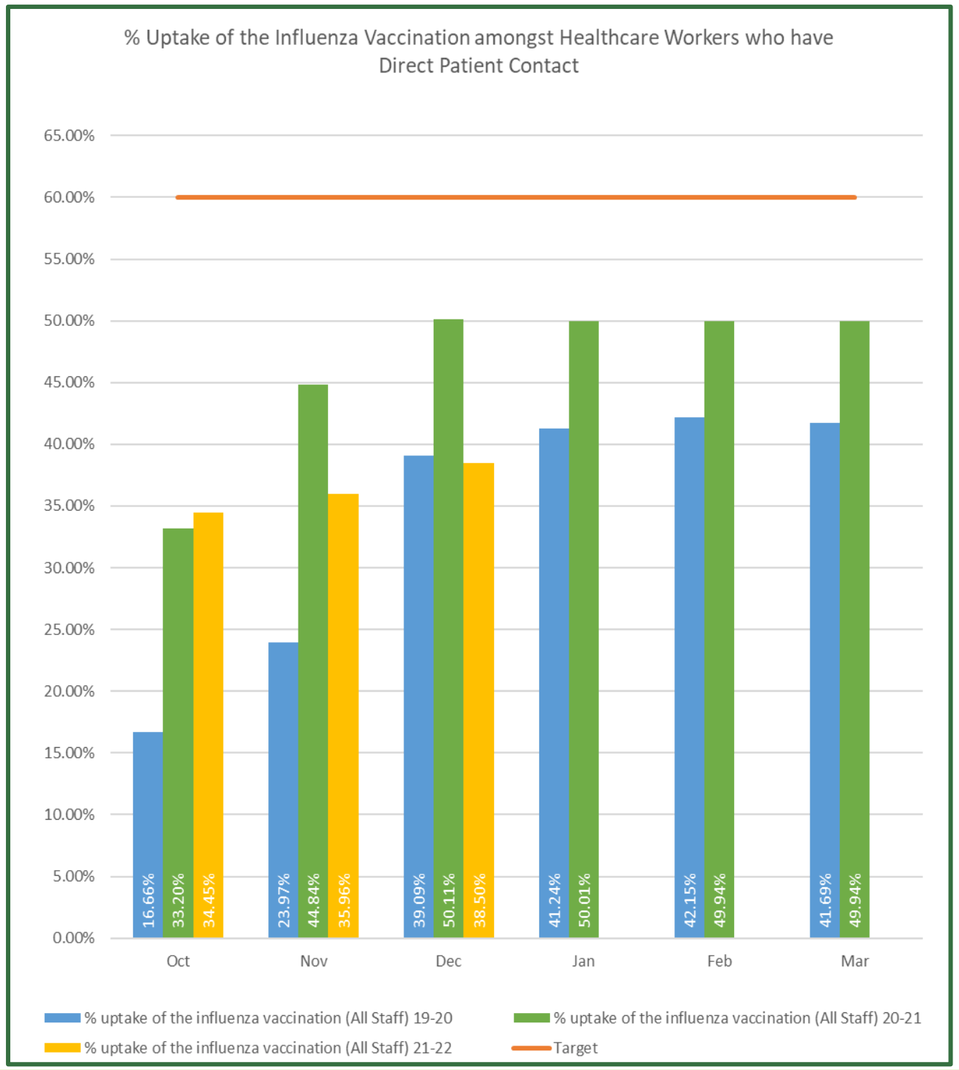
Self Assessment: Strength of Internal Control: Moderate

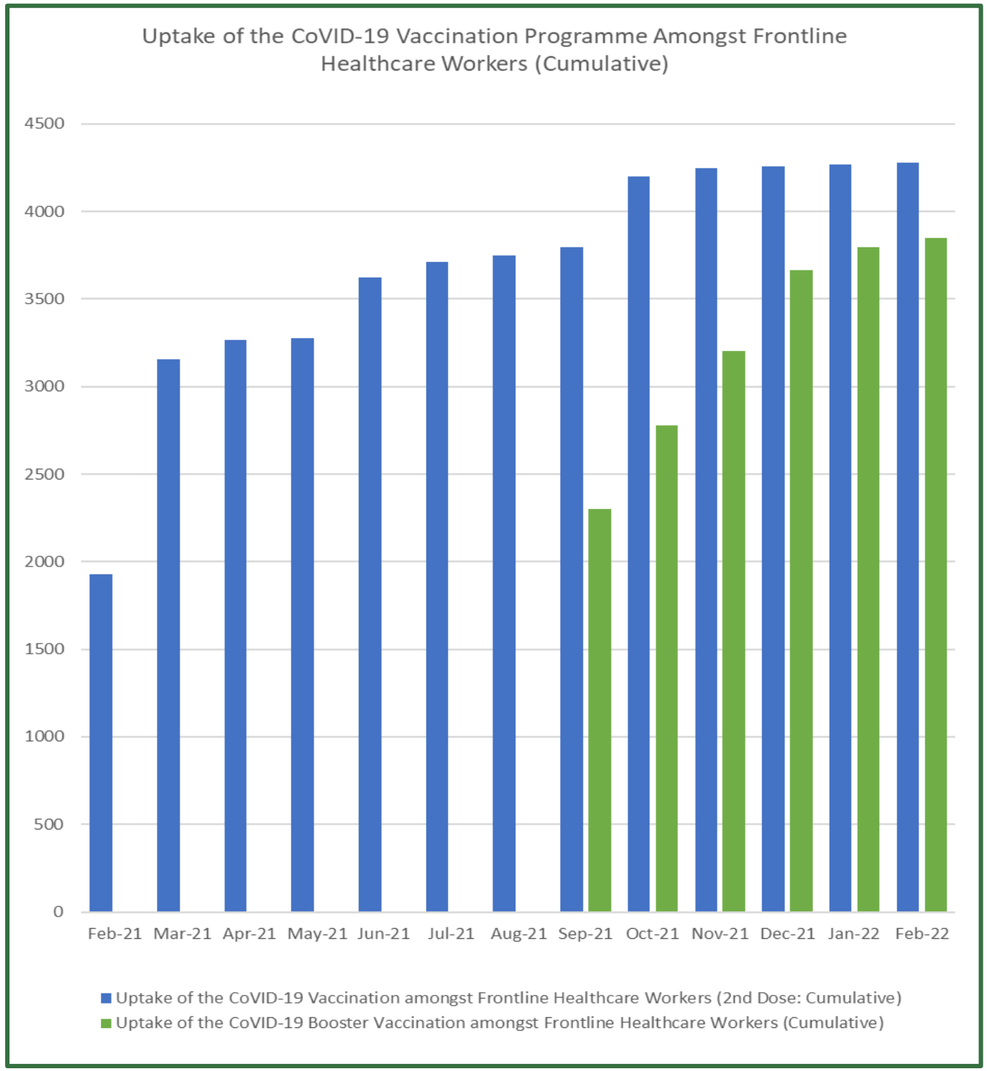
Flu R

CI

PCC

Health & Care Standard - Health (PPI)





Analysis

The 2021-22 flu campaign got underway in Oct-21 and as indicated in the graph to the left 38.50% of EMS (response) and NEPTS staff. received a vaccination.

Of the 4,532 staff currently employed (All staff) front line (Patient Facing and Non-Patient Facing staff), 95% of staff have received a first dose CoVID-19 vaccination, 94% (4,278) have received a second dose and 85% (3,846 Staff) have received a booster vaccination. In addition 94% of volunteers have received a first dose vaccination, 93% have received a 2nd dose and 1.8% have received a booster vaccination.

Remedial Plans and Actions

Staff data has been refreshed to accurately staff numbers employed by WAST.

Expected Performance Trajectory

Due to the escalation to Alert Level 2 in Wales and a reduction in public mixing over the festive period, to date the expected surge in flu rates have not been seen in the 2021/22 winter period. This, combined with an uptake in vaccination across priority groups in Wales has meant that more people than ever before received an influenza vaccination and for the first time ever, over one million vaccinations were given in Wales. The Trust is still cautious that an easing of restrictions could see cases increase and winter planning has been key in preparing for this scenario.

NB: Flu Vaccines reports 1 month in arears therefore Dec-21 data provided

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

Our People
PADR and Training Rates Indicators

R

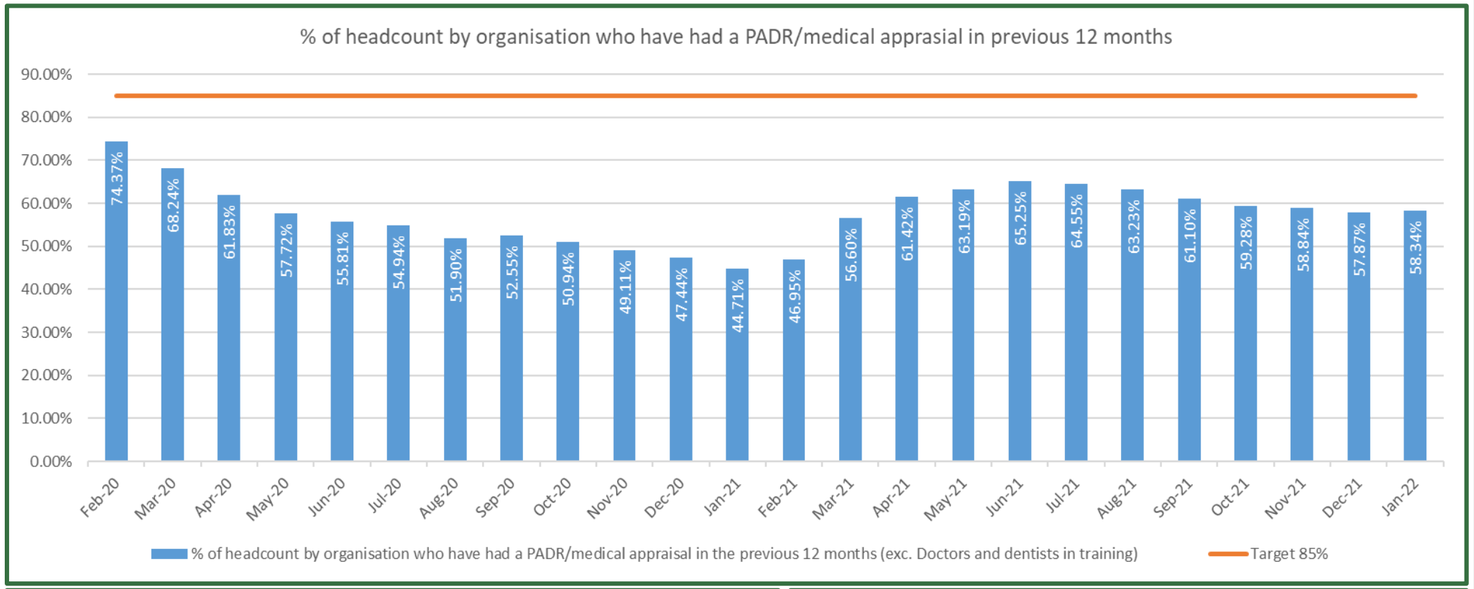
Self Assessment: Strength of Internal Control: Strong

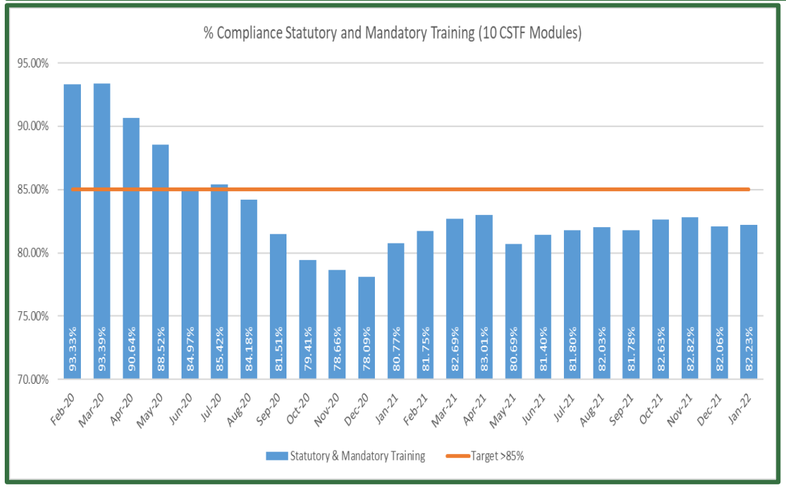
CI

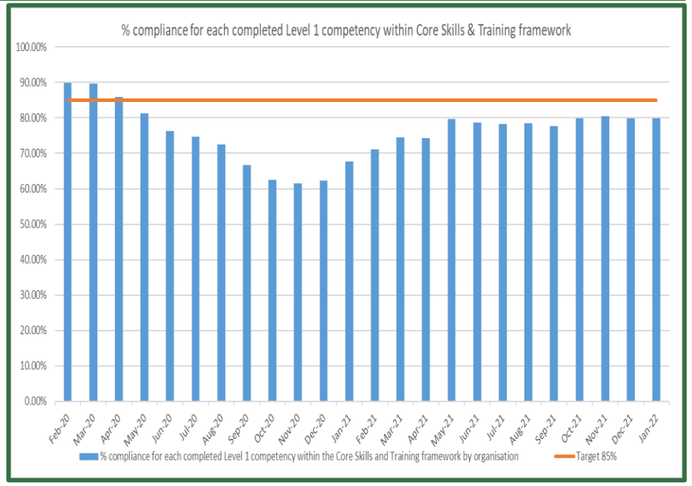
PCC

Health & Care Standard Health – Staff & Resources

NB: Feb-22 data unavailable







Analysis

PADR rates for Jan-22 remained largely static at 58.84%, but continue to remain below the 85% target.

Jan-22 Statutory & Mandatory Training rates increased by 0.08% from the Dec-21 figure, but still remains under the 85% target. Fire Safety (60.60%), Information Governance (82.64%) and Moving & Handling (71.91%) all failed to achieve the 85% target; however Safeguarding Adults (85.92%) achieve the target again in Jan-22.

In Jan-22 Band 6 Paramedic Competency rates (All Staff) are 83.17% for year 1, 77.95% for year 2 and 56.78% for year 3. These figures exclude newly qualified Paramedics and staff on Long-Term Sickness and Maternity. Of the original Band 6 staff, the rates are 100% for year 1, 99.86% for Year 2 and 72.62% for year 3.

There are currently 2 (13 for Admin & Clerical Staff) Statutory and Mandatory courses that all NHS employees must complete in their employment. These include:

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
Environment, Waste and Energy **(Admin & Clerical staff Only)**	Yearly

Remedial Plans and Actions

The Learning and Development team will continue to utilise targeted communication via Siren and Yammer using the #WASTMakeItHappen tagline to reinvigorate My Learning on ESR for Corporate Compliance. In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline staff and continue to monitor. CPD is supported by the ESR Team and user guides, and other supportive information is available through the WAST intranet and via the WAST Facebook page.

Expected Performance Trajectory

The outlook for 2021 is unclear, a third wave of the CoVid-19 pandemic has resulted in the Trust again moving out of the Monitor Phase and again into a Response Phase resulting in increased pressures in the work environment and less opportunity for training and development.

Data source: ESR

Finance and Value
Finance Indicators

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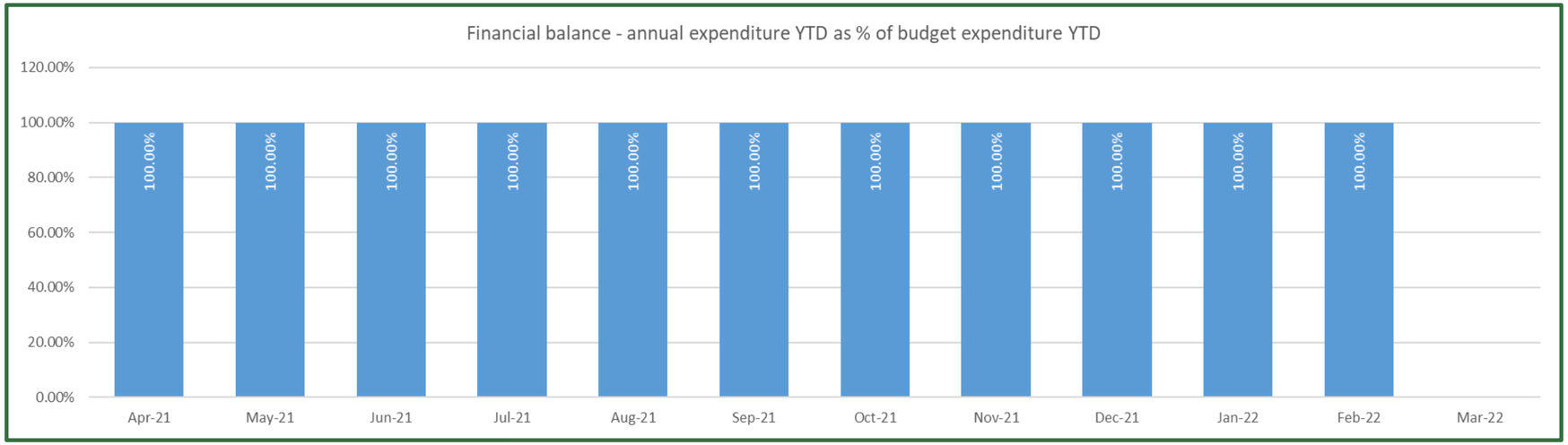

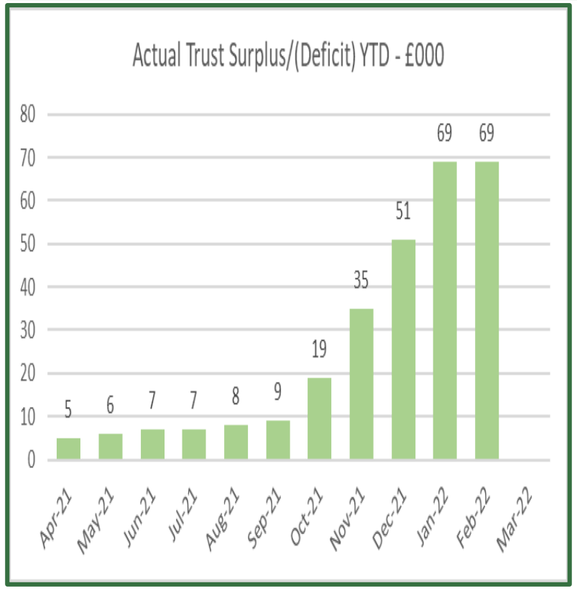

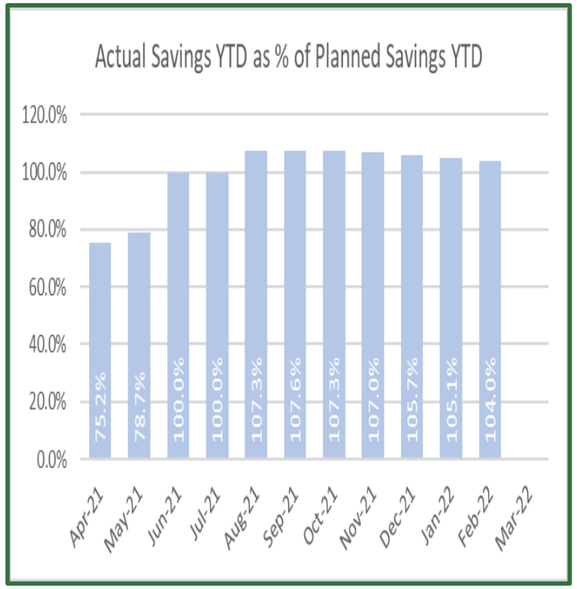

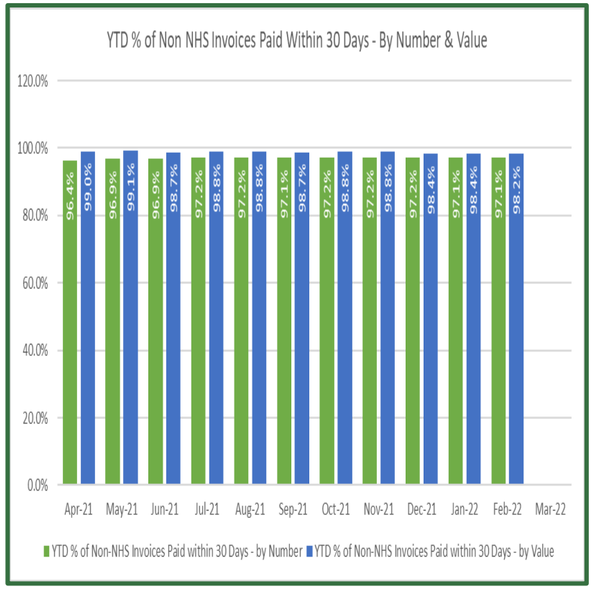

Analysis

As of Feb-22 the reported outturn performance at month 11 is a surplus of £69k.

For month 11 the Trust is reporting planned savings of £2.649m and actual savings of £2.756m, an achievement rate of 104.0%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of Feb-22 was 97.1% against a target of 95%.

As of Feb-22 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

The Trust's financial plan for 2021-24 will build on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the current 2021-24 plan is in development.

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 2021/22 financial plan include:
•Continuing financial support from Welsh Government in relation to Covid pandemic 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 for 21/22; however the 22/23 financial environment looks challenging.

Value / Partnerships & System Contribution
EMS Utilisation & Post Production Lost Hours Indicators

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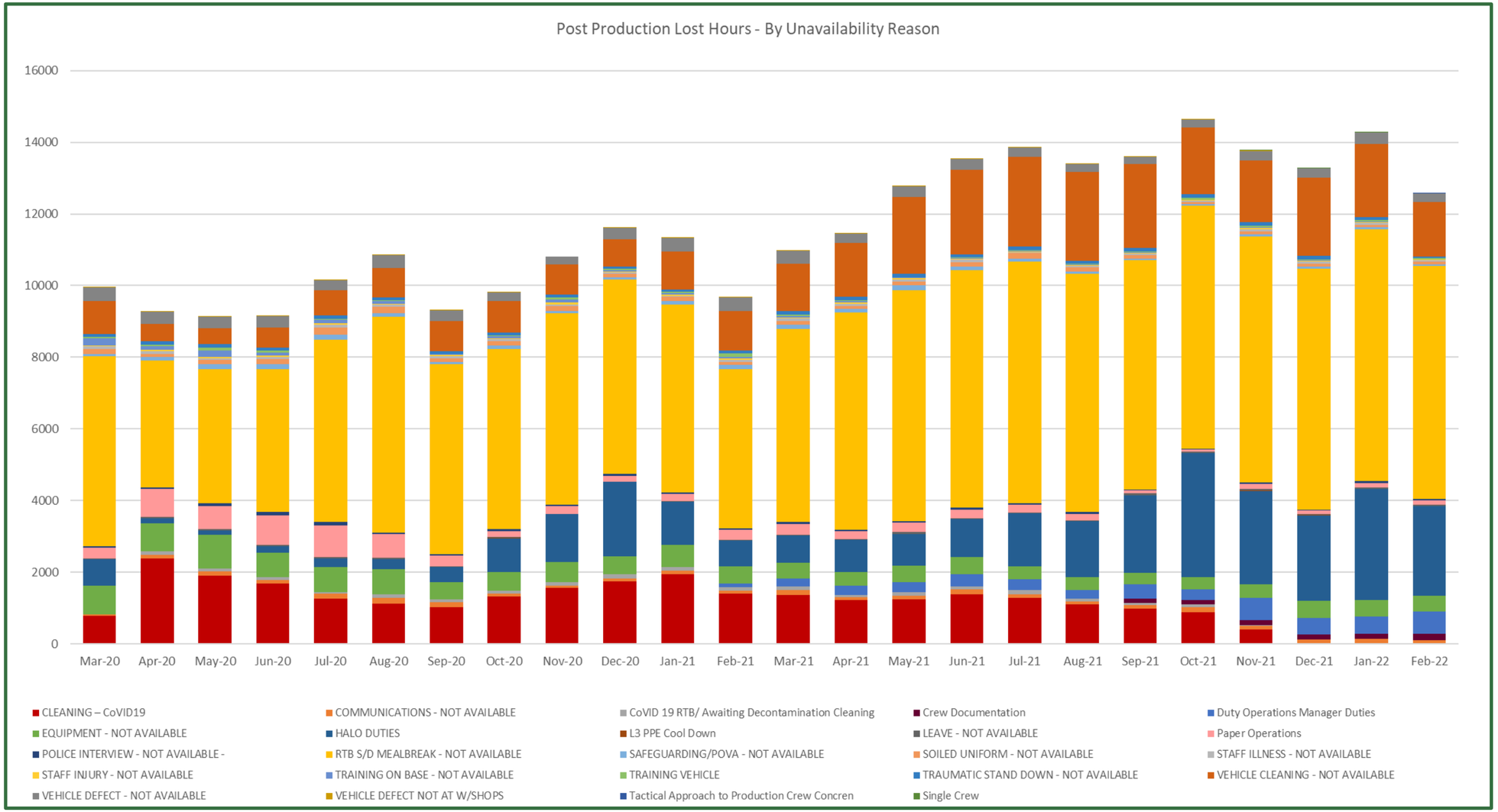


Analysis

There were 15,163 hours lost in Feb-22; of this 12,586 were to APP, EA, RRV and UCS vehicles which continues to show high levels compared to previous months (PPLH). The highest number of hours were lost to EA vehicles, accounting for 9,348 in Feb-22.

In Feb-22 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (6,521 Hours), HALO duties (2,500 hours) and Vehicle cleaning (1,515 hours). It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

Remedial Plans and Actions

This is currently an area of focus via a series of workshops with TU Partners, which commenced in Sep-21. Executives have received a report from the workshop process. The current focus is on data accuracy.

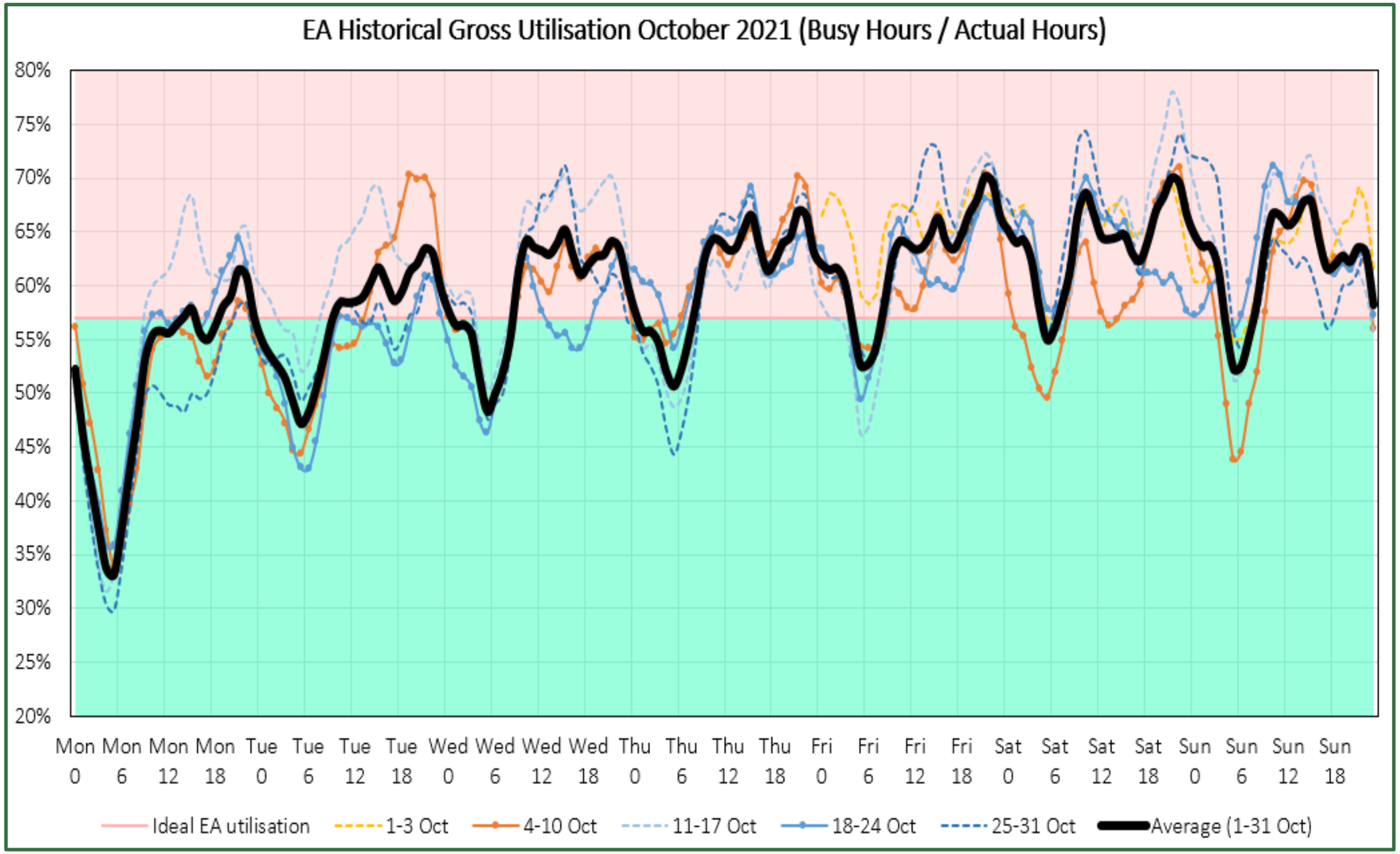
Expected Performance Trajectory

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

****NB: PPLH Data correct at time of extract 09/03/22**

Value & Partnership Contribution
Utilisation Indicators

Slide Under Development to provide Net Utilisation – there is an issue with PPLH data that is preventing this indicator being further developed at this point of time. Optima liaising with new AD Data & Analytics



Analysis

The chart outlines the gross utilisation for WAST; the ideal gross utilisation has been set as 57% after an extensive data analysis (the split between green and pink area in the chart). Achieving this level of utilisation enables the Trust to exactly deliver a 30 minute Amber 1 response time.

In addition each health board area has their own ideal EA utilisation. Analysis has indicated that this is higher for urban areas and lower for rural areas. A high degree of rurality means that more resources need to remain available more often to achieve the 30 minute Amber 1 response times.

The chart shows that's the EA utilisation has consistently been much higher than we would like in Oct-21; this extensive utilisation also explains why response times have been much slower than desired.

The dip seen during the early hours on a Monday is as a result of the data being available in weekly blocks which causes some of the workload within the first few hours of the dataset to be invisible. The 'tuning' of the ideal utilisation is revised periodically on larger datasets that do not contain these dips.

NB: The thick black line identify the average hour-of-week EA utilisation for WAST, the thin lines indicate the values for every week within October. The green and pink indicate the split below and above ideal utilisation

Remedial Plans and Actions

The Trust is currently receiving support through additional hours obtained from the Military Aid to the Civil Aid (MACA) and Fire Service.

The Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported into Executive Management Team every 2 weeks set out under four main headings with actions including:

- Better management of demand;
- Increasing capacity;
- Increasing effectiveness and efficiency of resources; and
- Supporting staff well-being.

Application of the clinical Safety Plan is being utilised to ease pressures on the Trust during periods of excessive demand.

Expected Performance Trajectory

The Trust expects utilisation to improve as more hours are put into the system, however this is being offset by current handover levels.

Our Patients: Quality, Safety & Patient Experience
111 Hand Off Metrics and 111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced

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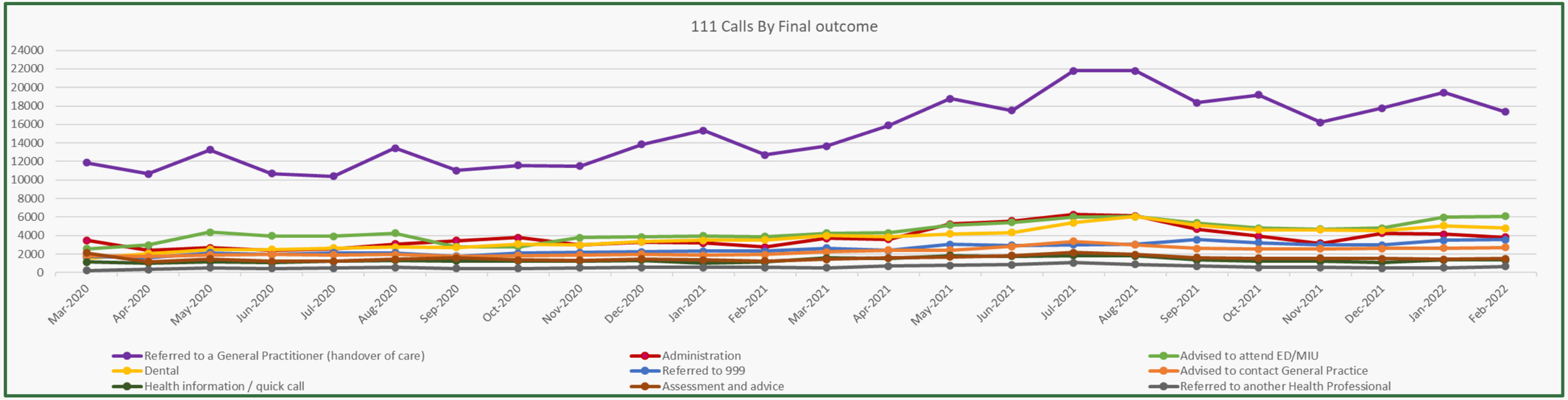

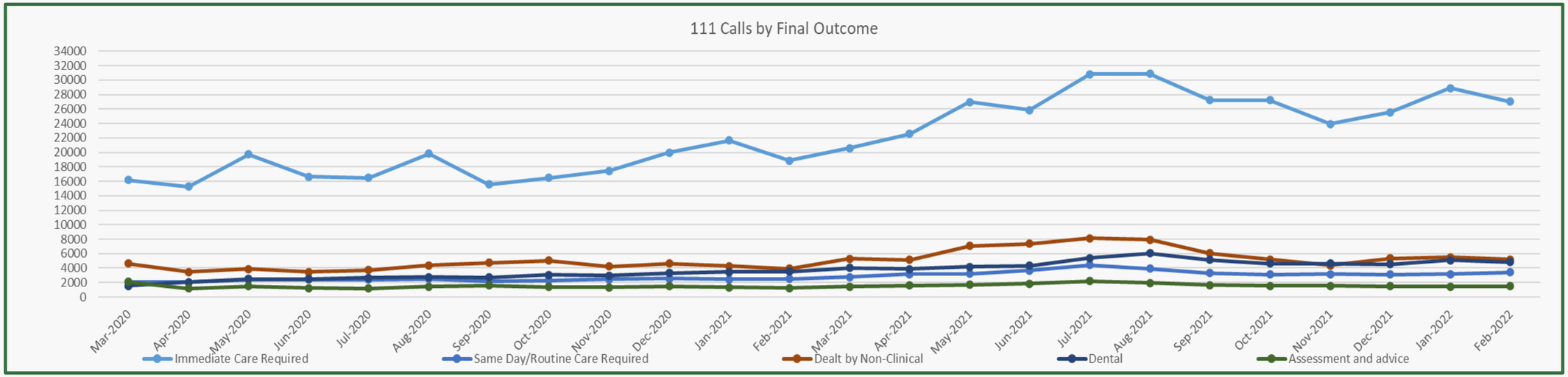

Analysis

In Feb-22 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 41% of calls.

Calls falling in the Immediate Care Required category saw the highest volume; this includes calls referred to General Practitioner (17,352), advised to attend ED/MIU (6,092) and Dental calls (4,816).

In Feb-22 41,927 calls were received in the 9 categories displayed in the top graph, a decrease when compared to 44,102 in Jan-22, 29,755 in Feb-20 and 30,072 in Feb-21.

Remedial Plans and Actions

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

Expected Performance Trajectory

A Contract Analyst is currently undertaking work to improve 111 data metrics available; this will allow us to report more meaningful and relevant data.

Partnerships / System Contribution
Hear & Treat Indicators

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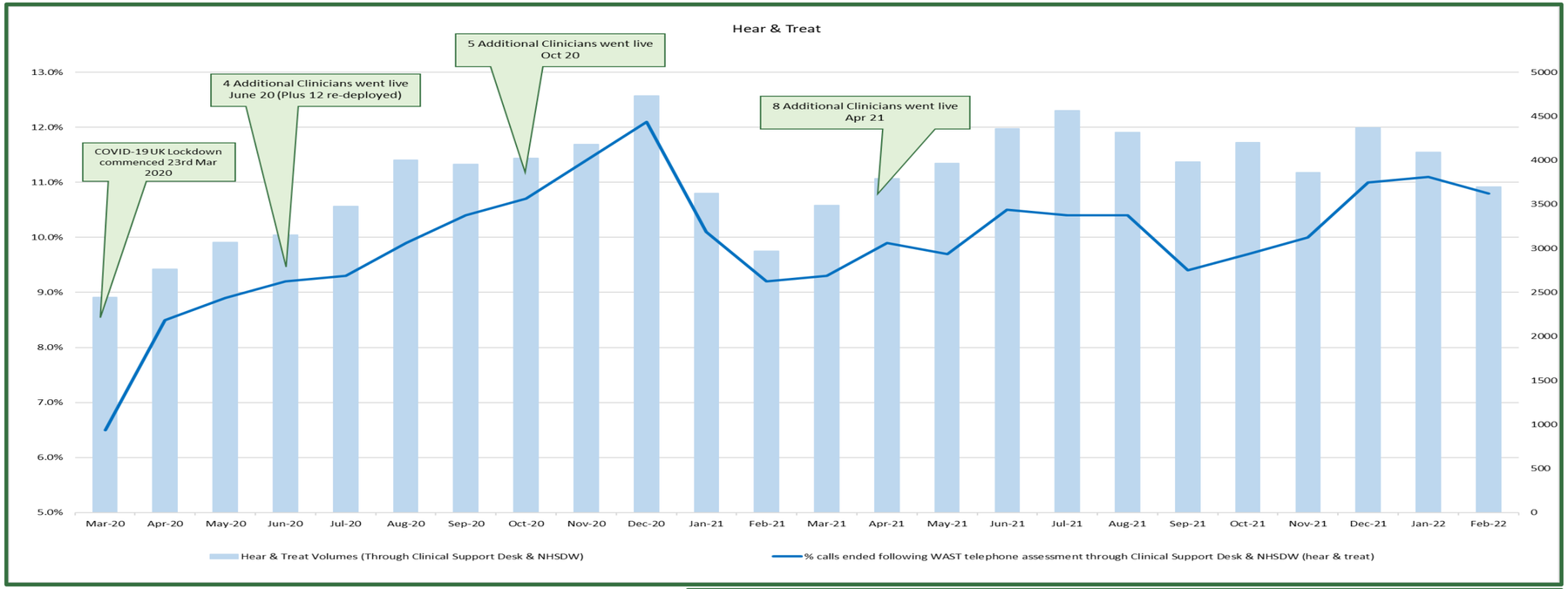
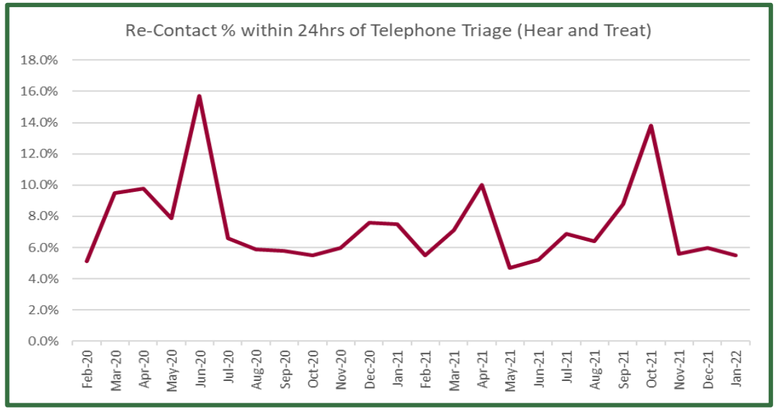
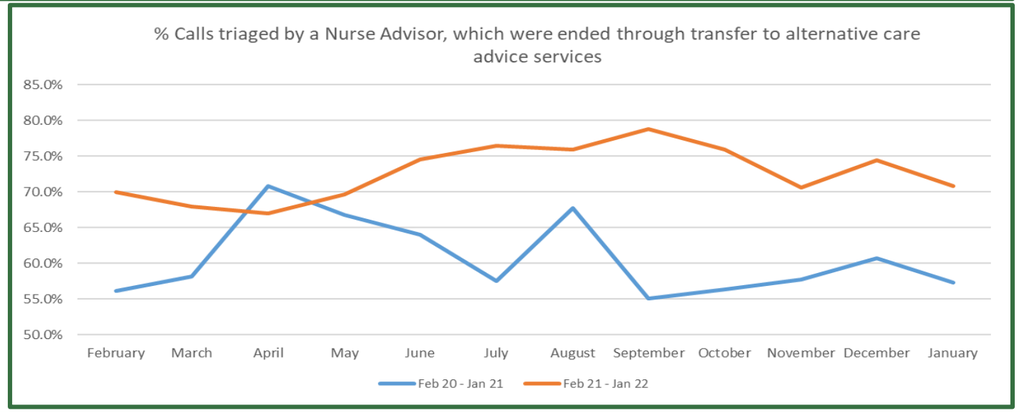
NB: Feb-22 Data unavailable for Re-Contact and Calls Triaged as AQIs not yet published.







Analysis

The **Clinical Service Desk (CSD) and NHSDW (Hear & Treat)** achieved 10.8% performance in Feb-22, therefore continuing to achieve the 10.2% target for the fourth consecutive month.

7.1% of hear & treat volumes were achieved by the CSD in Feb-22. In comparison, 3.6% of hear & treat was by NHSDW/111.

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

Re-contact rates in Jan-22 were 5.5% a decrease compared to 6% in Dec-21, also a decrease compared to 7.5% in Jan-21.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services decreased month on month to 70.8% in Jan-22; by comparison, this figure was 57.3% in Jan-21.

Remedial Plans and Actions

- The work to implement the findings of the CCC Clinical Review will be the main driver of change and improvement. The predicted impact on hear and treat rates is currently being considered.
- Commissioners have agreed funding for 4 FTE mental health practitioners into the 999 clinical teams which would increase hear and treat rates significantly based on findings of a pilot during the pandemic. Recruitment complete, onboarding in Feb-22.
- Commissioners have also agreed to fund an additional 36 paramedics (achieved) into the clinical service desk, to be backfilled through recruitment of additional EMTs and ACA2s respectively. Work is ongoing to develop the service model in a department that will therefore almost double in size.

Expected Performance Trajectory

The current benchmark is 10.2% hear and treat rate. The target will be a 15% level in the 2022-25 IMTP

Partnerships / System Contribution
Conveyance to ED Indicators

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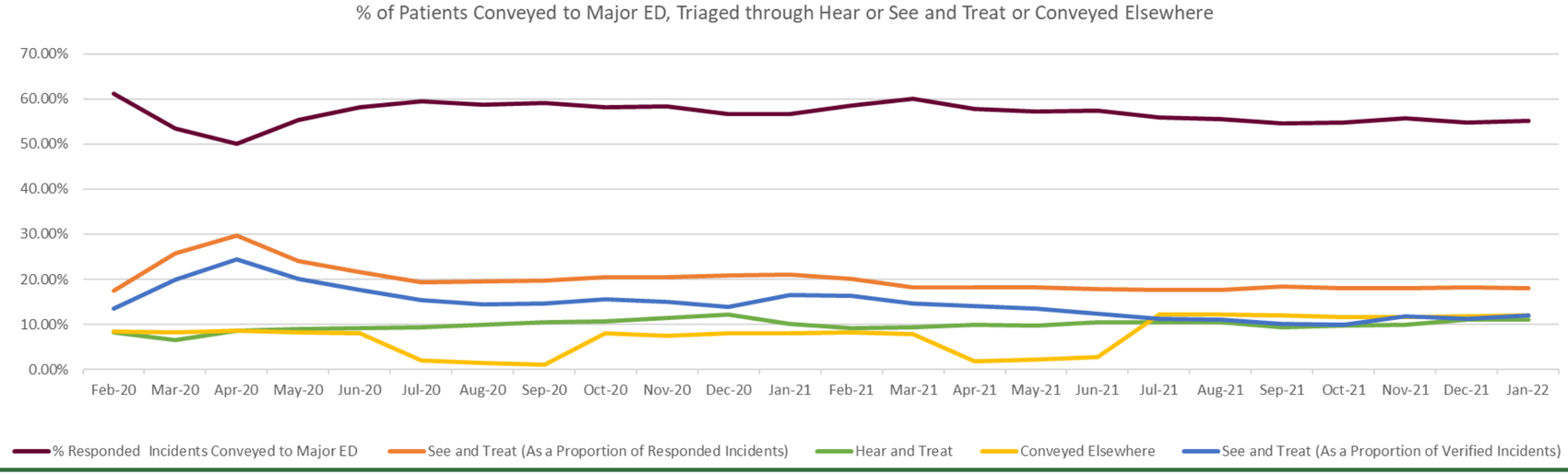
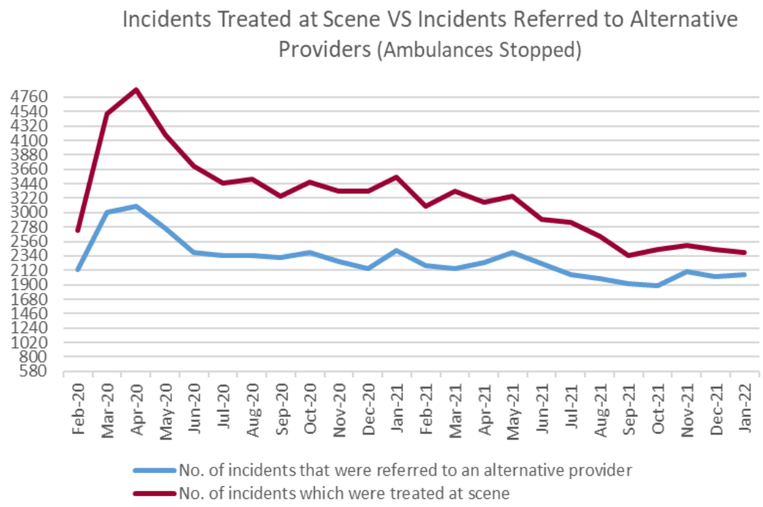
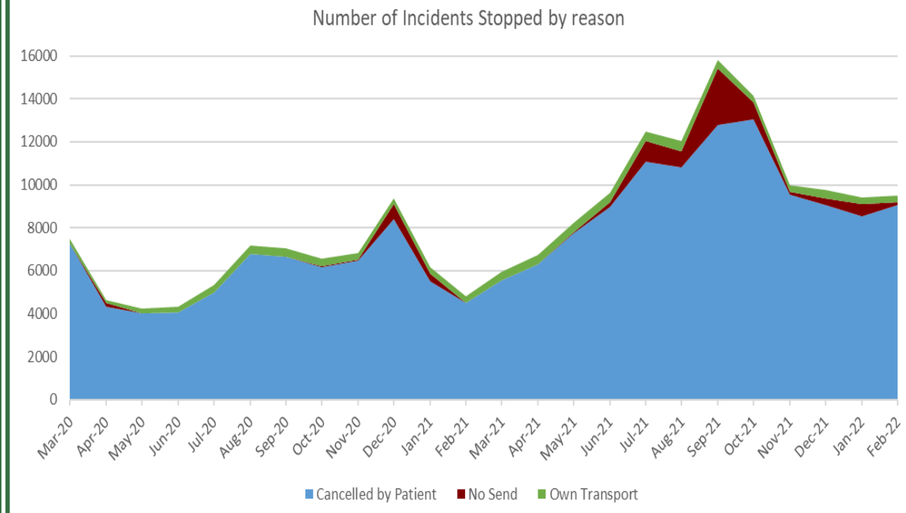
NB: Feb-22 Data unavailable for Conveyance and Incidents Treat at Scene as AQIs not yet published.







Analysis

The percentage of patients conveyed to EDs decreased (i.e. improved) compared to the same period last year. In Jan-22 conveyance to EDs as a proportion of total verified incidents was 36.65% (compared to 44.26% in Jan-21).

The combined number of incidents treated at scene and referred to alternate providers decreased in Jan-22 when compared to Dec-21. 2,050 incidents were referred to alternative providers in Jan-22 and 2,387 incidents were treated at scene; however, a review of other outcomes (see graph) shows that the number of incidents where there was a no send, patient cancelled or went via their own transport remains an indicator which may mean patients reach hospital via another route. In Jan-22 8,520 ambulances were cancelled by patients, 564 fell in the unable to send category due to the escalation of the Clinical Safety Plan (CSP) and 331 patients made their way to hospital using their own transport.

Remedial Plans and Actions

This indicator captures the impact of all “shift left” activity, for example hear & treat, see & treat (APPs, Band 6 Paramedics), pathways and conveyance to other hospital locations e.g. minor injury units (MIUs), direct admissions etc. Years 3-5 of the EMS Operational Transformation Programme offer the potential to take a more transformative look at options for further reducing conveyance, where it is clinically safe and appropriate to do so. The initial results of this modelling are expected w/c 24 Jan-22 (received.

As part of the IMTP and working with partners across the health system. WAST has been asked to lead on the development of a National Respiratory work stream. A four phased proposal has been designed to deliver sustainable service level improvement for respiratory patients across Wales aligned to the national strategic direction and delivered in collaboration with Health Boards & key stakeholders: Delivery will be dependent on cooperation with health boards who will need to provide a service to refer into; however, this has the opportunity to increase referrals to alternative providers.

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

Expected Performance Trajectory

The Trust has received the modelling on the full inversion of the triangle (maximum shift left), with the results to be considered formally at a steering group in Apr-22. The initial results indicate that the Trust could reduce patient conveyance to ED by as much as 1,650 conveyances a week.

Partnerships / System Contribution
Handover Indicators

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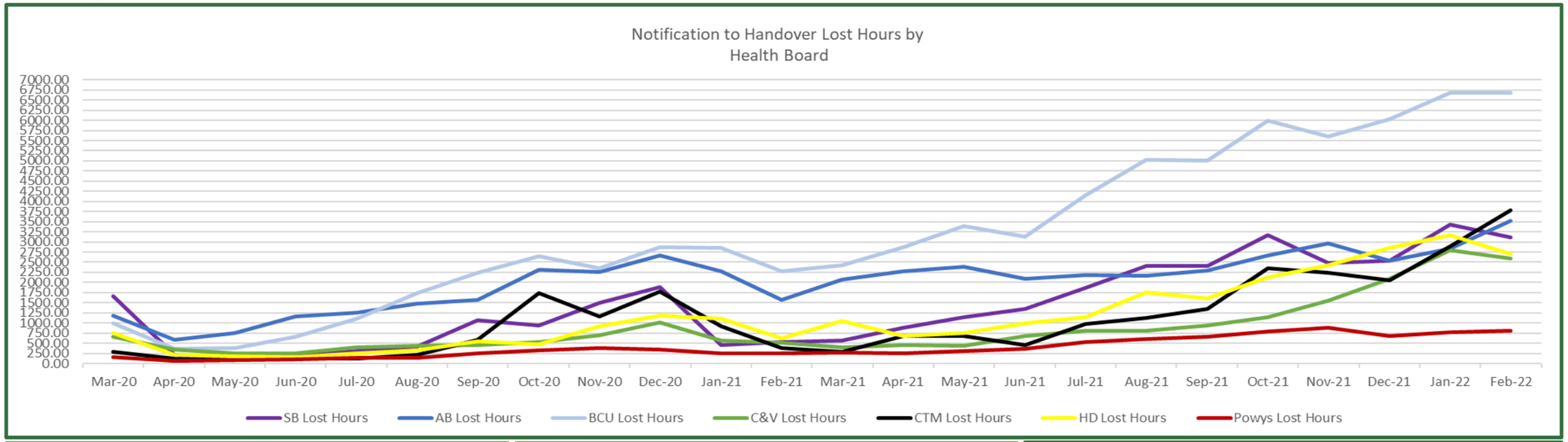
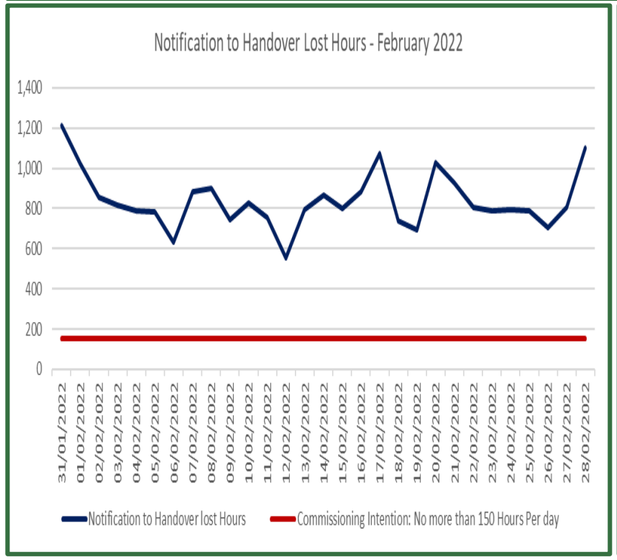
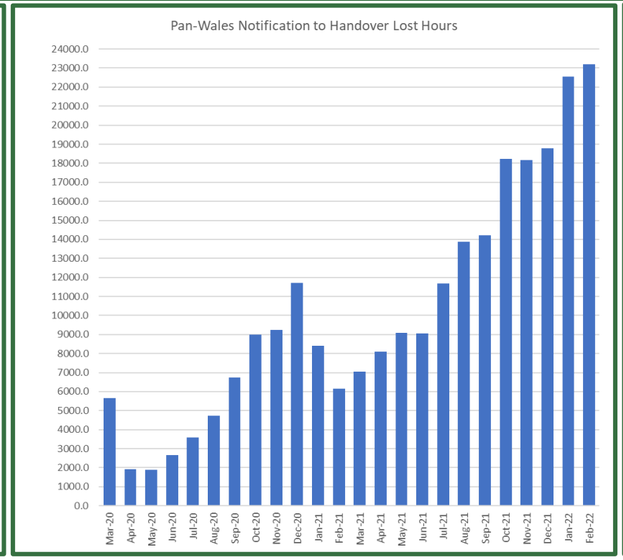
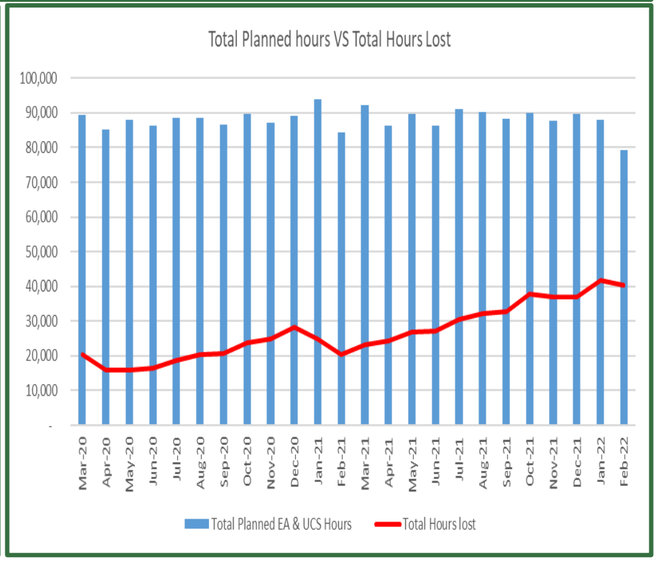








Analysis

174,016 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 71,741 in same period a year ago (Mar-20 to Feb-21). 23,214 hours were lost in Feb-22, a 73% increase compared to 6,157 lost hours in Feb-21 and also an increase when compared to 13,820 recorded in Dec-19, the previously worst recorded month, prior to Aug-21. The hospitals with highest levels of handover delays during Feb-22 were Grange University Hospital (ABUHB) at 3,148 lost hours Morriston Hospital (SBUHB) at 3,062 lost hours and Glan Clwyd Hospital Bodelwyddan (BCUHB) at 3,020 lost hours.

Notification to handover lost hours averaged 827 hours a day in Feb-22, 551% higher than the commissioning intention of no more than 150 hours per day.

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). 23 ideas have been received through the WIIN platform from staff in Dec-21

Expected Performance Trajectory

There is a 2021/22 EASC commissioning intention for handover ,but this is clearly not going to be met. There is a recognition that handover must be reduced, but also that health boards ability to make a significant reduction before 2025 is unlikely; consequently current discussions in EASC are focused on clinical safety plans for health boards that are aligned and align to the Trust's; that these plans must include average handover patient waits as part of the escalation triggers with a probable red line/backstop of a maximum wait. It is not possible to provide a trajectory at this time.

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

AGENDA ITEM No	**8**
OPEN or CLOSED	
No of ANNEXES ATTACHED	

Red Activity Review

MEETING	**Finance and Performance Committee**
DATE	17 March 2022
EXECUTIVE	**Lee Brooks, Director of Operations**
AUTHOR	**Head of Service EMS Coordination**
CONTACT	**Kate Blackmore** Kate.blackmore@wales.nhs.uk 01267 225772

EXECUTIVE SUMMARY

This report reviews the drivers for increased Red demand and the actions taken within EMS Coordination to understand and respond to this position.

KEY ISSUES/IMPLICATIONS

1. Red acuity incidents have increased in proportion to total verified incidents from 5% to 10% since November 2017.

2. A change of guidance from the International Academy of Emergency Dispatch (IAED) led to a 1% increase from June 2019 associated with ineffective breathing.

3. Actions taken as a result of this increase and further learning from a focussed audit in October 2020 gives confidence that Red demand associated with ineffective breathing is correctly prioritised.

4. Increased demand associated with respiratory illness is aligned to winter respiratory virus' and waves of Pandemic infection particularly driven by those patients aged 0-4 years.

5. Red demand has increased associated with unconscious patients with abnormal breathing following the introduction of this code in October 2019 as part of the MPDS version 13.2 upgrade. WAST are required to maintain version upgrades as part of our ACE accreditation.

6. A review of Red demand drivers has identified a pattern associated with patients who have fallen resulting in either a report of unconsciousness or as a result of ineffective breathing and/or cardiac/respiratory arrest.

7. The reduction in the number of incidents identified as a running call can have a perverse impact on Red performance as these incidents are identified as an immediate hit due to the resource being at scene at the time of the call.

8. Red demand associated with prolonged fitting has increased by up to 221% between November 2019 and November 2021. Increased levels of lost hours associated with handover to hospital and subsequent impact on increased amber incidents response times is resulting in increased Red demand for these patients.

9. Patients reported as not alert as a result of allergic reactions have resulted in increased Red demand associated with Protocol 2. Further clinical review is required to identify any themes and trends associated with these patients.

Actions ongoing:

1. Focused audit scheduled for all trauma protocols to explore incidents that result in an arrest determinant, to assess departmental learning that can be applied to EMD practice.

2. Focused audit scheduled to explore incidents that result in code 31D02 Abnormal breathing, to assess departmental learning that can be applied to EMD practice.

It is recommended that the Finance & Performance Committee:

1. **NOTE** the outcome of the analysis of the red activity review, including some additional work including:
    a. 111/QSPE undertake further review of the origins and outcomes for 0-4yrs demand to understand any learning or systems changes that could better address this increasing Red emergency demand.
    b. A clinical review of Red demand is commissioned to understand increased incidents associated with allergic reaction and to identify any trends in allergy triggers or clinical outcomes.
    c. EMS Coordination continue to use focussed audit to explore areas identified for potential EMD learning.

2. **NOTE** there is no indication as a result of this review, save for some seasonal shifts for breathing problems, that red activity is likely to reduce to levels seen pre-IAED process change in 2019.

REPORT APPROVAL ROUTE
Operations Senior Leadership Team – 8th February 2022. **Executive Management Team – 9th March 2022.**

REPORT APPENDICES
Annex 1 – SBAR providing supporting background information and assessment

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	

CORPORATE OBJECTIVE	**6. Develop a robust Performance Management Framework**
CORPORATE RISK (Ref if appropriate)	**CRR 223 Ability to respond to patients**
QUALITY THEME	**2. Safe Care** **3. Effective Care** **5. Timely Care**
HEALTH & CARE STANDARD	**2.1 Managing Risk and Promoting Health & Safety** **3.3 Quality Improvement, Research & Innovation** **5.1 Timely Access**

REPORT PURPOSE	**To provide assessment of the increased levels of Red demand and driving factors with consideration of the actions taken by EMS Coordination.**
CLOSED MATTER REASON	

SITUATION

In November 2017, at the time the C3 Computer Aided Dispatch (CAD) system was implemented, Red priority incidents within Welsh Ambulance Services NHS Trust (WAST) accounted for 5% of our verified incident demand. By December 2021, Red priority incidents accounted for 10% of our verified incident demand.

Incidents prioritised as Red (immediately life threatening) have shown a steady increase in demand since February 2019. Despite some periods of lower demand in Spring 2020 (Apr/May/Jun) and January 2021 likely attributed to periods of lockdown connected to the pandemic, this increase has been sustained to a peak of 4,121 verified incidents in October 2021.

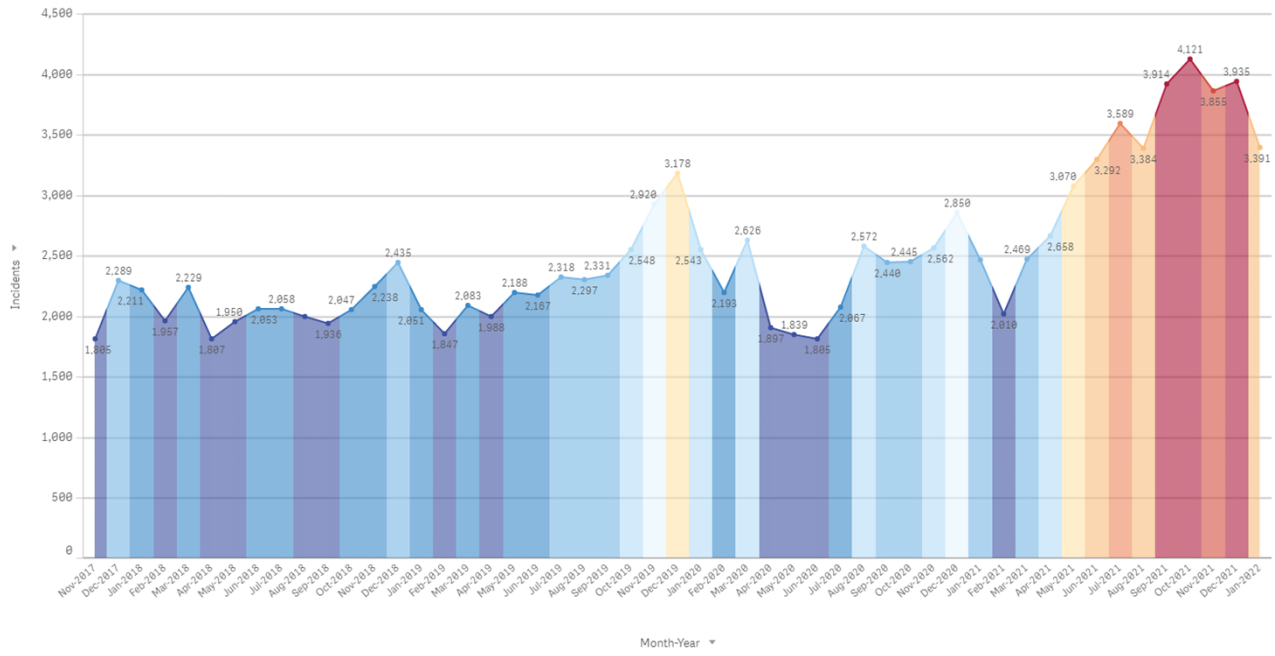


Figure 1 - Verified Incidents (Red) by month

Over the same period WASTs response to Red incidents within 8 minutes has deteriorated to a low of 50% in October 2021.

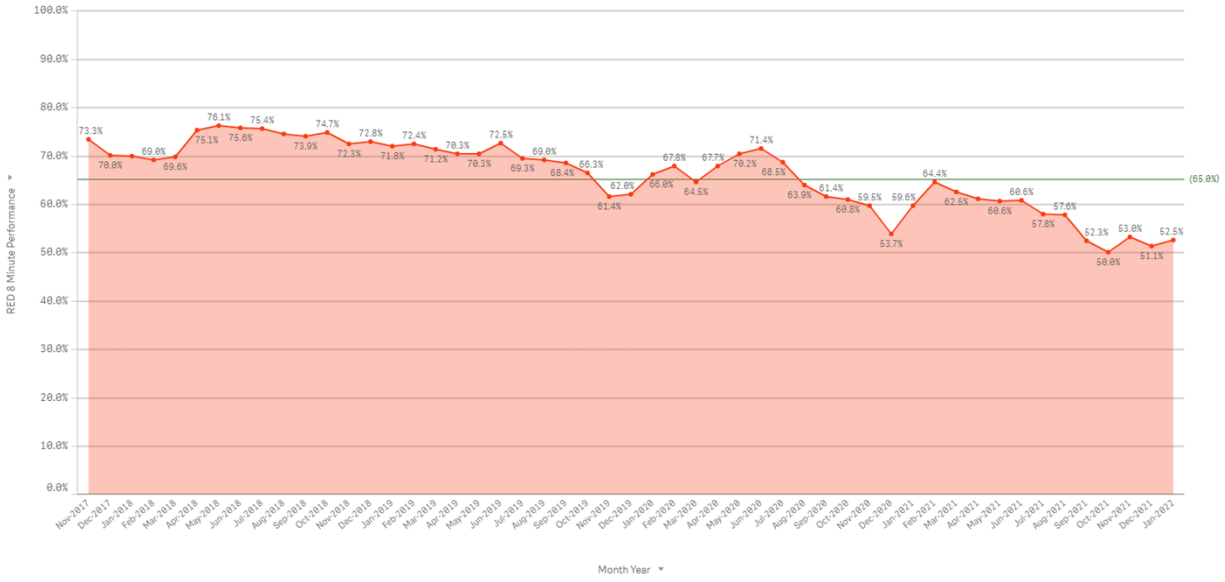


Figure 2 - Red 8 Performance by month

This paper explores reasons for the increase in Red demand and actions taken within EMS Coordination to understand and respond to this position.

BACKGROUND

Ineffective Breathing

In May 2019, following a levelling exercise with the International Academy of Emergency Dispatch (IAED), the process of generating an Echo determinant for patients identified as breathing ineffectively at any time within a call was agreed (Appendix 1).

Following implementation an increase in Red demand associated with breathing problems was identified. WAST engaged with the IAED and other UK ambulance services to identify areas of learning and best practice. As a result of this evaluation process, a programme of Continued Dispatch Education (CDE) was recommended for both EMDs and auditors.

In October 2020 a focussed audit of code 06E01 (Breathing Problems/Ineffective Breathing) was completed for 92 calls and the results reviewed, of these calls 11 were found to be over-coded. From this study it was identified that problem areas arose within the call process regarding asking the question "is the patient breathing?". The calls in which this was recognised as a problem identified a variety of reasons for errors, either not acting on updated information or incorrectly returning to case entry to alter the answer to this question instead of answering a key question. There were also examples of EMDs asking freelance questions.

As a result of identifying difficulty, in managing the 'is the patient breathing' question, individual feedback has been provided and tips have been included in the monthly coaching bulletin around chief complaint selection and freelancing. EMDs have been provided with online training 'Identifying Ineffective Breathing in the Telephony Environment' which is notoriously difficult.

A further focused audit on 06E01 and 36D01 was undertaken in November 2021 with 87 calls audited and reviewed. 36D01 is the pandemic protocol code for ineffective breathing and also achieves a Red categorisation.

As a result of this repeated audit it was identified that 20% of calls were non-compliant, this was mainly due to the EMDs selecting Protocol 6 (breathing problems) when they should have selected Protocol 36 (pandemic flu). Despite this non-compliance the incident priority was correct as the patients were identified as having ineffective breathing and if they had been on the correct protocol the ineffective breathing descriptor should still have been selected. The other high deviation detected was on some calls failing to ask the caller to fetch a defibrillator in case it was needed later, again this would not have affected the incident priority.

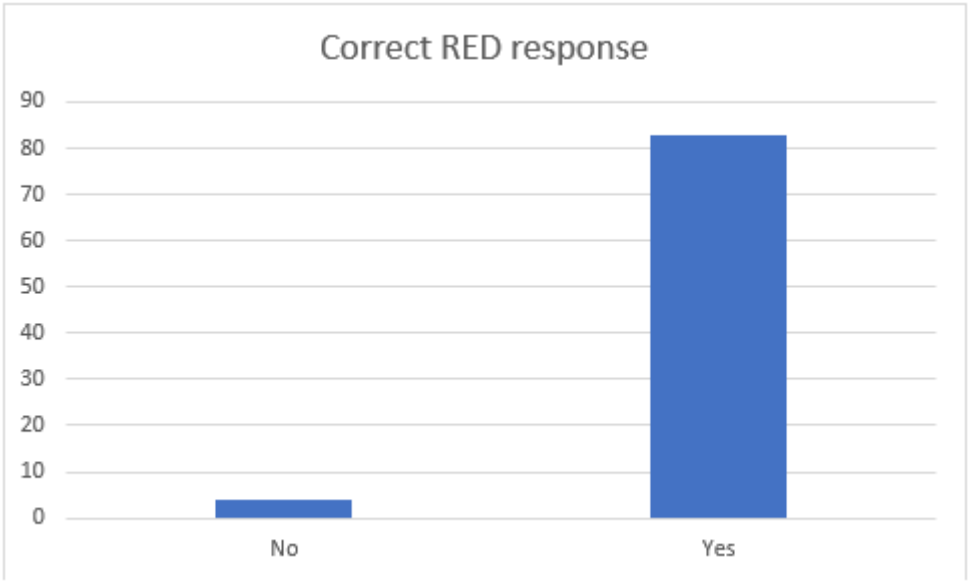


Figure 3 - Focussed audit prioritisation compliance

The November 2021 review identified that 4.5% of calls (4 out of 87 calls) were over coded as Red when they should have been Amber, this compares to 11.9% of calls (11 out of 92 calls) in the October 2020 study. This study would appear to identify that the supposition that the increase in red call categorisation due to inappropriate over coding of 06E01 is not supported as the proportion of calls over-coded has 06E01 has declined from 11.9% to 4.5%.

ASSESSMENT

Whilst the number of incidents prioritised as Red has been showing an increase since February 2019, the ratio of total verified incidents prioritised Red has fluctuated. Some level of increased Red demand would be expected in line with the rate of growth in all activity however the proportion of verified incidents now prioritised as Red has increased from 5% to 10% .

In June 2019 the ratio increased to 6%, the change to ineffective breathing management is likely to have contributed to this, with a further 1% increase experienced in November/December 2019 which is consistent with the equivalent period in 2018.

A further 1% increase was demonstrated in March 2020, as the organisation moved towards Pandemic response as a result of the Covid-19 emergence. During the following months the Red demand ratio reduced and consideration is given to the impact of Pandemic restrictions on emergency demand.

Following the easing of restrictions in July 2020 the Red demand ratio returned to the 6% baseline seen since June 2019. In November/December 2020 we saw the trend of a 1% increase demonstrated in previous years, however unlike previous years the demand did not recover and instead has shown a consistent increase reaching a peak of 10% in November/December 2021.

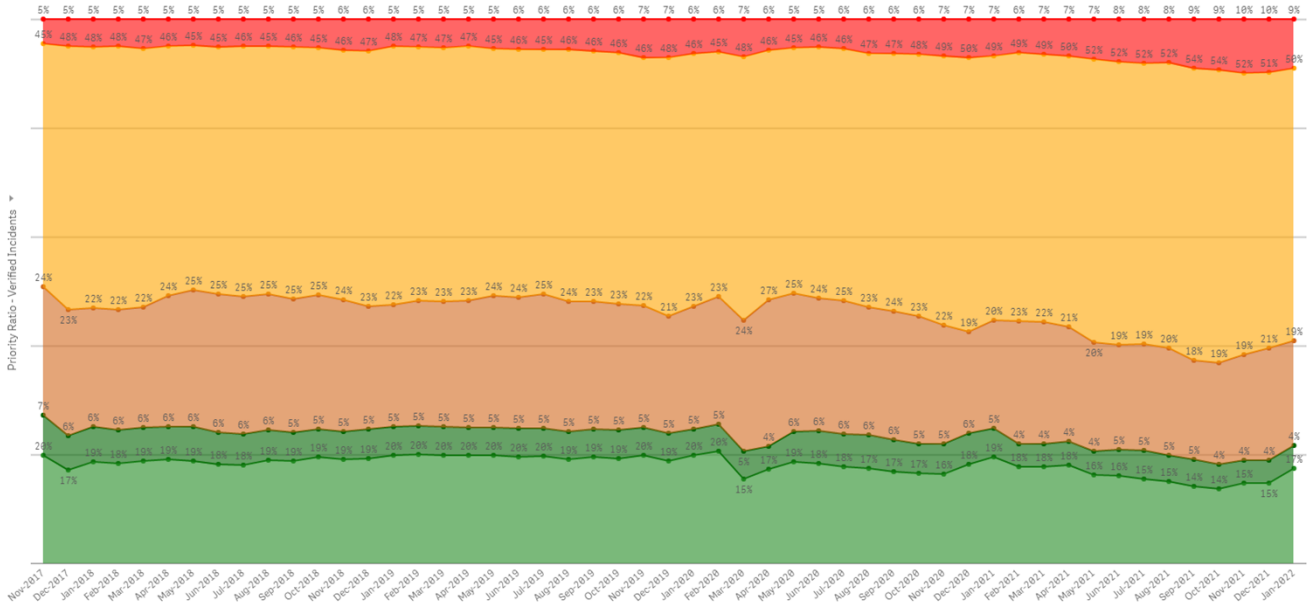


Figure 4 - Acuity Trend by month

The Top 10 Red priority protocols (since November 2017) are:

1. Breathing Problems (Protocol 6)
2. Cardiac/Respiratory Arrest (Protocol 9)
3. Unconscious/Fainting (Protocol 31)
4. Overdose/Poisoning (Protocol 23)
5. Pandemic Flu (Protocol 36)
6. Pregnancy/Childbirth/Miscarriage (Protocol 24)
7. Falls (Protocol 17)
8. Running Call (Override)
9. Convulsions Fitting (Protocol 12)
10. Allergies/Envenomation (Protocol 2)

It must be noted that the Pandemic Flu (Protocol 36) has not been available and in use across the entire period, and when this protocol is made available, results in a reduction of incidents in Breathing Problems (Protocol 6), Chest Pain (Protocol 10) and Sick Person (Protocol 26).

Pandemic Flu

When considering the impact of the Covid-19 Pandemic and the use of Protocol 36, there is only one Red priority outcome which happens to be associated with ineffective breathing. When reviewed in isolation the Protocol 36 clearly shows an increase in demand in winter 2020/21 during the 2nd wave of infections, a further peak during spring 2021 followed by a sharp increase in September 2021 associated with the Omicron wave. The period of low activity is related to the removal of Protocol 36 whilst the prevalence of infection in the community remained low.

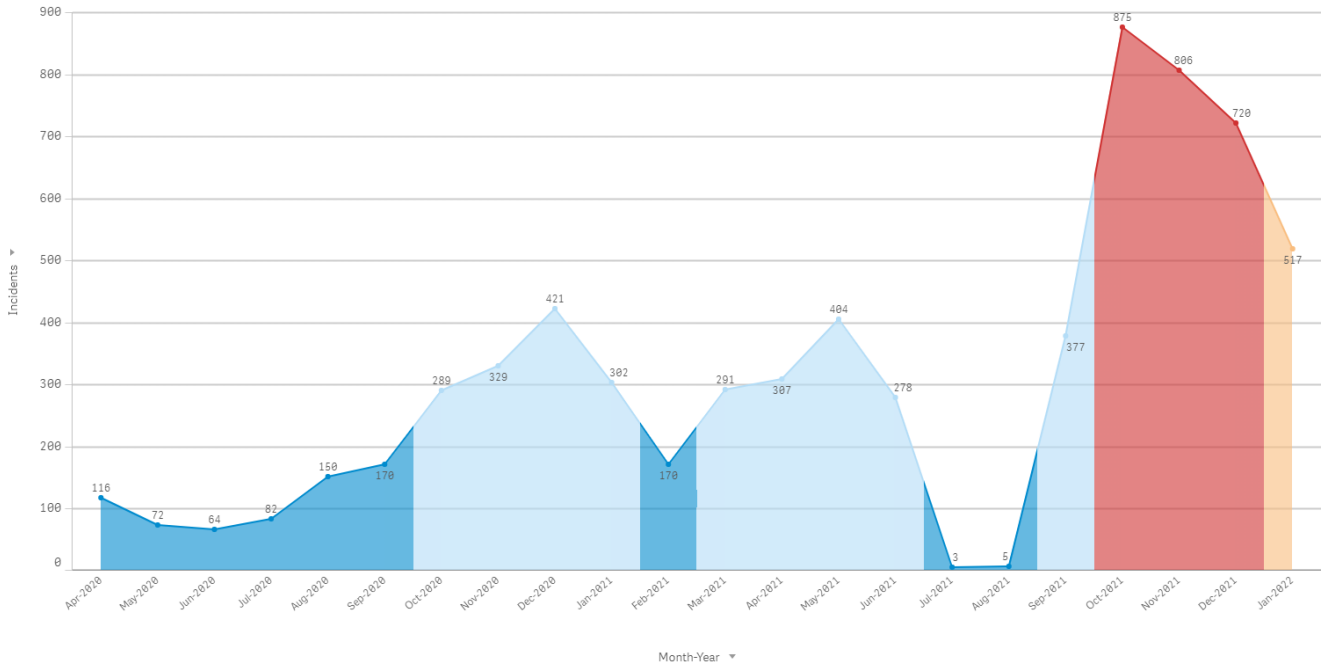


Figure 5 - Protocol 36 Red Demand all demographics

Breathing Problems

A review of the data for Breathing Problems (Protocol 6) combined with ineffective breathing associated with pandemic flu (Protocol 36 Red incidents) identifies a pattern of increased activity associated with winter respiratory virus (such as flu) with the increased pressure associated with the Covid-19 Pandemic.

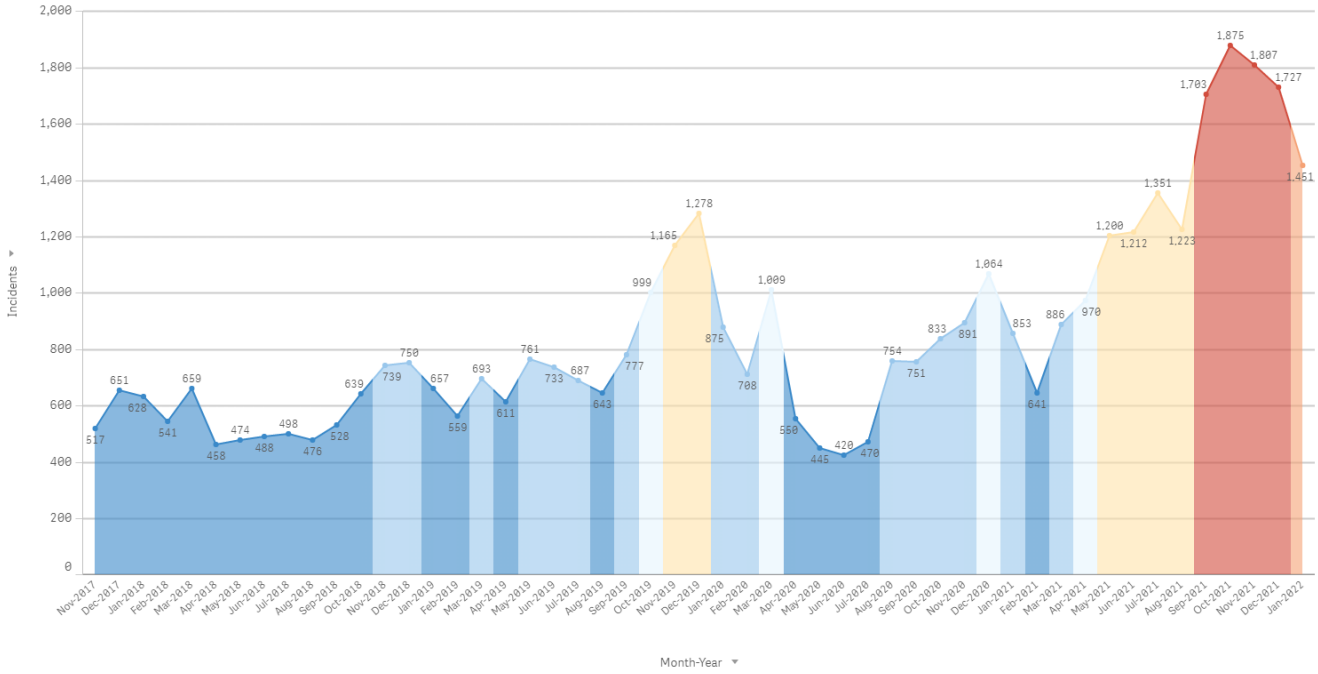


Figure 6 - Protocol 6/36 Red demand all demographics

The November 2021 focussed audit of ineffective breathing has identified that the red priority associated with these incidents are largely correct, with over coding having reduced significantly as a result of the learning implemented following the October 2020 audit.

When reviewing the age demographic of those coded as ineffective breathing (protocol 6 and protocol 36), increased numbers of patients aged 0-4 (pale pink bar) can be seen at times when Red ratio has increased (Nov/Dec 2017/18/19). Following the easing of restrictions in July 2020 we see a similar pattern through the summer and into winter before restrictions are reintroduced in December 2020. Again this pattern of increased demand is then demonstrated from March 2021 onwards reaching a peak in October 2021. Recent demand growth through the summer and leading to this peak in October 2021 in this age group could be associated with the Respiratory Syncytial Virus (RSV) that circulated out of season, peaking ahead of the winter period.

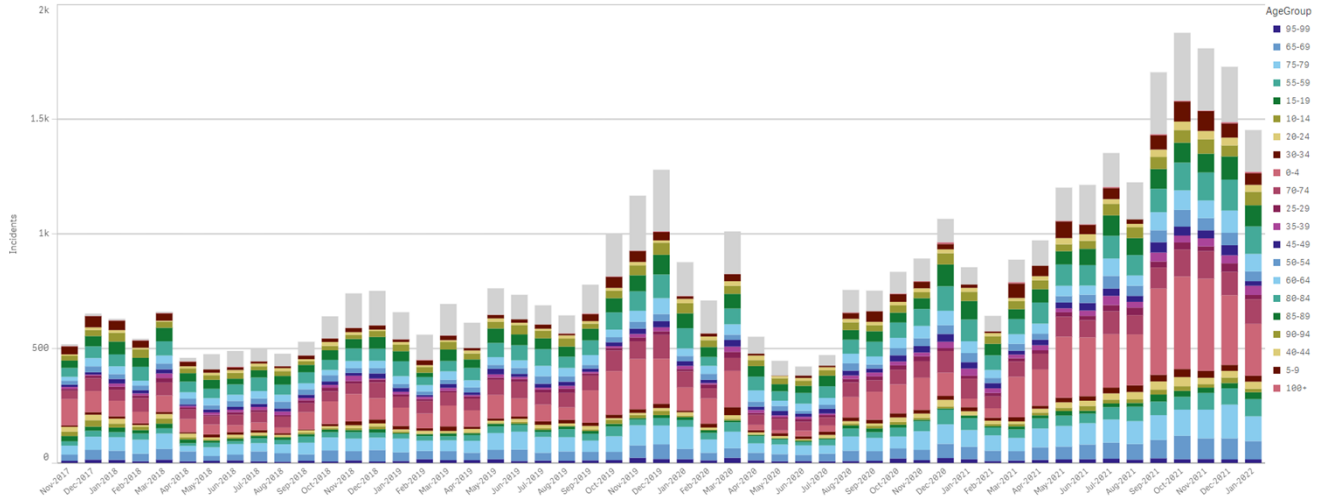


Figure 7 - P6/36 Red demand by age demographic

The focussed audit of ineffective breathing in November 2021 identified a pattern of demand originating from health care professionals. Consideration was given to the method of call for this Red demand and identified a possibly disproportionate increase in calls originating from Health Care Professionals. However, when reviewing the outcome for these patients, 79% of those who received a face-to-face response, were conveyed to hospital.

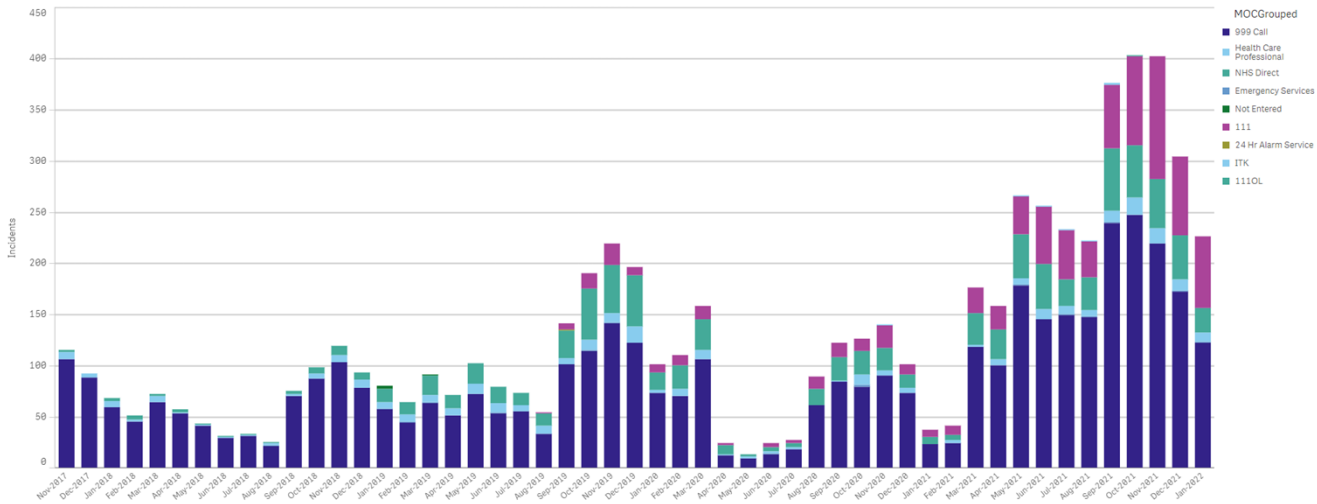


Figure 8 - P6/36 demand for 0-4 yr olds by Method of Call

Cardiac/Respiratory Arrest

A review of the Cardiac/Respiratory arrest (Protocol 9) demand by month and year suggests a fairly static pattern of demand with increases primarily associated with winter pressures.

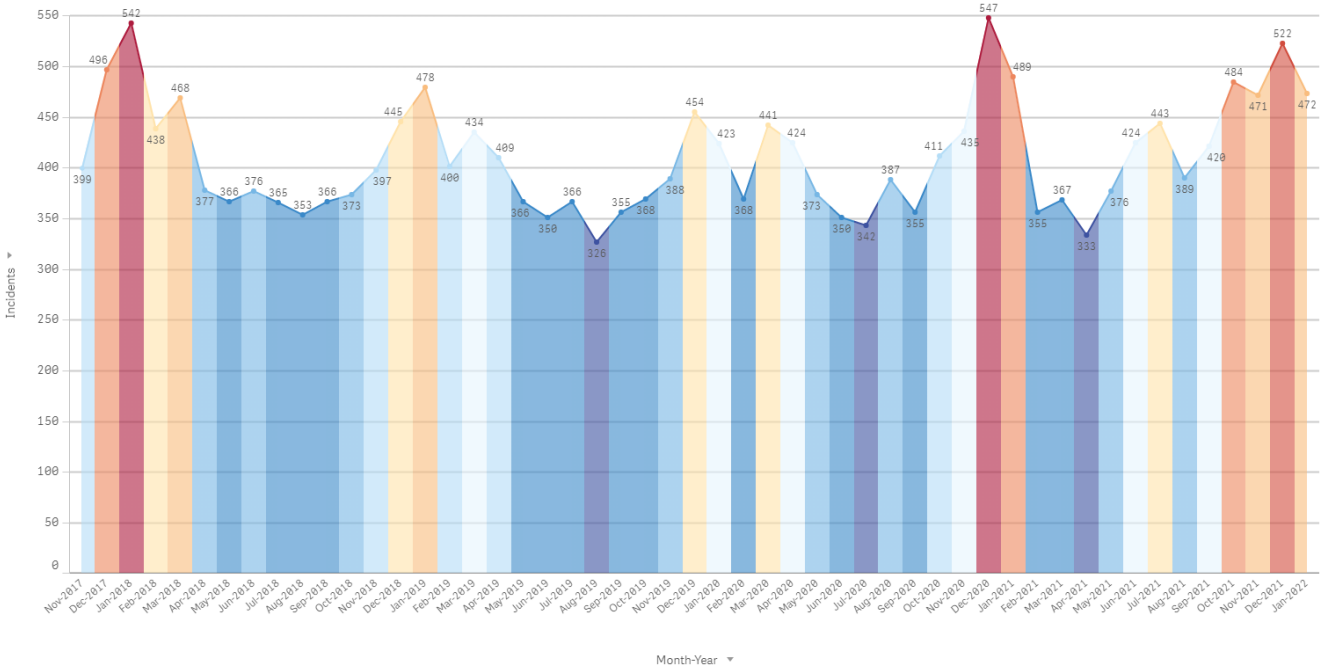


Figure 9 - Protocol 9 demand by month/year

Unconscious/Fainting

A review of patients reported as unconscious and therefore generating a Red response under Protocol 31 shows a disproportionate increase in demand from November 2019 with a further step change in June 2021.

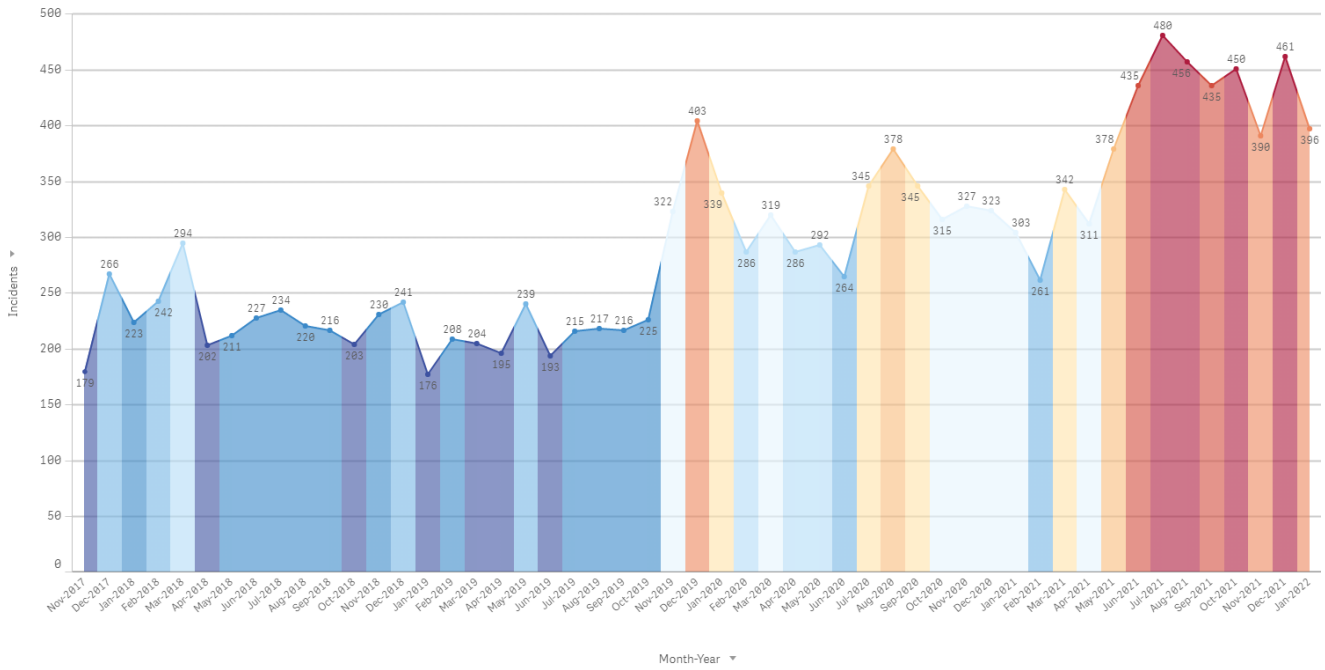


Figure 10 - Protocol 31 demand by month/year

As part of the Version 13.2 MPDS upgrade in October 2019 an additional code 31D02 with descriptor "unconscious patient with abnormal breathing" was introduced. This code is aligned to a Red response. MPDS recycle codes, the previous iteration of 31D02 (unconscious with effective breathing) produced low levels of Amber 1 demand, however the demand associated with the

version change showed a significant increase. This is not as a result of the change to ineffective breathing which has a unique code of 31D01.

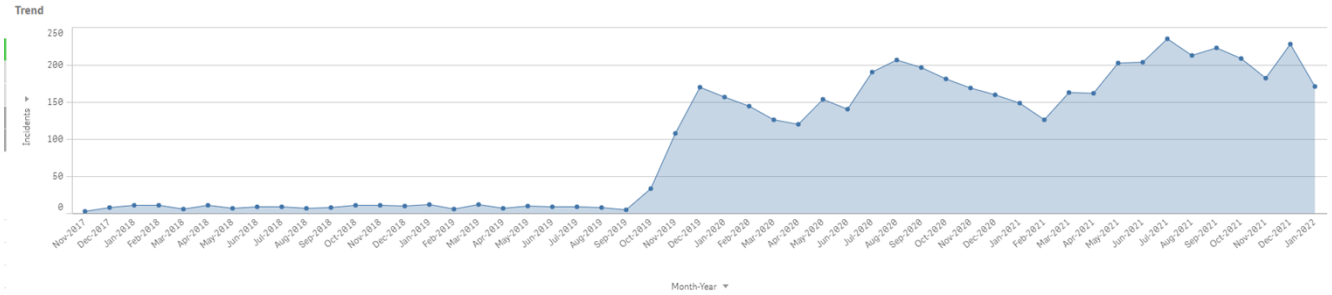


Figure 11 - 31D02 Abnormal Breathing

A review of the method of call, age demographics and location do not show any particular trend in relation to this code. As a result, a focused audit will be scheduled to identify evidence of appropriate use.

A focused audit is to be scheduled to explore incidents that result in code 31D02 Abnormal Breathing, to assess if there is any learning that can be applied to EMD practice.

Focused audit is possible with the consent of the IAED that permits WAST to allocate a proportion of our audits to an area of our own choosing. Our track record and previous pilot engagement has grown IAED confidence in our application of focused audit.

Overdose/Poisoning

Red demand associated with overdose has shown a steady increase since November 2017. The normal pattern of demand seems to indicate increased demand during the summer period reducing in the winter months. A review of health board areas and method of call did not identify any unusual data trends.

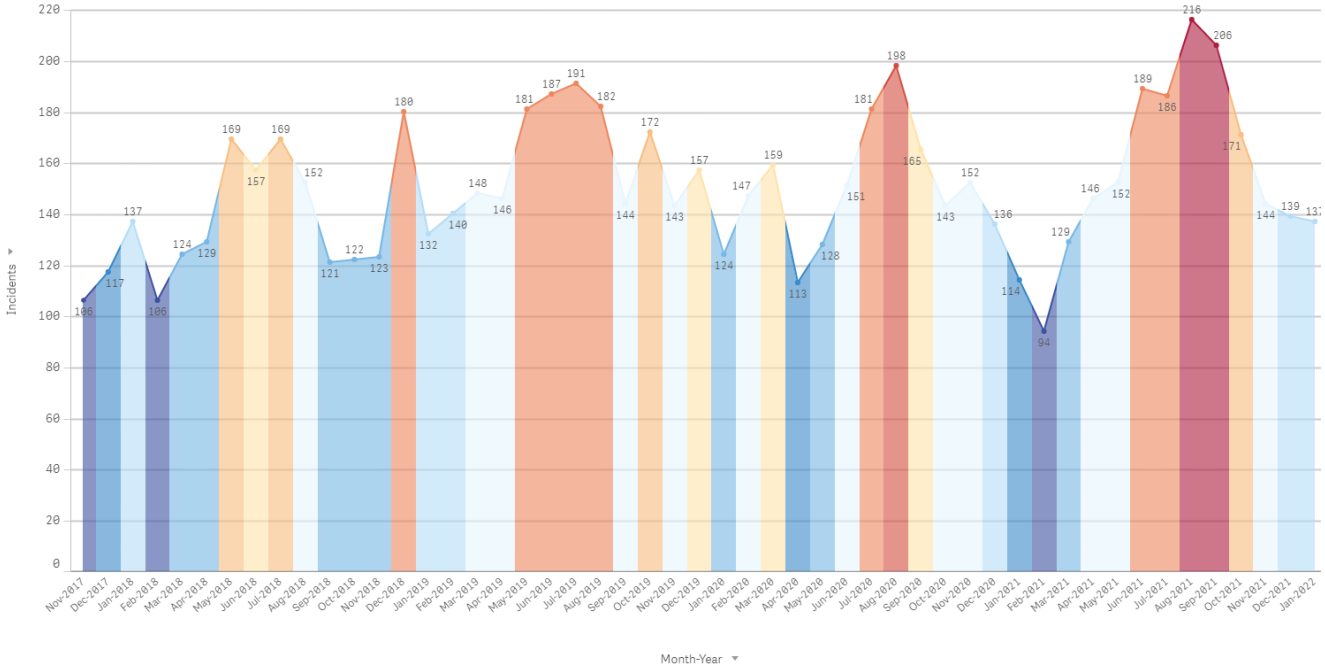


Figure 12 - P23 Red Demand by month/year

Pregnancy/Childbirth

Red demand associated with protocol 24 has remained fairly static. The demand does vary month on month with a peak in demand in September 2021 but this has returned to normal levels in the subsequent months. Consideration may be given to the capacity in labour wards impacting on our Red demand but this is not seen as a significant driver in our move from 5% red demand to 10% red demand.

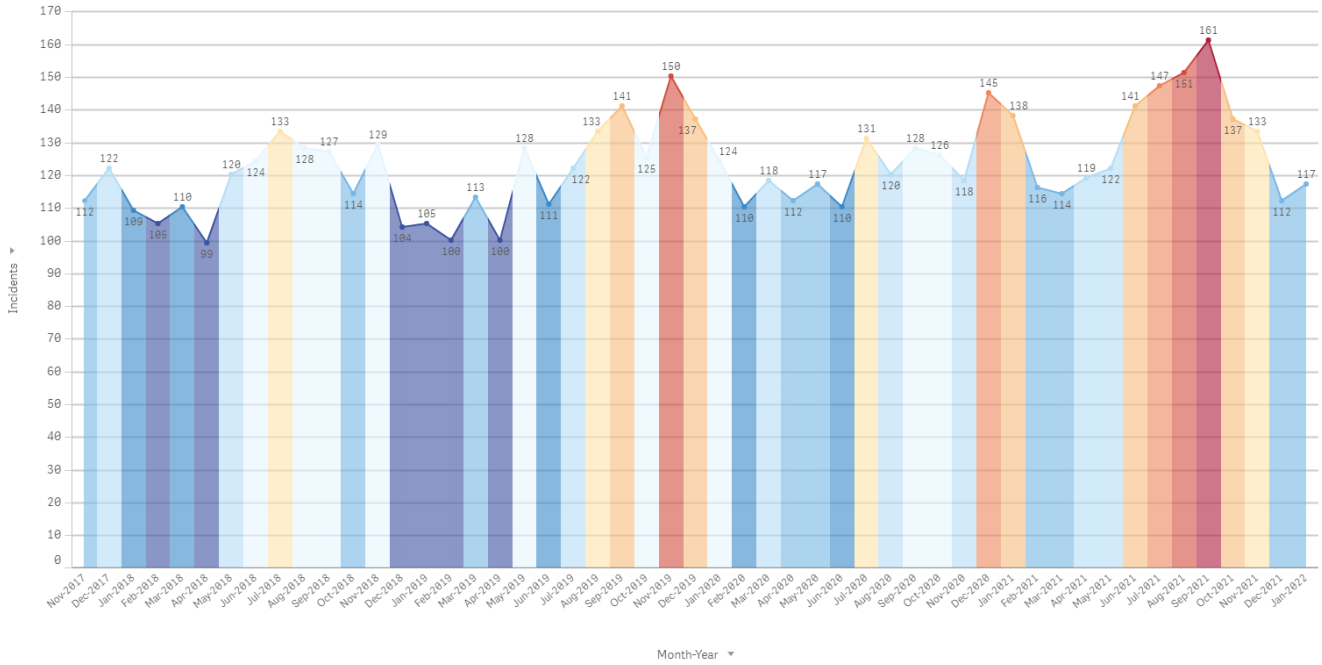


Figure 13 - Protocol 24 red demand by month/year

Falls

In January 2018 the MPDS team identified an issue with the coding of Ineffective Breathing in trauma protocols including fall. As a result, any patient who has fallen and is subsequently identified to have ineffective breathing is coded as an Arrest determinant and allocated a Red response even when the patient is conscious.

This issue was escalated to the national MPDS clinical focus group for resolution as an inappropriate coding. IAED asked UK services for examples however it would appear from the meeting notes that this wasn't explored further in later clinical focus group meetings.

Red demand associated with falls has experienced a step change in April 2021. A review of demand in Health Board areas seems to indicate the same or similar pattern of demand across all areas.

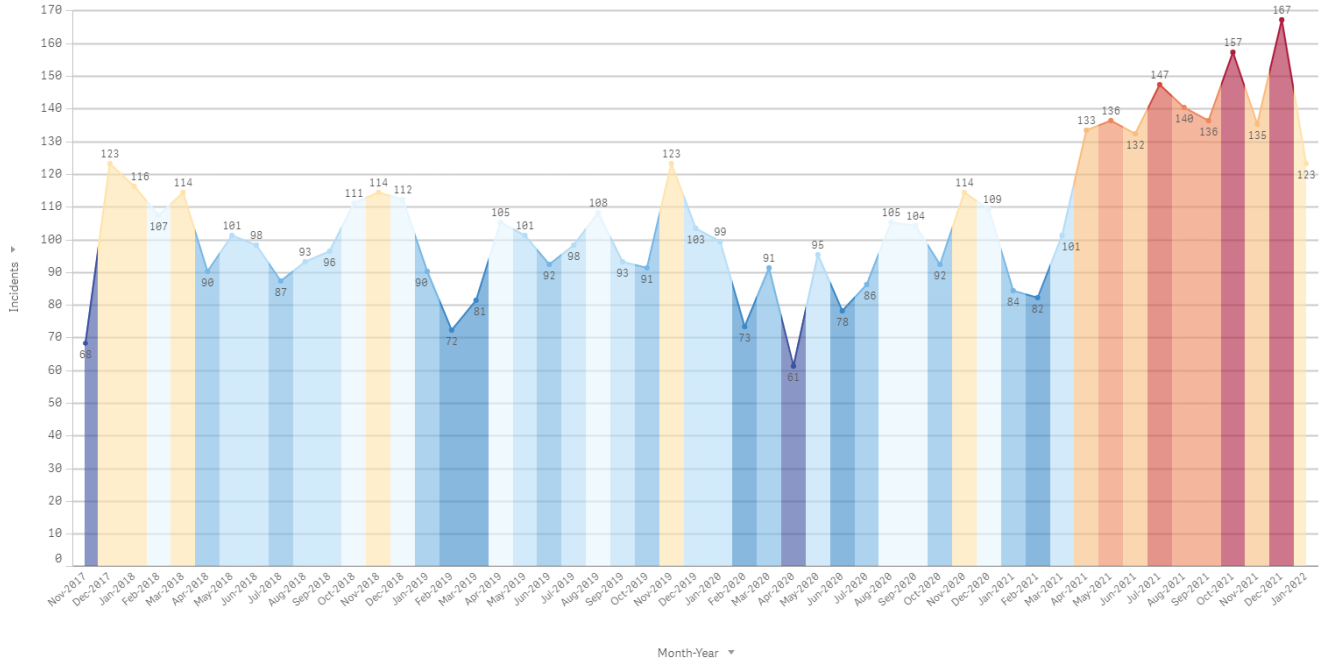


Figure 14 - P17 Red demand by month/year

The largest demand for Red falls is associated with unconscious patients (17D03) with the next largest demand relating to cardiac arrest (17D02). When we consider the ongoing identified issue of ineffective breathing in trauma protocols it is likely that this demand is not correctly reflecting the patient condition.

Within Protocol 17 there is a difficulty breathing descriptor for patients who have sustained a chest or neck injury, this code 17D05 is aligned with an Amber 1 priority.

Given that ineffective breathing is considered a Red priority in all other protocols it is possible that any change will result in a Red priority being assigned however we have requested a further escalation to the MPDS clinical focus group as this will impact on all trauma protocols.

When reviewing the response 65% of patients are conveyed to hospital, of those not conveyed the majority (75%) are recognised as deceased at the scene of the incident. This leaves a very small proportion of incidents that are resolved in another manner indicating an over prioritised incident. A focussed audit is being completed for all trauma protocols with an arrest determinant to understand the scale of the issue.

Reviews of the method of call and age demographic for this area shows nothing remarkable and a further investigation is required to understand the driver for the change in demand.

A focused audit is being completed for all trauma protocols to explore incidents that result in an arrest determinant, to assess if there is any learning that can be applied to EMD practice. Focused audit is possible with the consent of the IAED that permits WAST to allocate a proportion of our audits to an area of our own choosing. Our track record and previous pilot engagement has grown IAED confidence in our application of focused audit.

Running Calls

Demand associated with running calls does fluctuate marginally. The reduction in running calls has been well documented before and shared with our commissioner. There remains continued focus on the number of incidents identified as Red as a result of a running call. There are clear

guidelines in place regarding the generation of a running call and these are reviewed regularly by the EMS Coordination management team. As a running call is an immediate hit for performance purposes (as the resource is at the scene), a reduction of these incidents can have a perverse impact on our performance.

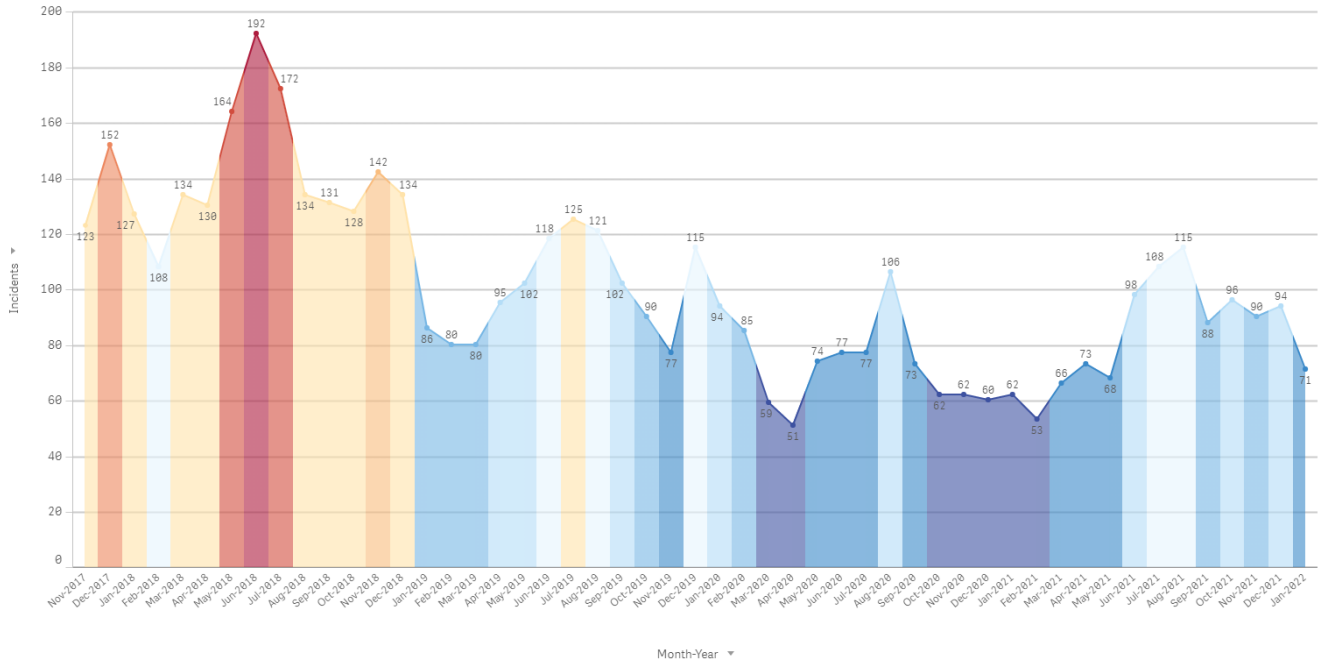


Figure 15 – Running Call by month/year

Convulsions/Fitting

A review of calls associated with Convulsions and Fitting included Protocol 12 as well as the Nature of Call code for Prolonged fitting. In order to correctly clinically prioritise patients who are continuously fitting for a period of more than 20 minutes, EMDs are trained to escalate incidents of this type to a Red priority from an original Amber 1 priority. If we do not have resource capacity to provide a timely response to the original Amber coded incident the red volume increases.

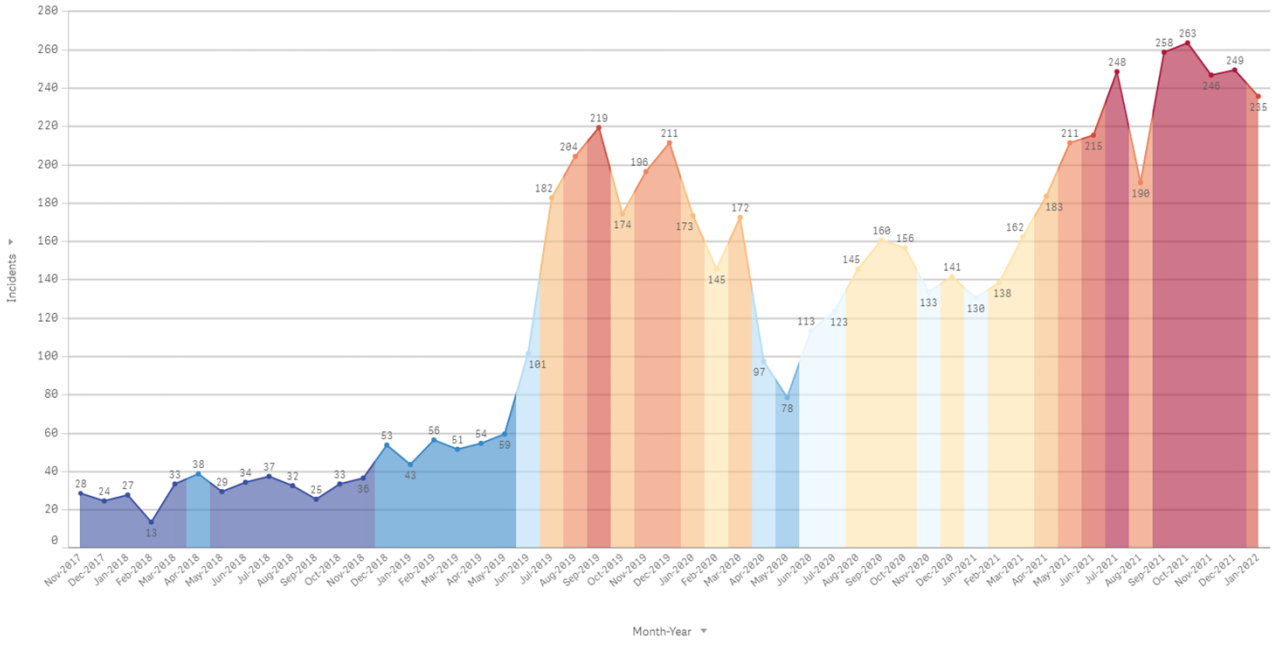
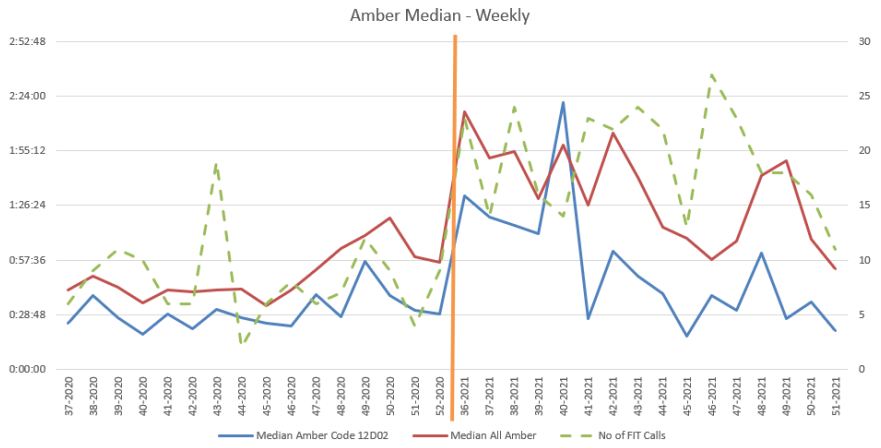


Figure 15 - Protocol 12 and Prolonged Fit by month/year

Red demand associated with fitting and prolonged fitting experienced a step change in demand in June 2019 as a result of the change in guidance regarding ineffective breathing. Protocol 12 includes an ineffective breathing determinant code (12D03).

	2019	2020	2021	% Increase 2021 v 2020
Sep	61	40	77	92.5%
Oct	39	40	92	130.0%
Nov	50	28	90	221.4%
Dec	52	38	68	78.9%

A further increase in Red demand has been demonstrated from March 2021 with demand increasing by 221% by November 2021. This increase is as a combined result of delayed response to patients continually fitting (and therefore being escalated) as well as ineffective breathing reported in fitting patients.



Other determinants result in a red response but have low levels of demand that is not likely to contribute significantly.

Allergies

Increases in Red demand associated with allergic reactions have demonstrated an increased trend since the beginning of the Covid-19 Pandemic.

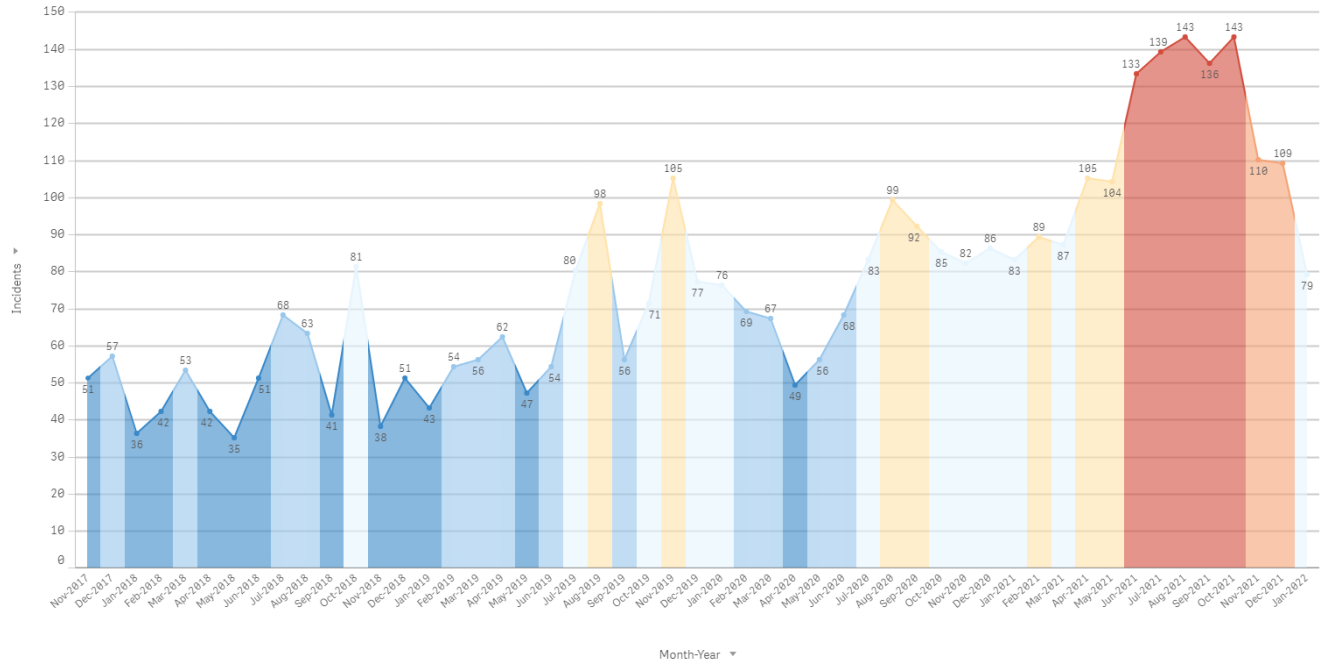


Figure 16 - Protocol 2 Red demand by month/year

When reviewing the method of call and patient demographic no significant themes could be easily identified.

The largest red code set in this protocol is identifying patients with difficulty speaking between breaths as a result of an allergic reaction (02D02). In addition Protocol 2 has an ineffective breathing descriptor which will have been effected by the process change in 2019.

However the most significant change in demand is not related to breathing difficulties but relates to patients who are not alert following an allergic reaction (02D01).

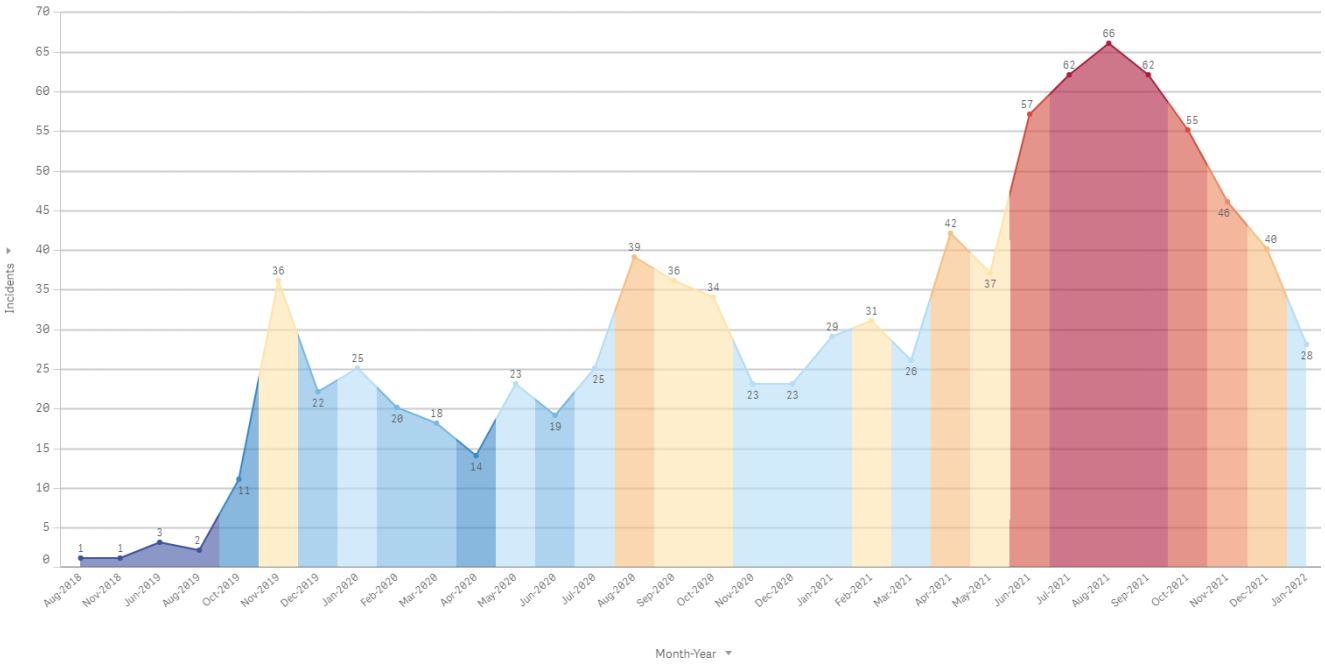


Figure 17 - Protocol 2 Not Alert by month/year

This increase seems to have impacted some health boards more than others with Betsi Cadwaladr, Aneurin Bevan and Cardiff & Vale seeing the greatest impact.

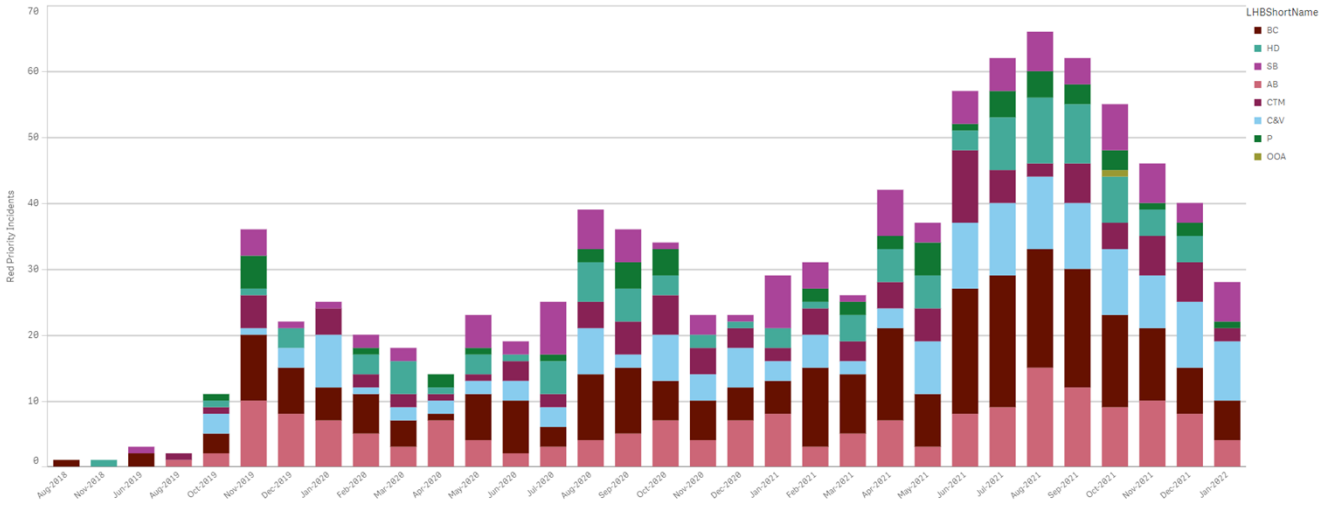


Figure 18 - 02D01 by Health Board

Conclusion

Red demand levels have been significantly impacted by the Covid-19 pandemic with respiratory problems having the greatest impact. Focussed audits of the 999 calls received provide confidence that the priority of these incidents is accurate with over coding reduced as a result of the additional training and guidance issued to EMDs. We can therefore take some assurance from our previous response to outcomes of focused audit.

When reviewing the driver for increased demand for respiratory problems, paediatric demand in the 0-4 age range is the most significant factor. This was supported by the RSV demand data shared by Public Health Wales, however as RSV has reduced in prevalence the demand originating from paediatric patients remains high with the Omicron variant now having a greater impact on paediatric patients than other Covid-19 variants.

The increasing demand associated with allergic reactions needs further analysis to understand if restrictions in place to control the spread of Covid-19 is having an impact on those patients most susceptible to allergic reactions.

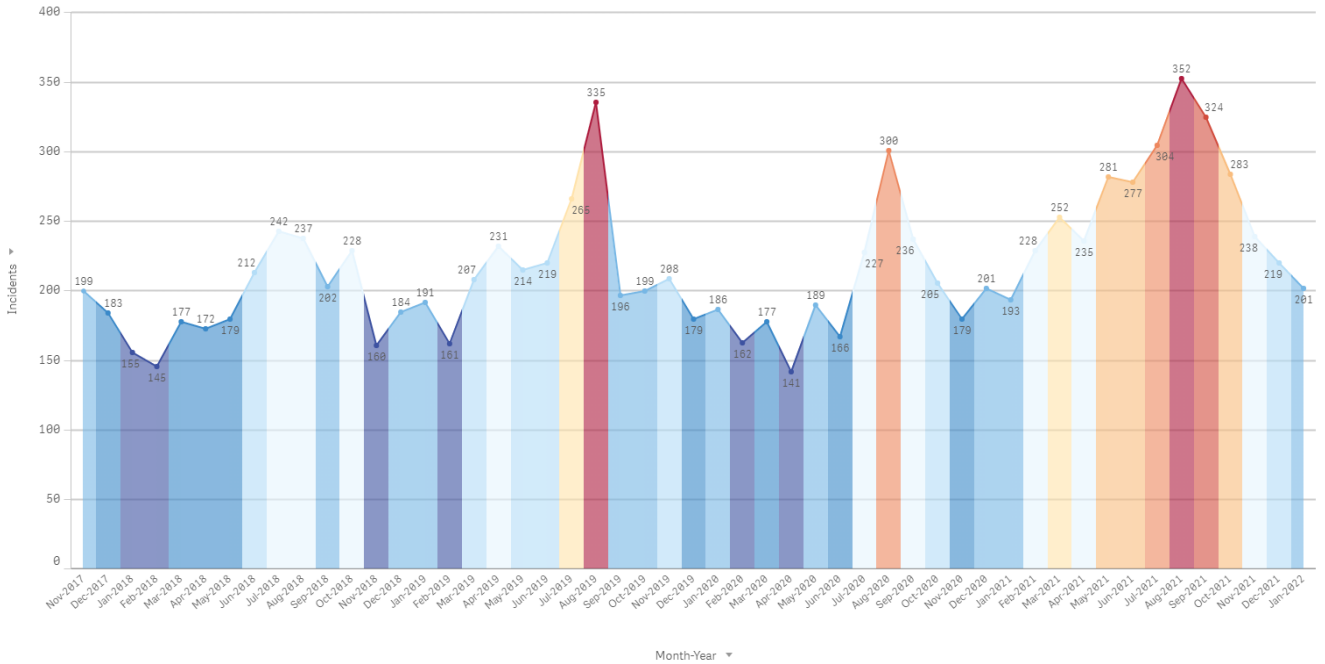


Figure 20 - Demand associate with Allergic Reaction all priorities

Consideration should also be given to any data available with the vaccination programme and whether the increase in demand associated with allergic reactions is directly related to this medication.

Recommendation for a further clinical review of Red demand associated with allergic reaction to identify any trends in allergy triggers or clinical outcomes.

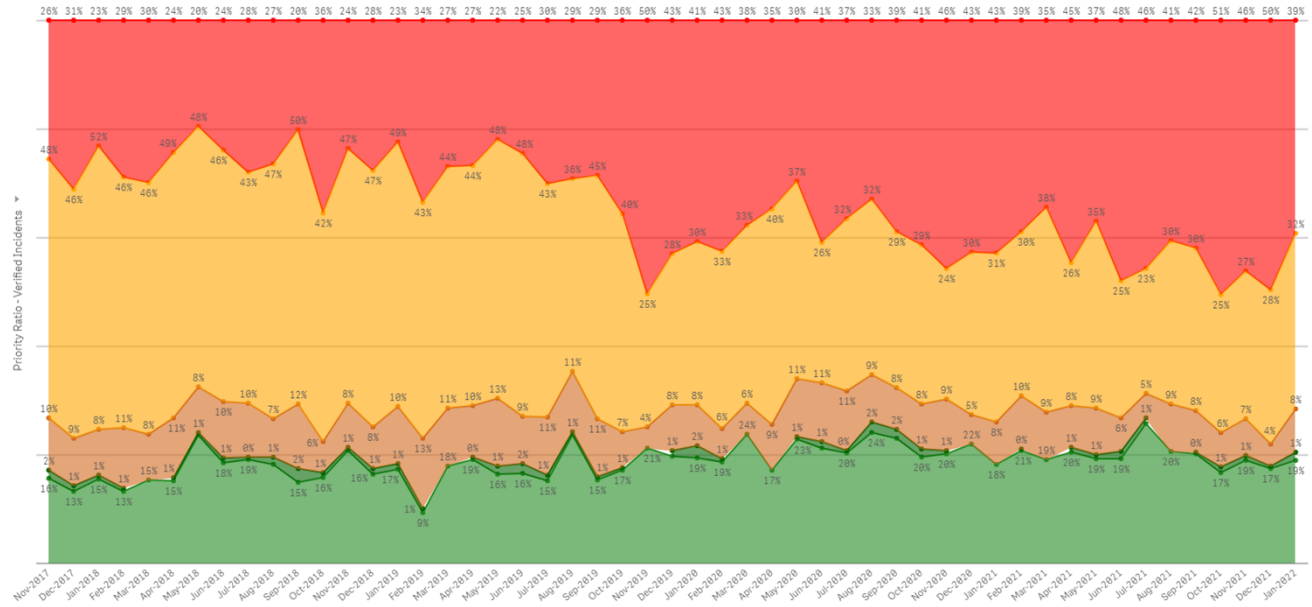


Figure 19 - Protocol 2 acuity trend

Increasing demand associated with prolonged fits can be directly associated with increasing response times to amber priority incidents. A continuing deterioration in lost hours at hospital will further impact our ability to respond to amber priority patients, which will have a continued impact on this type of red demand.

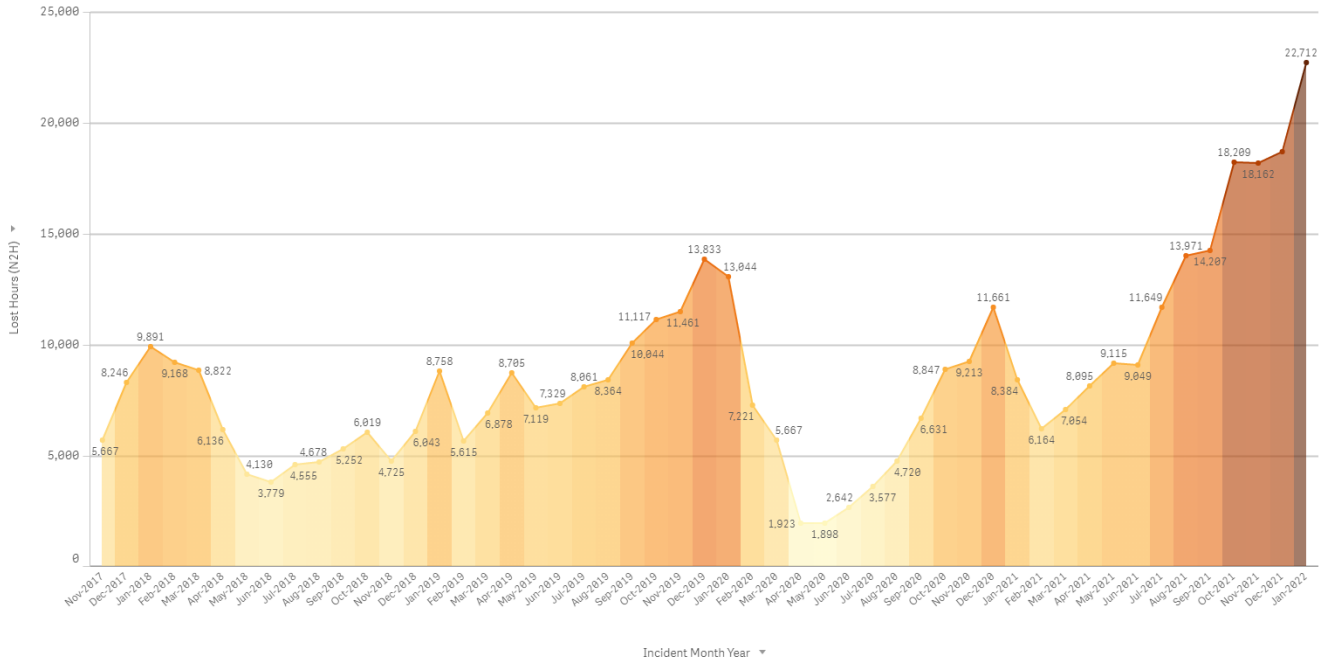


Figure 20 - Lost hours at hospital by month/year

Also for consideration is the change in how patients are accessing our services with increased levels of Red priority incidents being received from health care professionals including 111. Of particular note is the age demographic of patients accessing services in this way. A large proportion of the Red demand received from health care professionals is aligned to the increasing demand for 0-4 year olds.

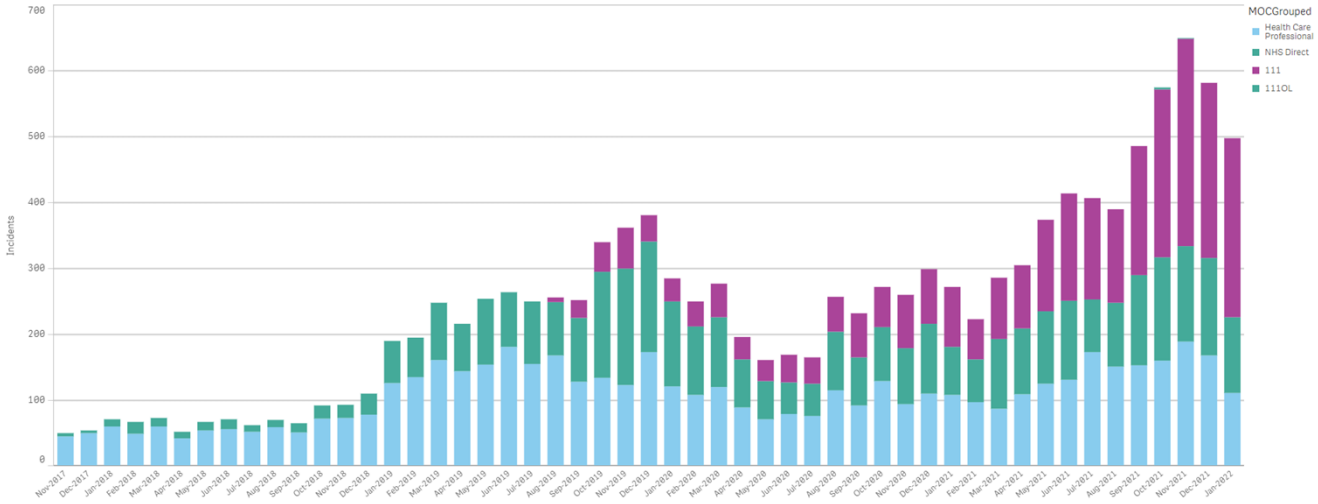


Figure 21 - Red demand originating from health care professionals inc 111

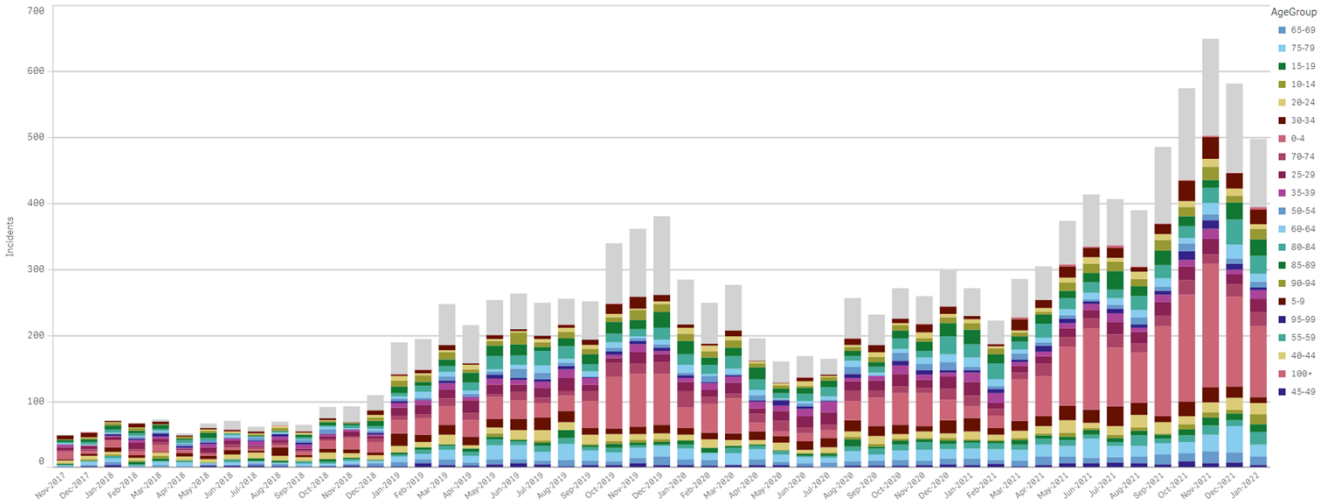


Figure 22 - Patient demographic of HCP Red demand

111/QSPE will undertake further review of the origins and outcomes for 0-4 yrs demand to understand any learning or systems changes that could better address this increasing Red emergency demand

It is recommended that the Finance & Performance Committee:

1. **NOTE** the outcome of the analysis of the red activity review, including some additional work including:
    a. 111/QSPE undertake further review of the origins and outcomes for 0-4yrs demand to understand any learning or systems changes that could better address this increasing Red emergency demand.
    b. A clinical review of Red demand is commissioned to understand increased incidents associated with allergic reaction and to identify any trends in allergy triggers or clinical outcomes.
    c. EMS Coordination continue to use focussed audit to explore areas identified for potential EMD learning.

2. **NOTE** there is no indication as a result of this review, save for some seasonal shifts for breathing problems, that red activity is likely to reduce to levels seen pre-IAED process change in 2019.

Appendices

Appendix 1 – Coaching Tip Echo at anytime


10) Echo.pdf

REPORT CHECKLIST

Issues to be covered	**Paragraph Number (s) or "Not Applicable"**
Equality Impact Assessment	n/a
Environmental/Sustainability	n/a
Estate	n/a
Health Improvement	n/a
Health and Safety	n/a
Financial Implications	n/a
Legal Implications	n/a
Patient Safety/Safeguarding	This paper provides an assessment of the increased levels of Red demand and driving factors with consideration of the actions taken by EMS Coordination. Incidents prioritised as Red (immediately life threatening) have shown a steady increase in demand since February 2019. Over the same period WASTs response to Red incidents within 8 minutes has deteriorated.
Risks	CRR 223 Ability to respond to patients
Reputational	Analysis support the connectivity between activity and performance associated with Red demand. Failure to meet performance targets reflects a reputation risk to stakeholders and patients/service users.
Staff Side Consultation	Will be received through Trade Union Partners by virtue of attendance at finance and performance committee

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust

Pan-Wales Shift Left Deep Dive

Hear & Treat / See & Treat

Executive Overview – Pan Wales Shift Left

This analysis seeks to consider the following:

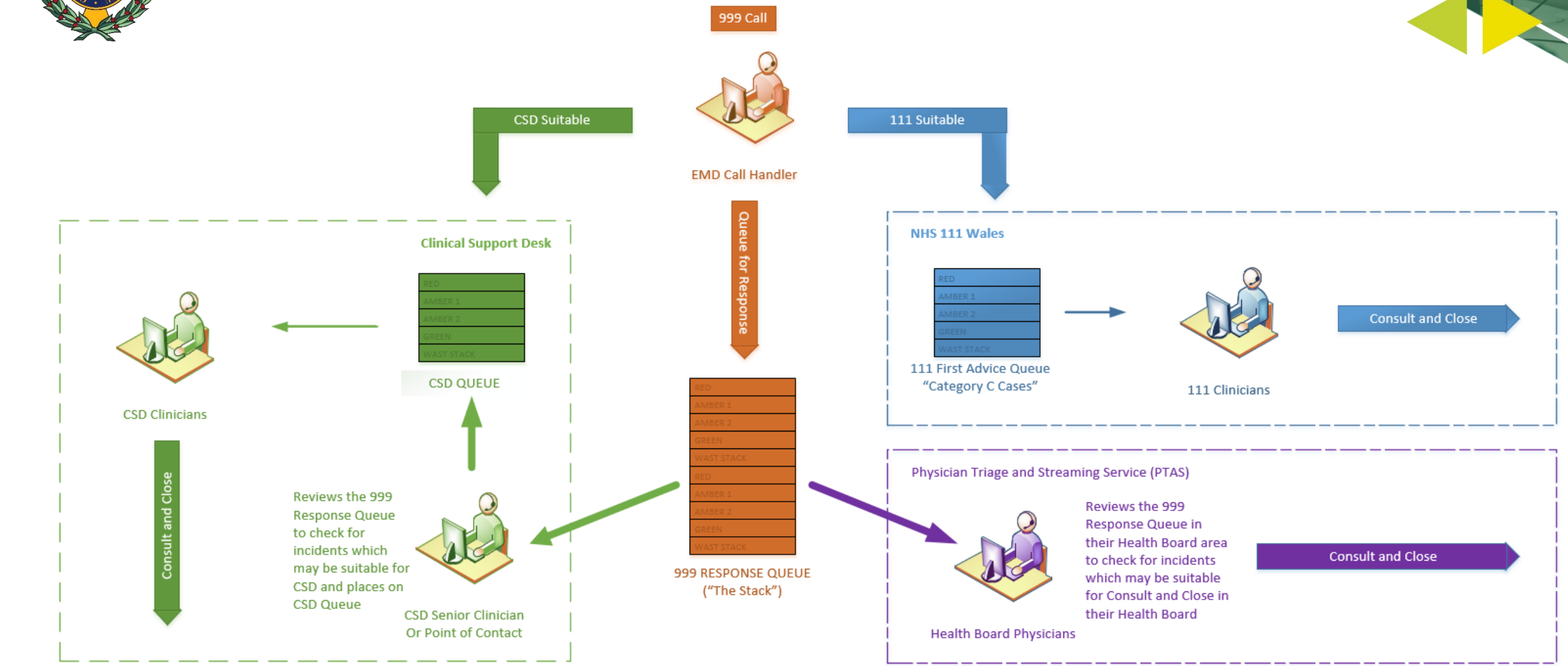
- The performance levels for hear & treat and see & treat (shift left)
- The quality, safety & patient experience for Our Patients from this service.
- Information on Our People, for example, abstraction rates, FTEs and training.
- Finance & Value.
- The System Contribution from current and proposed future (inversion of the triangle) shift left activity.

Executive Overview – Pan Wales Shift Left

- The Trust is currently exceeding the benchmark (10.2%) hear and treat rate.
- But there is some variation in the rate between health boards.
- Quality, safety & patient experience metrics e.g. re-contact rates and patient safety incidents are supportive of this shift left action.
- The Physician Triage Assessment Service (PTAS) is not yet rolled out across all health boards and the patient volumes are low.
- Hear & treat is only one of three main activities undertaken by the Clinical Support Desk, patient safety netting and advice and support to Response staff being the other two.
- The Trust has recently invested another 41 FTEs into the Clinical Support Desk, almost doubling its establishment with the expectation that the hear & treat benchmark will increase to 15%.
- Full inversion of the triangle would see a doubling of the new establishment and potentially another +80 FTE.
- Currently 52.4% of hear & treat activity results in an ED/MIU avoidance.
- The Trust is reducing conveyance to ED, but the figures need to be treated with a degree of caution due to the application of the Clinical Safety Plan e.g. “clinical screening” “unable to send”.
- The APP conveyance rate is 29% points lower than non-APP ambulance resource.
- Patient safety information for see & treat is positive e.g. very low re-contact rates.
- ePCR will provide a significantly improved clinical tool for Response staff.
- Senior Paramedics are providing clinical ride outs to support clinical practice.
- The Band 6 competencies completion rate is currently 79%.
- ORH modelling indicates that combined shift left activity could reduce handover lost hours by 8,000 per month (-1,165 patient conveyance to hospital).

Part 1: Hear and Treat

Hear & Treat (Consult and Close) Process



Hear & Treat (Consult and Close) Overview

Consult, Close and …

… Self Care: The Clinician speaks to the patient over the telephone and provides a solution to their issue, which the patient can resolve themselves. Reduces hospital and ambulance demand.

… Refer: The Clinician speaks to the patient over the telephone and refers them to an alternative provider (e.g. Pharmacy, General Practitioner, Out of Hours Service) which avoids a visit to the Emergency Department or Minor Injuries Unit. Reduces hospital and ambulance demand.

… Alternative Transport: After consultation the patient still needs to go to the Emergency Department or Minor Injuries Unit but makes their own way using non Emergency Ambulance transport (e.g. own car or Taxi). Reduces ambulance demand only.

Graphs and Further Information

Our Patients - CSP Levels

CSP (Response)	RED	AMBER 1	AMBER 2	GREEN	HCP (Non-Emergency)
1	Business as Usual				
2a	Respond	Respond	ETA - Alt Transport	ETA - Alt Transport	ETA - Alt Transport
2b	Respond	Respond	ETA - Alt Transport	ETA - Alt Transport	ETA - Alt Transport
2c	Respond	65th ETA Script Alt Transport	65th ETA Script Alt Transport	65th ETA Script Alt Transport	65th ETA Script Alt Transport
3a	Respond	65th ETA Script Alt Transport	65th ETA Script Alt Transport	Can't Send Respond to exceptions	Can't Send Pass to ROU or EMG
3b	Respond	90th ETA Script Alt Transport	Clinician Screening	Can't Send	Can't Send
4a	Respond	Clinician Screening	Can't Send	Can't Send	Can't Send
4b	Clinician Screening		Can't Send	Can't Send	Can't Send

NB: The green boxes indicate some of the patient safety netting that goes on

- **Red = Immediately life threatening**

These patients are very seriously ill or injured and in imminent life-threatening danger. As an example, the person may be experiencing a respiratory/cardiac arrest.

- **Amber = High or urgent – serious but not immediately life threatening**

Amber 1 - High Clinical Priority: This category is for all other life threatening emergencies. As an example, the person may be experiencing cardiac chest pains or a stroke.

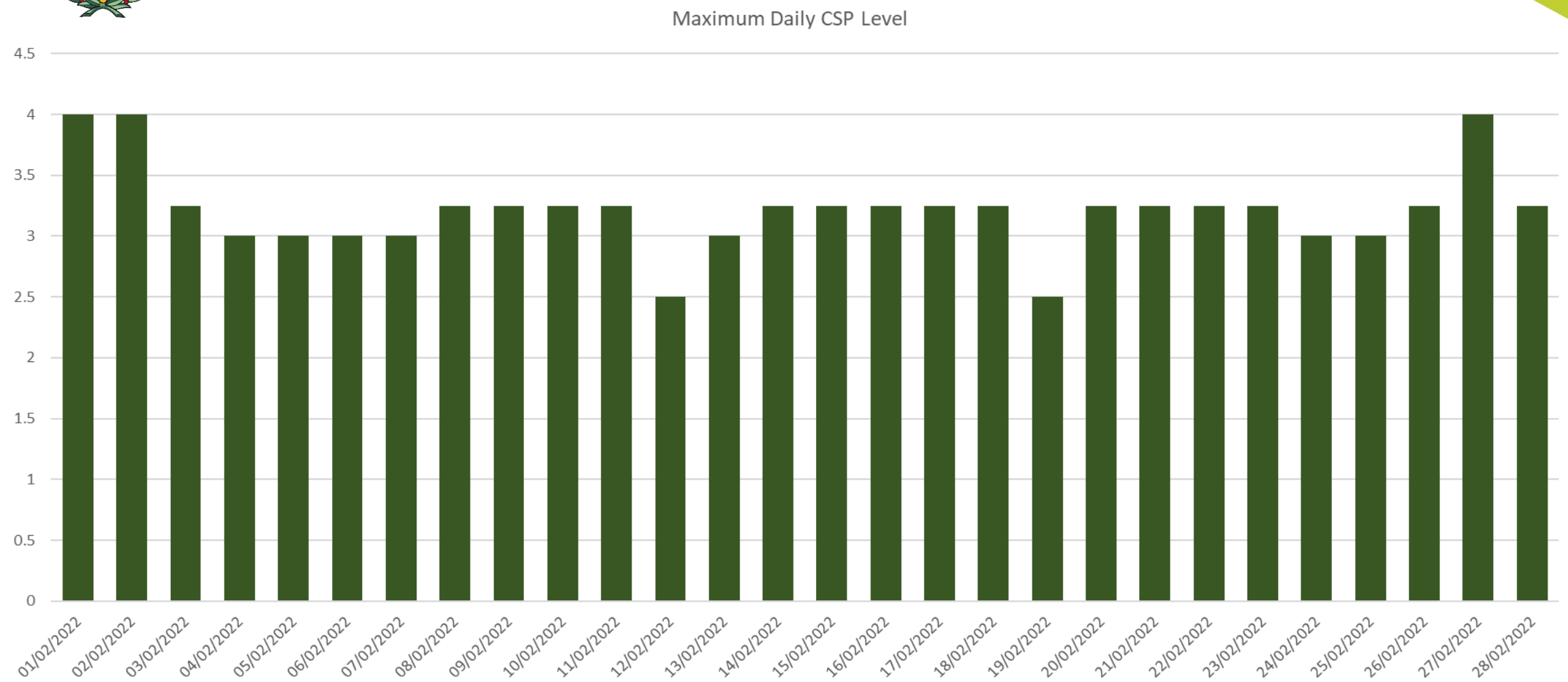
Amber 2 - Urgent Clinical Priority: This category is for serious, but not immediately life threatening situations. As an example, the person may be experiencing diabetic problems.

- **Green = Neither serious or life threatening**

Green 2 - Non-Urgent Clinical Priority: this priority is for neither serious nor life threatening incidents. As an example, the person may have fainted and be recovered and alert.

Green 3 - Suitable for Clinical Telephone Assessment: This priority is for neither serious nor life threatening incidents. As an example, the person may be suspected to have been poisoned but is not showing any priority symptoms.

Our Patients - CSP Levels (Graph)



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

Our Patients – Consult and Close, Clinical Support Desk

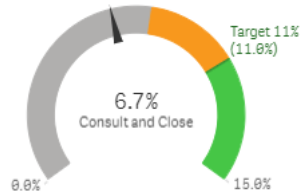
Percentages based on Verified 999 Incidents

Consult and Close

Clinical Support Desk

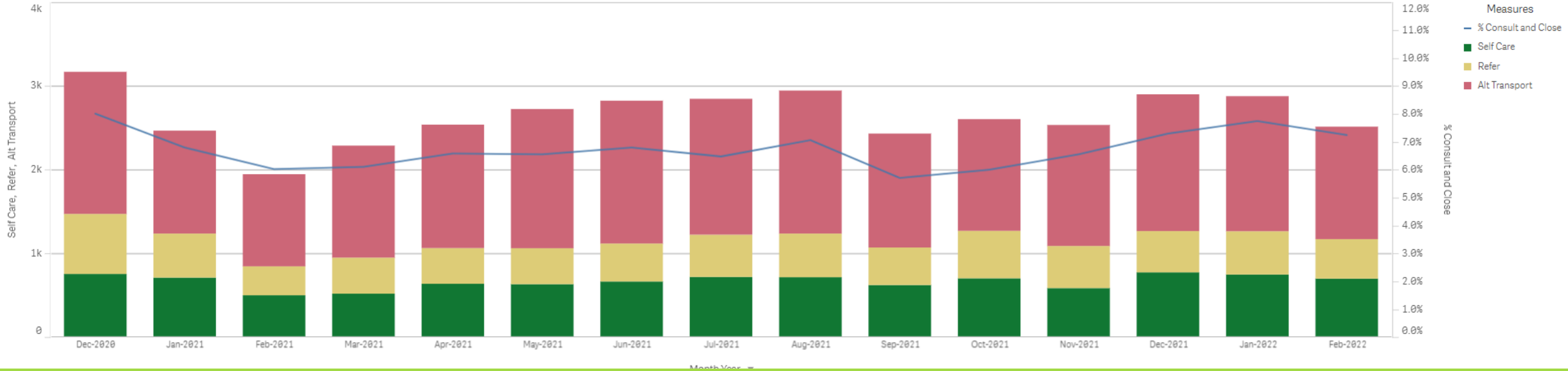
Consult and Close	Self Care	Referral	Alternative Transport
Percent of Verified Incidents	Percent of Verified Incidents	Percent of Verified Incidents	Percent of Verified Incidents
6.7%	1.7%	1.2%	3.8%

Consult and Close
Target 11%



Verified Incidents	Consult and Close	Self Care	Referral	Alternative Transport
Volume	Volume	Volume	Volume	Volume
589,797	39,448	9,839	7,353	22,256

Includes Close, Refer, Transport



Our Patients – Consult and Close, NHS 111 Wales

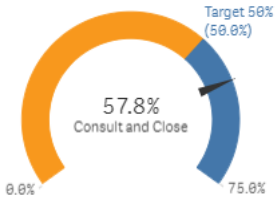
Percentages based on Volume of Category C Calls Passed to NHS 111 Wales from EMSCCC

Consult and Close

NHS 111 Wales

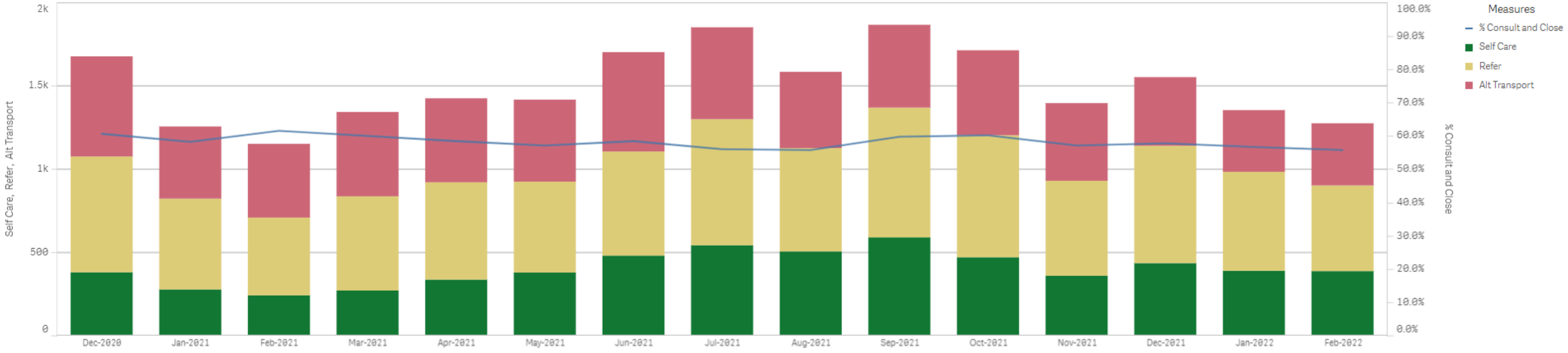
Consult and Close	Self Care	Referral	Alternative Transport
Percent of Cat-C Cases	Percent of Cat-C Cases	Percent of Cat-C Cases	Percent of Cat-C Cases
57.8%	15.3%	23.9%	18.6%

Consult and Close
Target 50%



Verified Category C Cases	Consult and Close	Self Care	Referral	Alternative Transport
Volume	Volume	Volume	Volume	Volume
38,858	22,473	5,963	9,298	7,212

Includes Close, Refer, Transport



Our Patients – Consult and Close, CSD and 111 Combined

Combined percentages based on Verified 999 Incidents

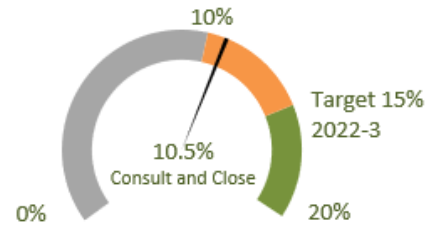
Consult and Close

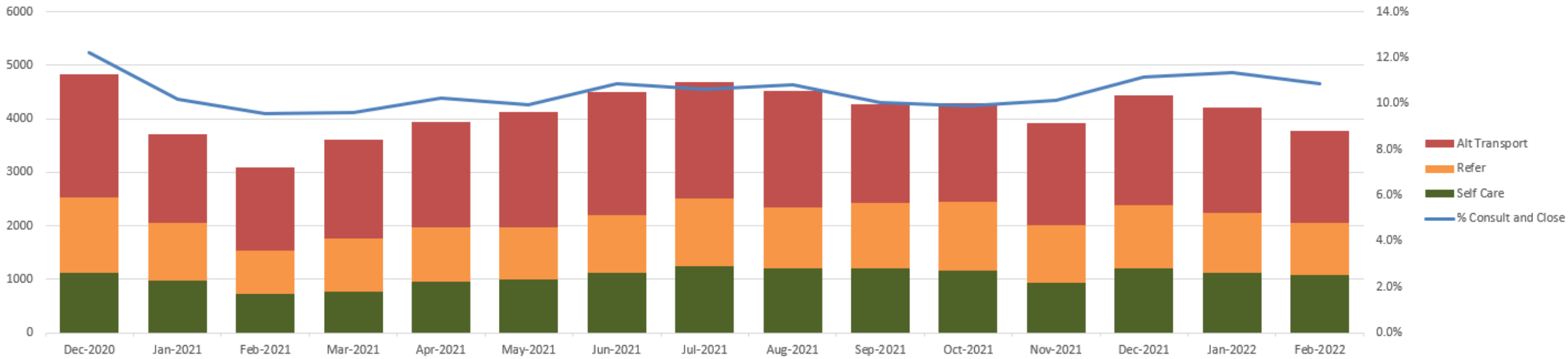
Combined CSD & 111

Consult and Close	Self Care	Referral	Alternative Transport
Percent of Verified Incidents	Percent of Verified	Percent of Verified	Percent of Verified
10.5%	2.7%	2.8%	5.0%

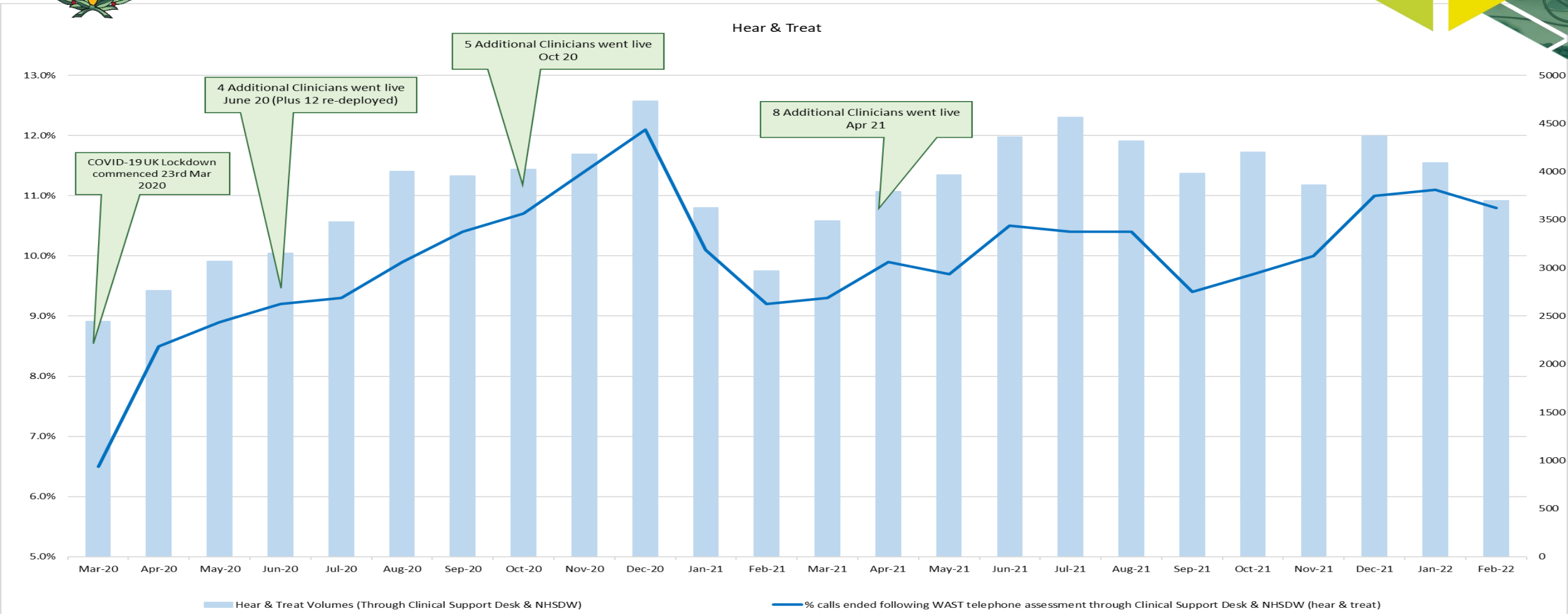
Verified Incidents	Consult and Close	Self Care	Referral	Alternative Transport
Volume	Volume	Volume	Volume	Volume
589,797	61,921	15,802	16,651	29,468

Consult and Close
Percent of Verified Incidents

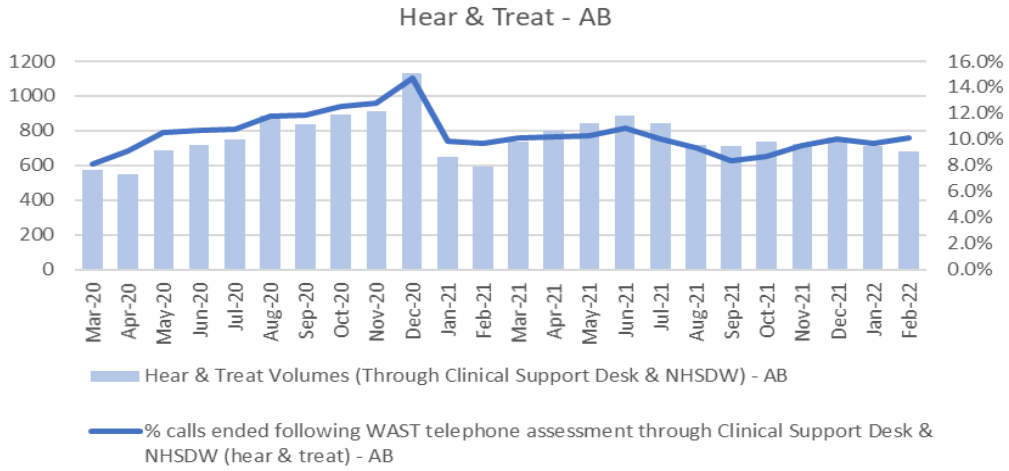


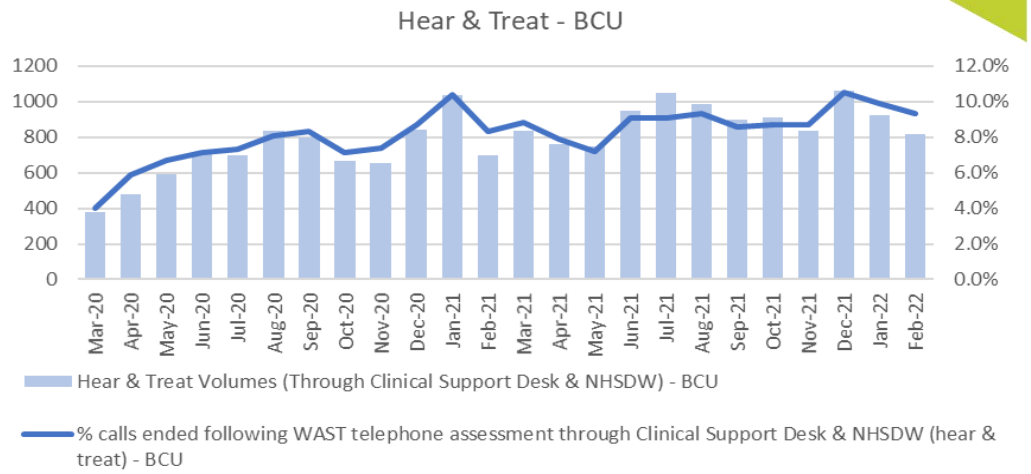


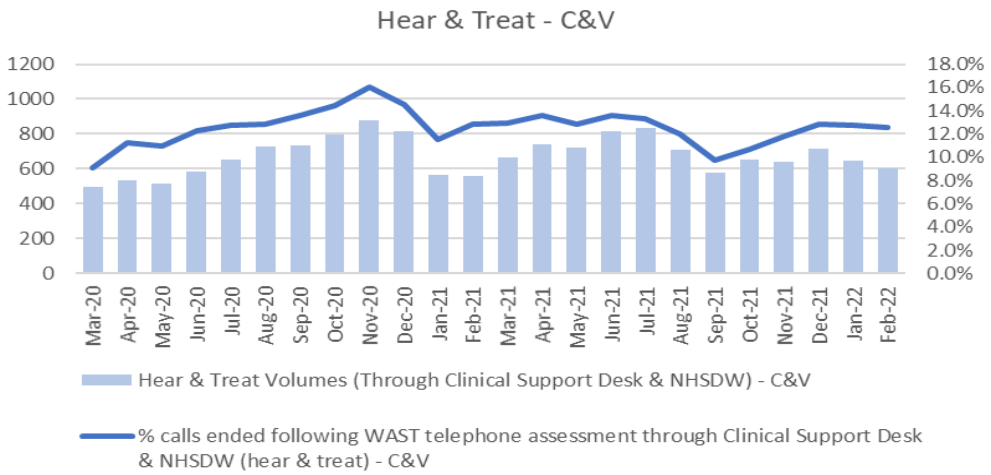
Our Patients – Consult % Close Pan-Wales

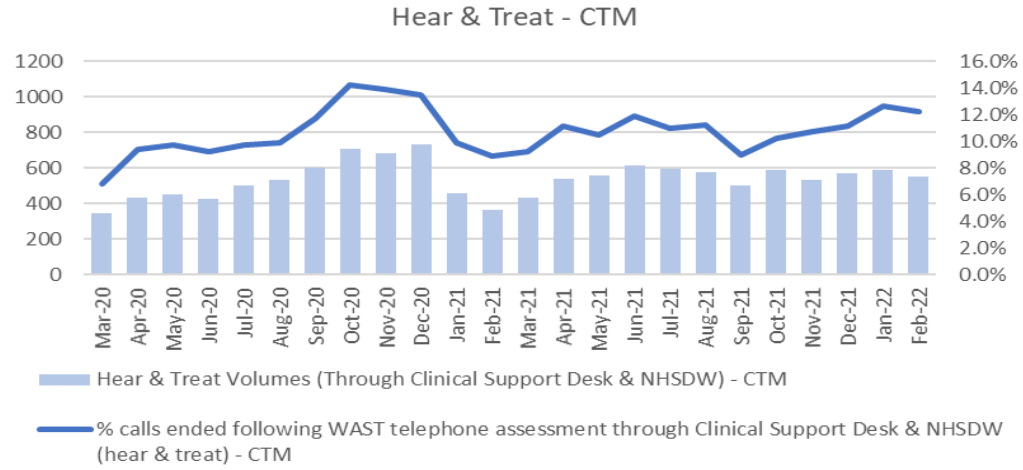


Our Patients – Hear & Treat by Health Board

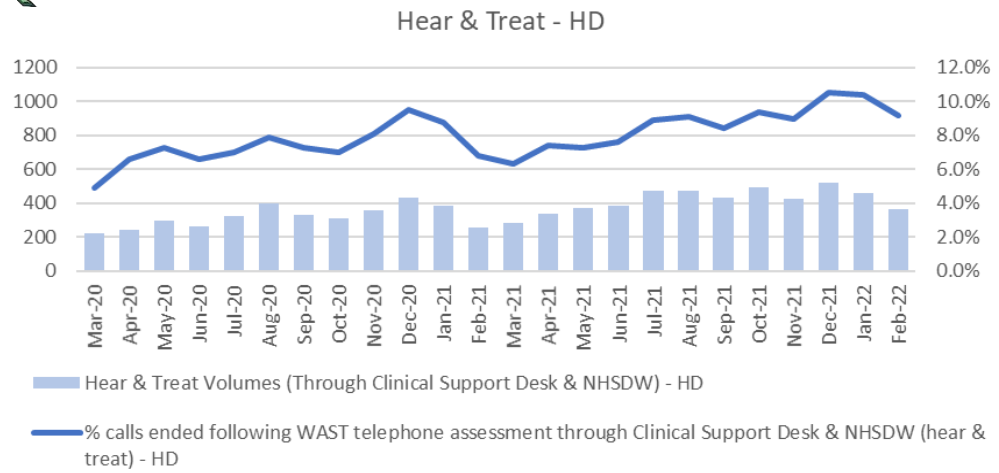


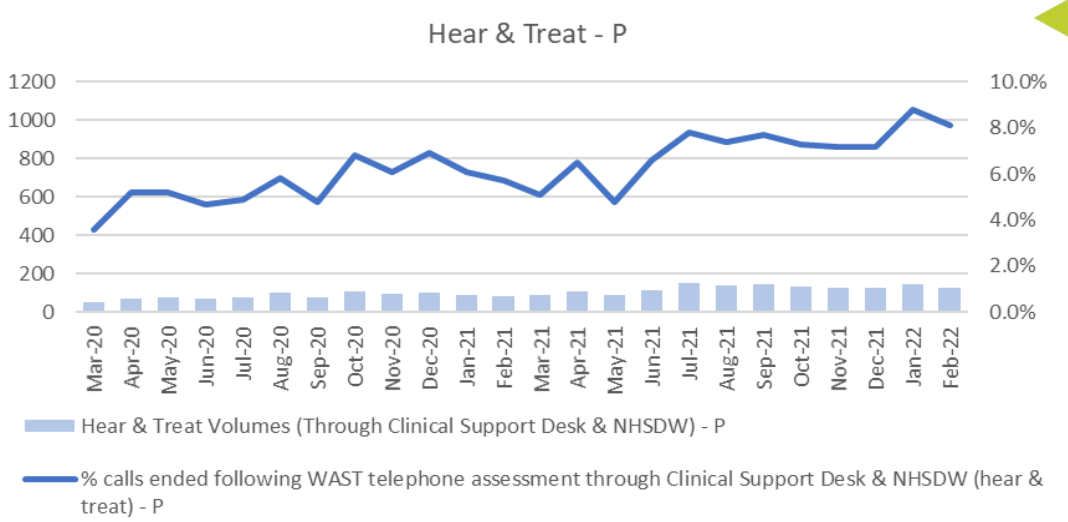


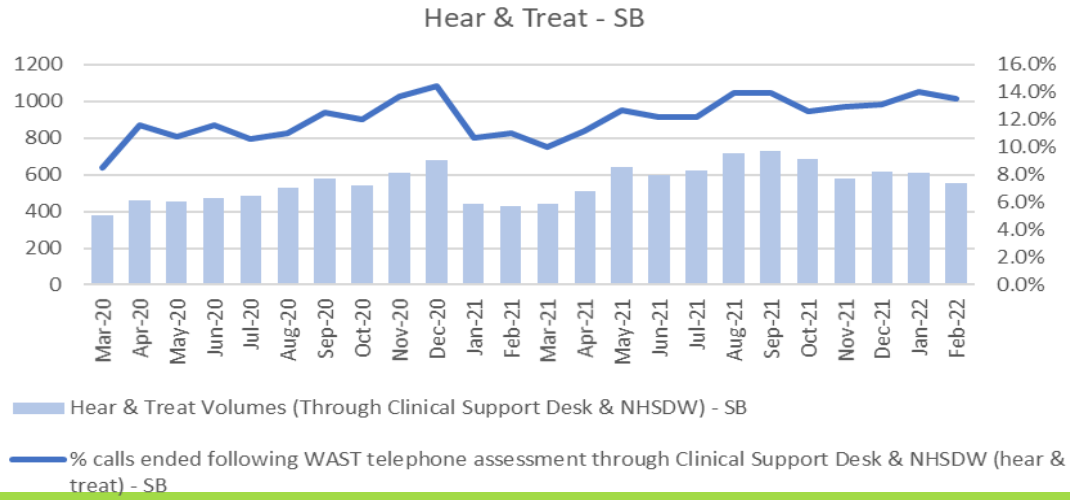




Our Patients – Hear & Treat by Health Board

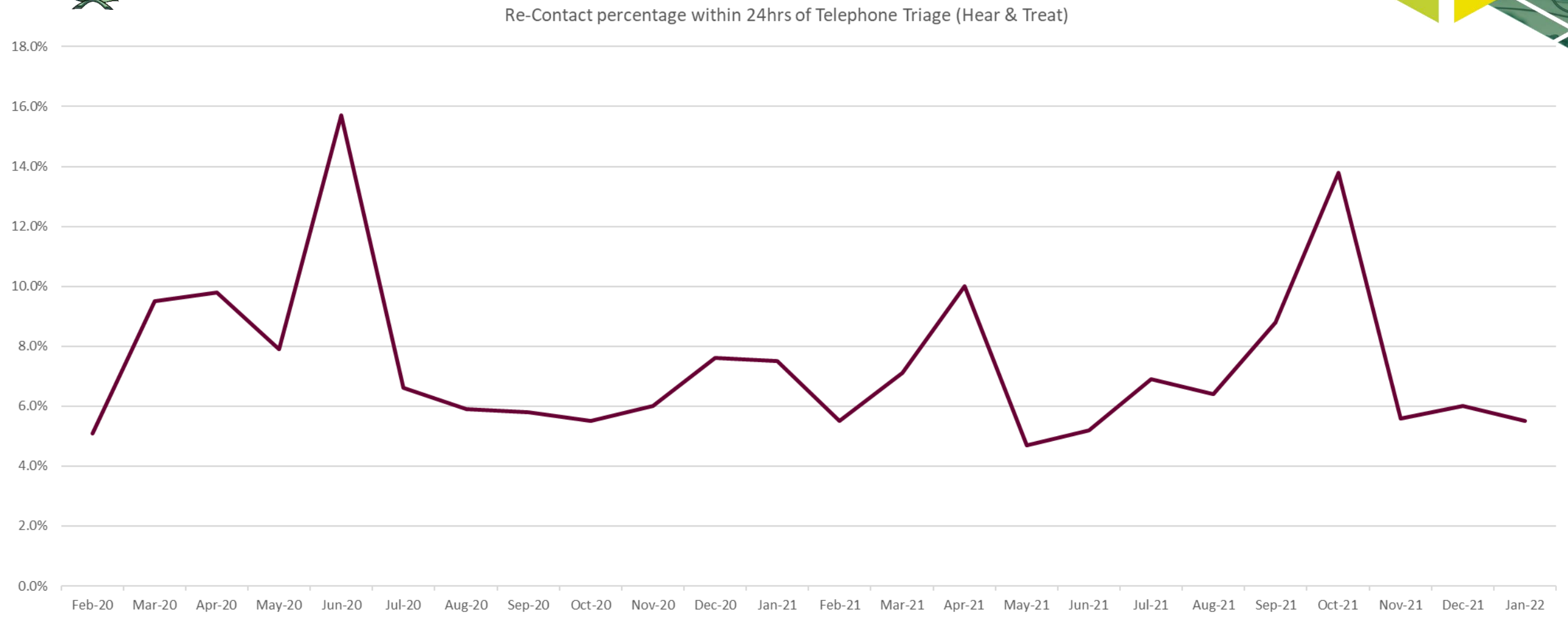






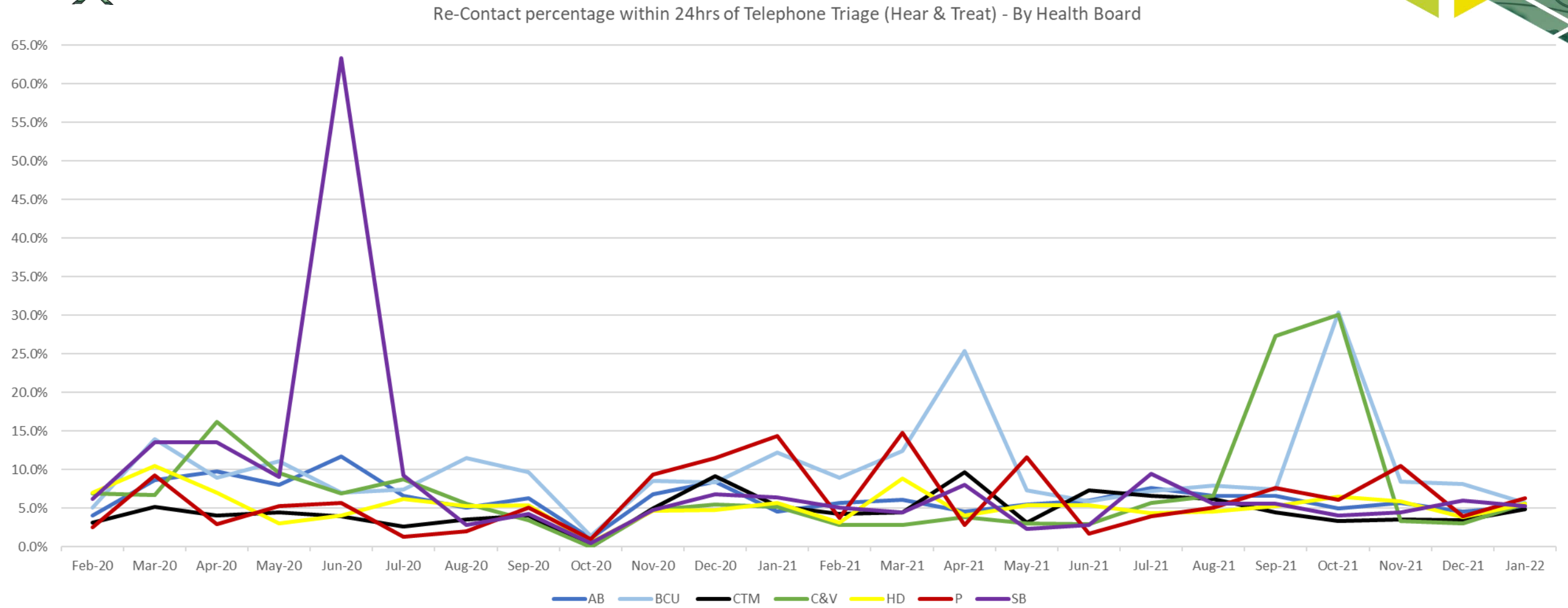
NB: Feb-22 data unavailable as AQIs not published

Our Patients – Pan-Wales Re-Contact Rates

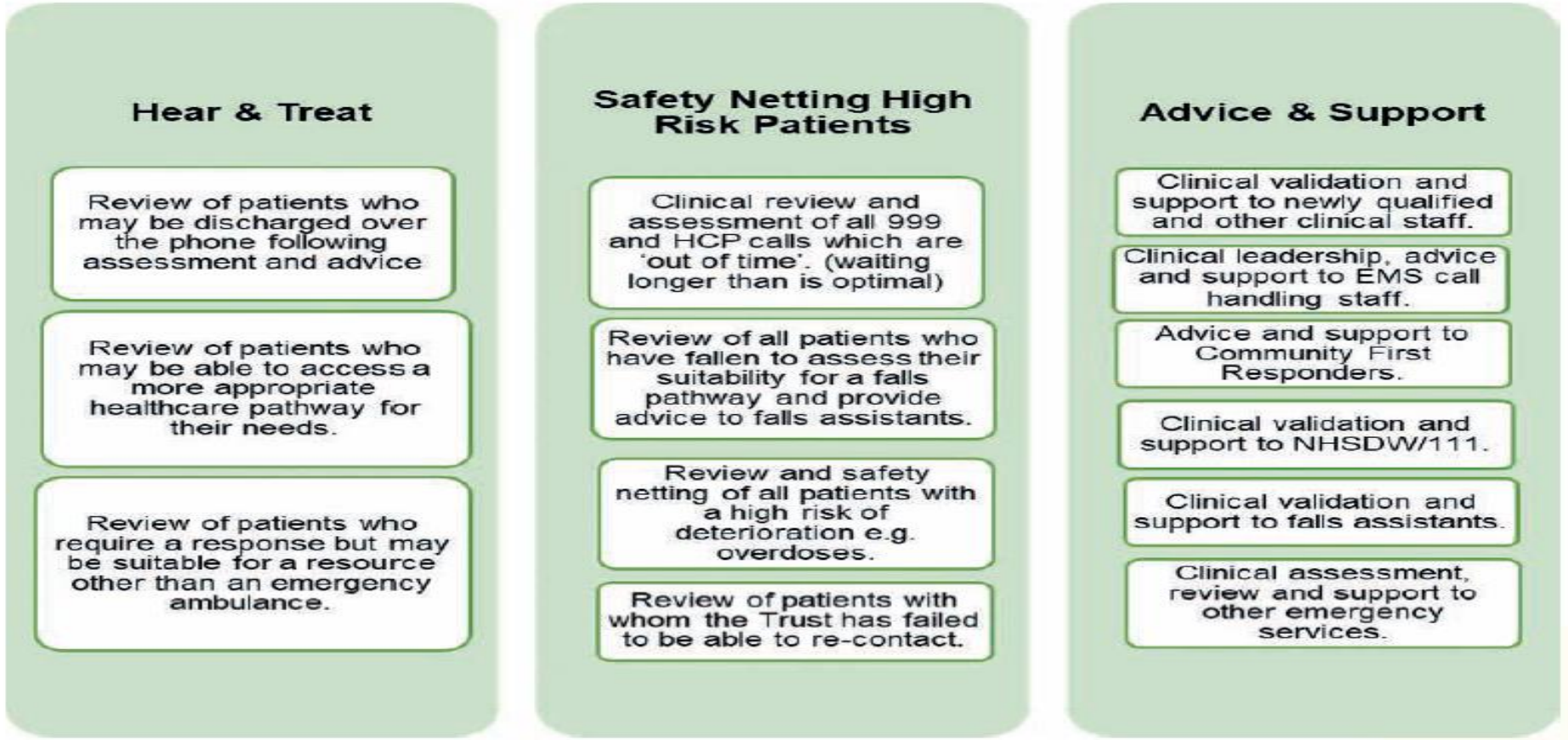


NB: Feb-22 data unavailable as AQIs not published

Our Patients- Health Board Level Re-Contact Rates



Our Patients – Utilisation



Hear and Treat is conducted by the main CSD clinicians, Advice and Support is by the Clinical Point of Contact (a CSD Clinician) or by the new CSD APP and safety netting is carried out by CSD Clinicians.

Our Patients - PTAS

	2020							2021												2022	
Call Outcome	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
Alternative Transport						1	3		1	1	1	1	1	2			2	2		2	2
Referred to Community provider															1		3	3		6	1
Referred to Frailty Team																1				1	
Referred to GP - In/OOH								1				1	1		1	1	2	1		2	3
Referred to Psychiatric Assessment																				1	
Self Care Advice - Discharge								1	1	1		2	3	3				3		4	5
Hear and Treat Referral	1			1	2	1															
Hear and Treat Discharge					1	1															
Grand Total	**1**	**0**	**0**	**1**	**3**	**3**	**3**	**2**	**2**	**2**	**1**	**4**	**5**	**5**	**2**	**2**	**7**	**9**	**0**	**16**	**11**

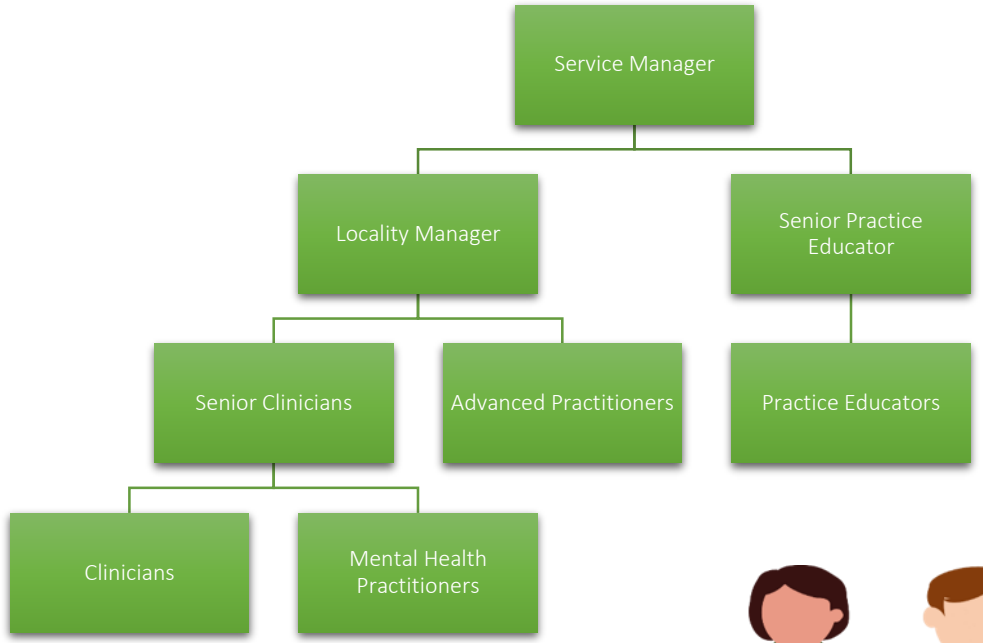
Our People – Clinical Support Desk

Clinical Support Desk Front Line Staff

- 77 FTE Clinicians (Rising from 41 thru Q3-Q4 2021-22)
- 9 FTE Advanced Practitioners (3 today rising thru Q2 2022-23)
- 5 Mental Health Practitioners (Starting practice Q1 2022-23)
- 9 Senior Clinicians (Rising from 7 in 2021)

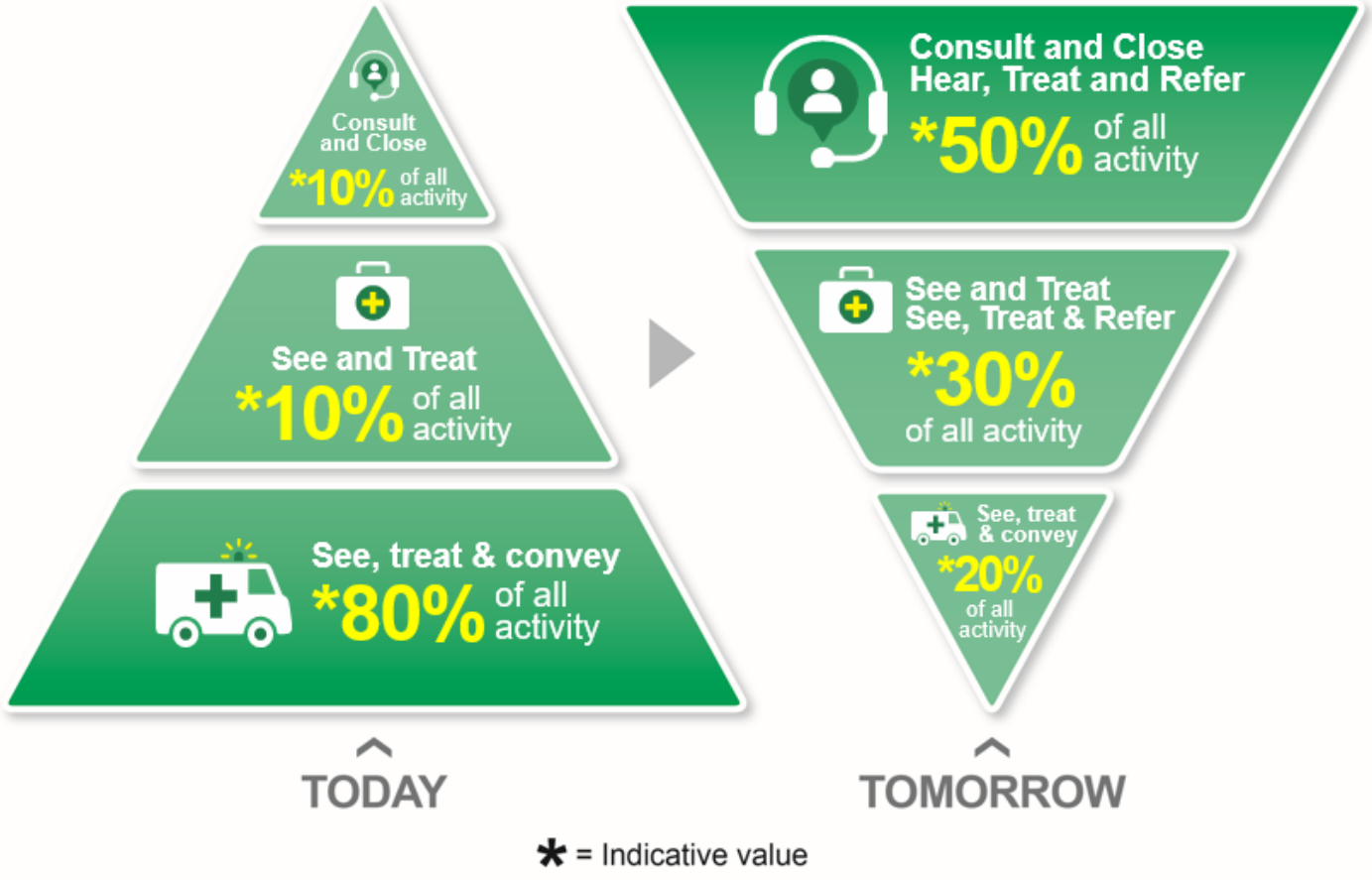
Clinical Support Desk Leadership and Support

- 1 Senior Practice Educator
- 5 Practice Educator (Learning, Development and Audit)
- 1 Locality Manager (National)
- 1 Service Manager



Looking to the future

Our emerging service model for a sustainable future



Our People – Staff Mix: Future

Results – Requirement (dedicated)

Model the staffing requirement to achieve 10%, 15% and 20% Hear and Treat, with staff dedicated to secondary triage.

- With CSD staff dedicated to secondary triage, the following staffing would be required:

Staff Requirement

Year	H&T Rate	FTE (10% Sickness)				FTE (6% Sickness)			
		CL	PH	MH	Total	CL	PH	MH	Total
Year 1	10%	52	10	16	**78**	49	9	16	**74**
	15%	85			**111**	80			**105**
	20%	118			**144**	111			**136**
Year 2	15%	86			**112**	81			**106**
Year 3	20%	125			**152**	118			**143**

- In Year 1, 15% Hear and Treat requires +28 FTE from the funded position and +61 FTE to achieve 20% Hear and Treat (with 10% sickness).

Our People – Staff Mix: Future

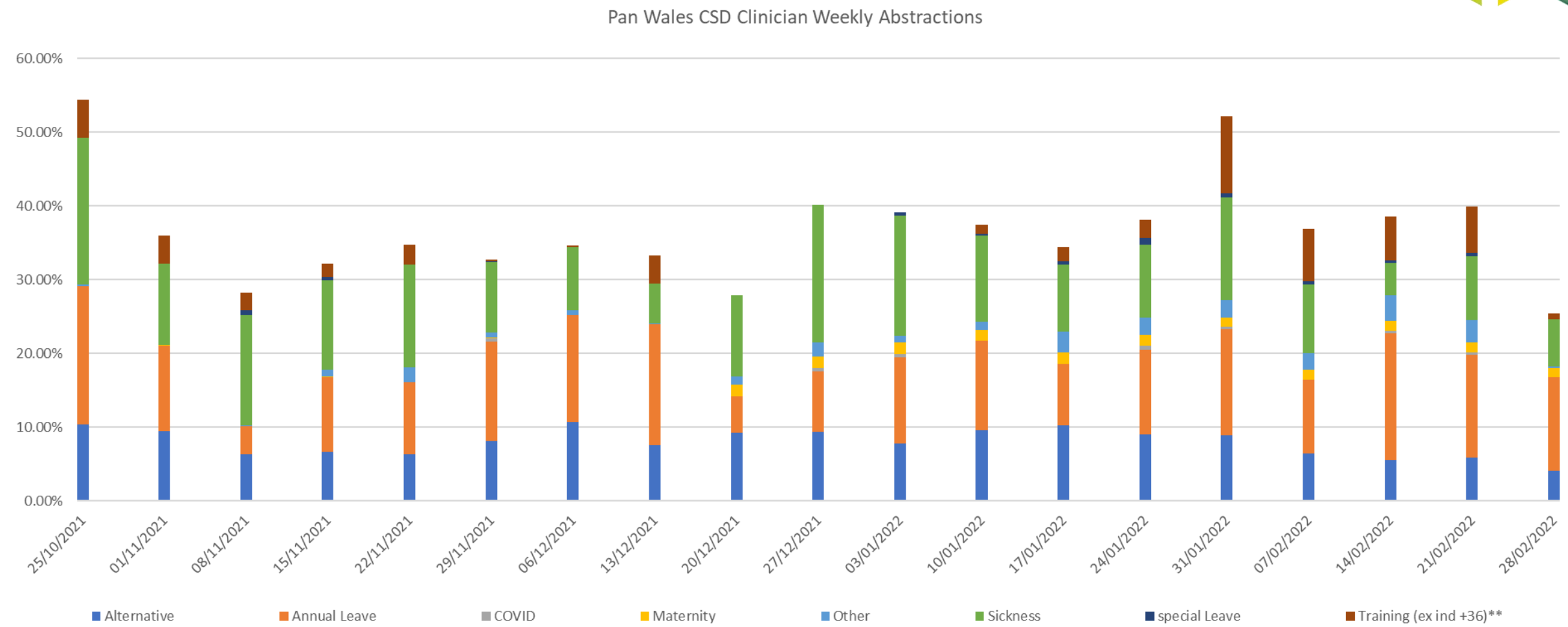
Results – ECNS Requirement

Model the staff requirement to pass 60%, 70% ad 80% of calls through a secondary Emergency Communication Nurse System (ECNS).

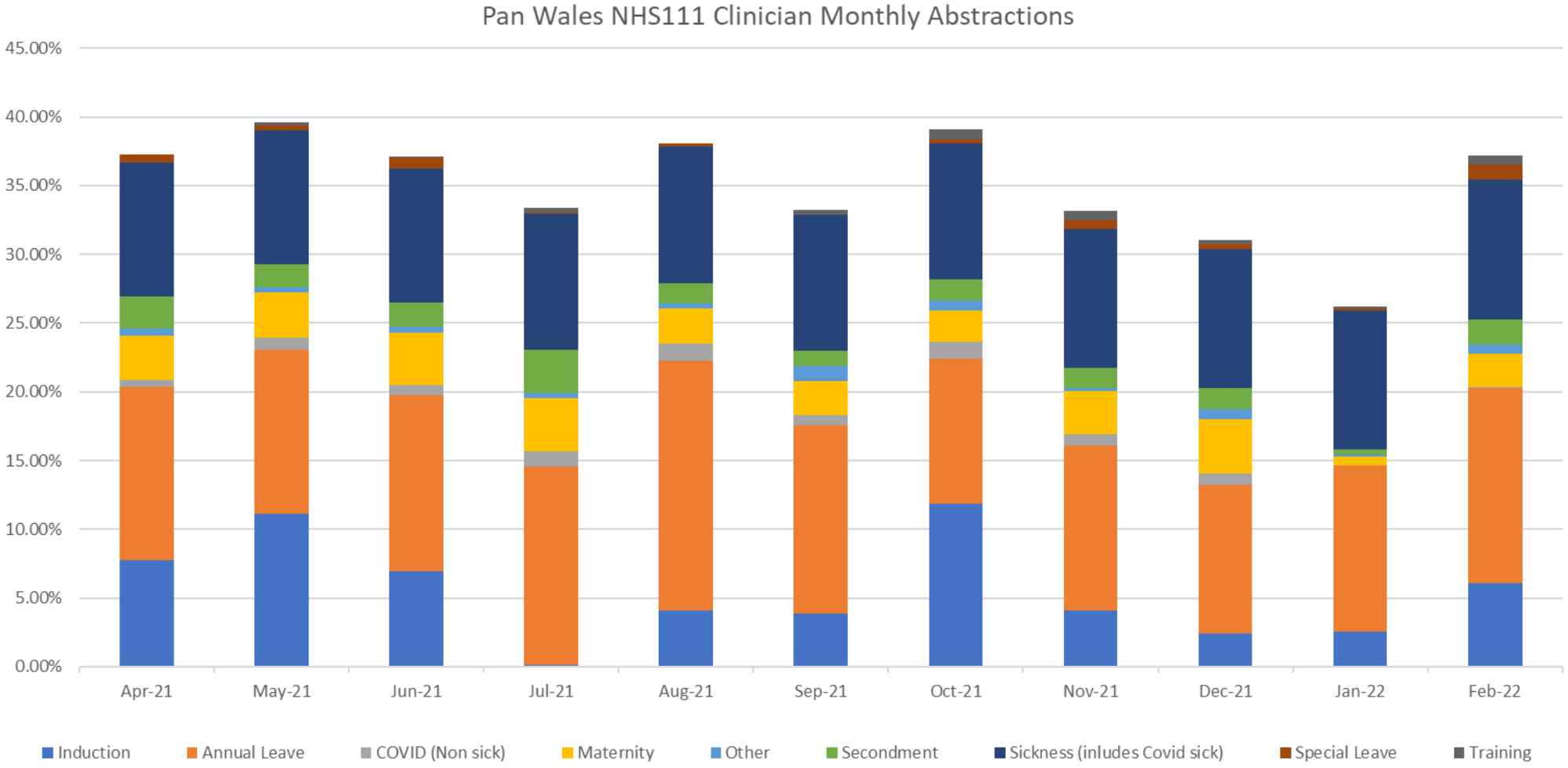
Total FTE Requirement

Year	% Through ECNS	10% Sickness	6% Sickness
Year 1	60%	70	66
	70%	83	78
	80%	94	89
Year 2	70%	86	81
Year 3	80%	97	91

Our People – Abstractions CSD Clinicians



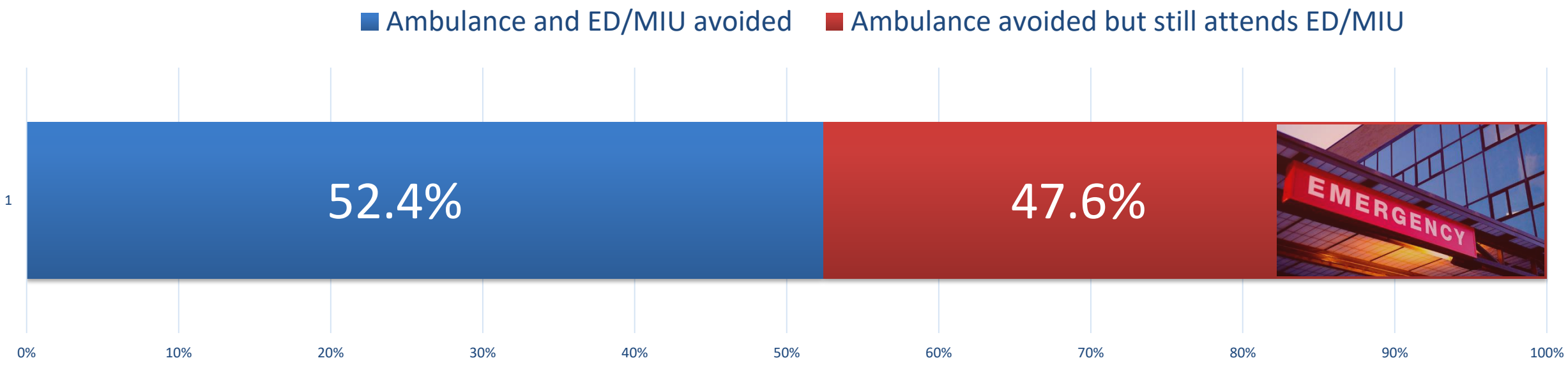
Our People – Abstractions NHS111 Clinicians



NHS111 Clinician	Feb-22
Induction	6.09%
Annual Leave	14.18%
COVID (Non sick)	0.06%
Maternity	2.46%
Other	0.61%
Secondment	1.89%
Sickness (inludes Covid sick)	10.12%
Special Leave	1.08%
Training	0.68%
	37.17%

Finance and Value – Activity Deflection

Consult and Close with Self Care or Referral to another provider will avoid both ambulance and an attendance at ED / MIU.
An outcome of Alternative Transport saves an ambulance response but the patient will attend ED / MIU.
During the last 12 months 52.4% of successful consult and close incidents also prevented attendance at ED/MIU.



Finance and Value – Emergency Communication Nurse System

- Emergency Communications Nurse System (ECNS) is an extension of the ProQA 999 triage system in use in EMSCCC which allows Clinicians to perform secondary triage with patients with the intent of finding an alternative care pathway.

- This will replace the current Manchester Triage System (MTS) triage which is in use in the Clinical Support Desk. ECNS has many advantages over MTS including record keeping and governance and may also reach an outcome for the patient much quicker than MTS. This would increase the numbers of patients who could be dealt with by the CSD, increasing the Consult and Close volume.

- The system went live in April 2022 and WAST are the only Ambulance Service in the UK to use this system following extensive work with the provider (International Academy of Emergency Dispatch, IAED) on it's use by Nurses and Paramedics on the Clinical Support Desk.

System Contribution – Future Plans

- Our ambition is to increase the number of calls which are closed following consultation.

- Many incidents are brought into the Clinical Support Desk (CSD) by the Senior Clinician or the Point of Contact to supplement the calls which are passed automatically. **Work is required to review these codes and potentially move these to CSD by default to increase the Consult and Close activity.**

System Contribution – Future Developments

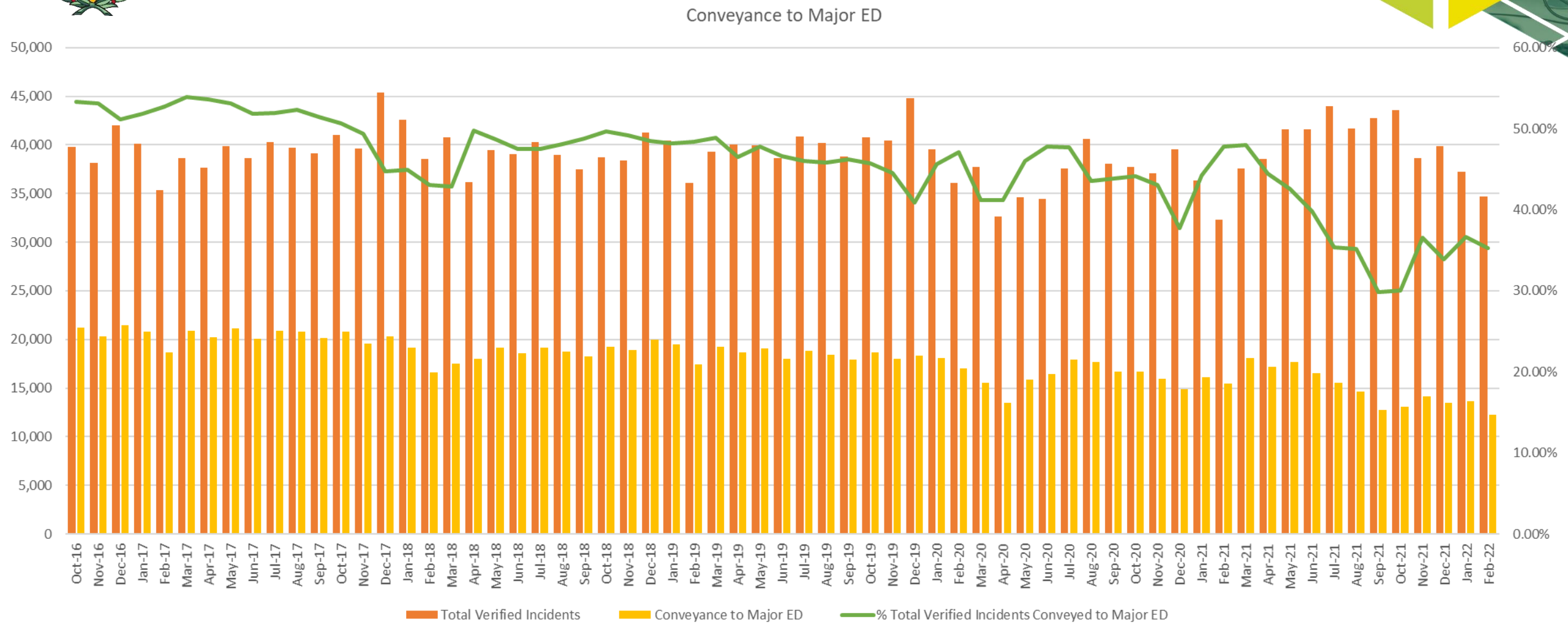
Hear and Treat Modelling Impact

Year 3 Max APP – 20% Hear and Treat

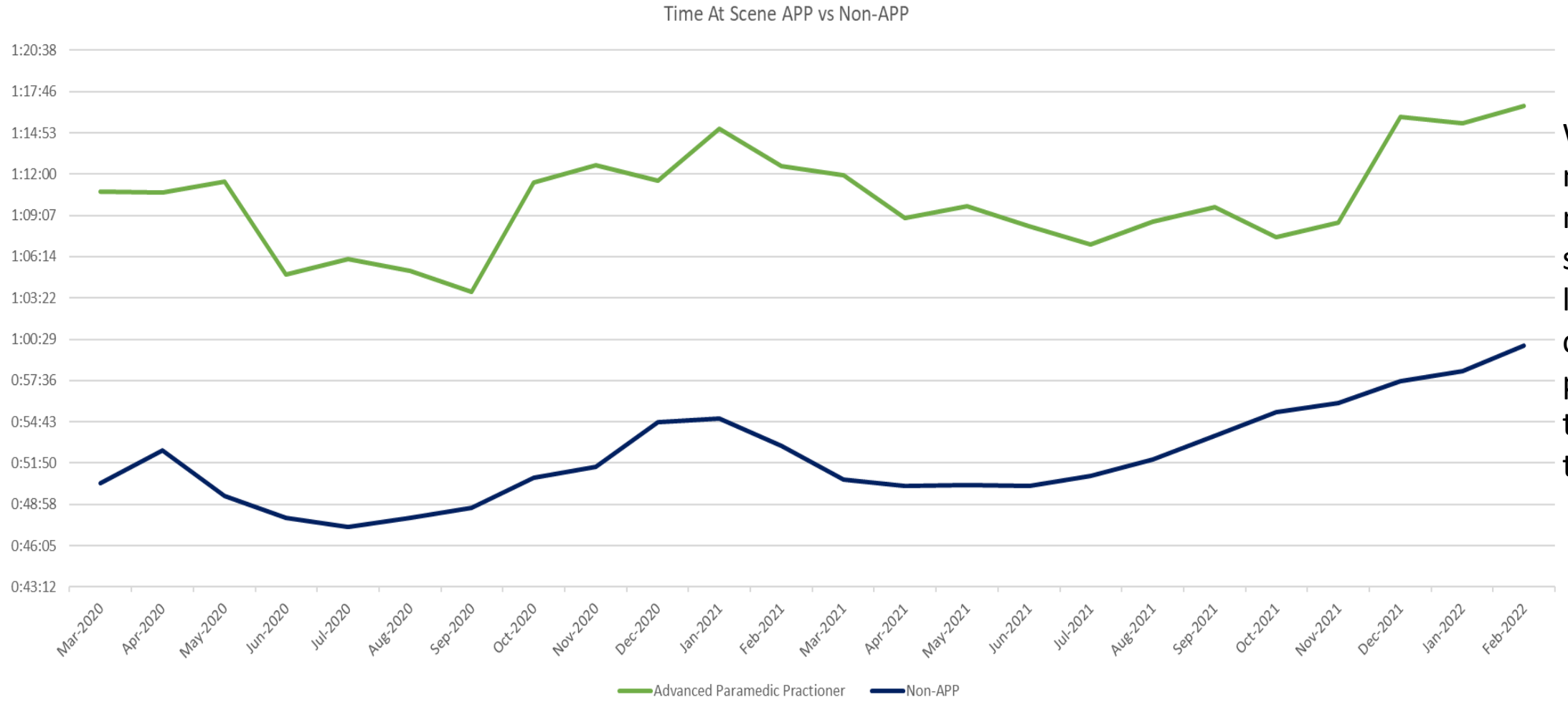
Health Board	Red	Red	Amber 1	Amber 2	Red	Amber 1	Amber 2
	8	Mean			90th Percentile		
Abertawe Bro Morgannwg University LHB	87.5%	04:05	23:45	25:59	08:03	44:19	41:20
Aneurin Bevan LHB	84.5%	04:36	22:01	25:38	09:28	40:26	38:09
Betsi Cadwaladr University LHB	86.5%	03:45	21:21	24:41	07:48	43:02	43:40
Cardiff & Vale University LHB	91.9%	04:10	15:20	20:58	07:05	27:33	29:33
Cwm Taf LHB	83.5%	04:52	18:54	18:01	09:19	33:21	24:35
Hywel Dda LHB	79.6%	04:42	21:08	18:51	11:12	39:07	27:46
Powys LHB	77.0%	04:36	18:07	16:19	11:14	33:49	23:56
Wales-wide	**85.7%**	**04:18**	**20:41**	**22:30**	**08:44**	**39:02**	**35:21**

Part 2: See and Treat

Our Patients - Conveyance



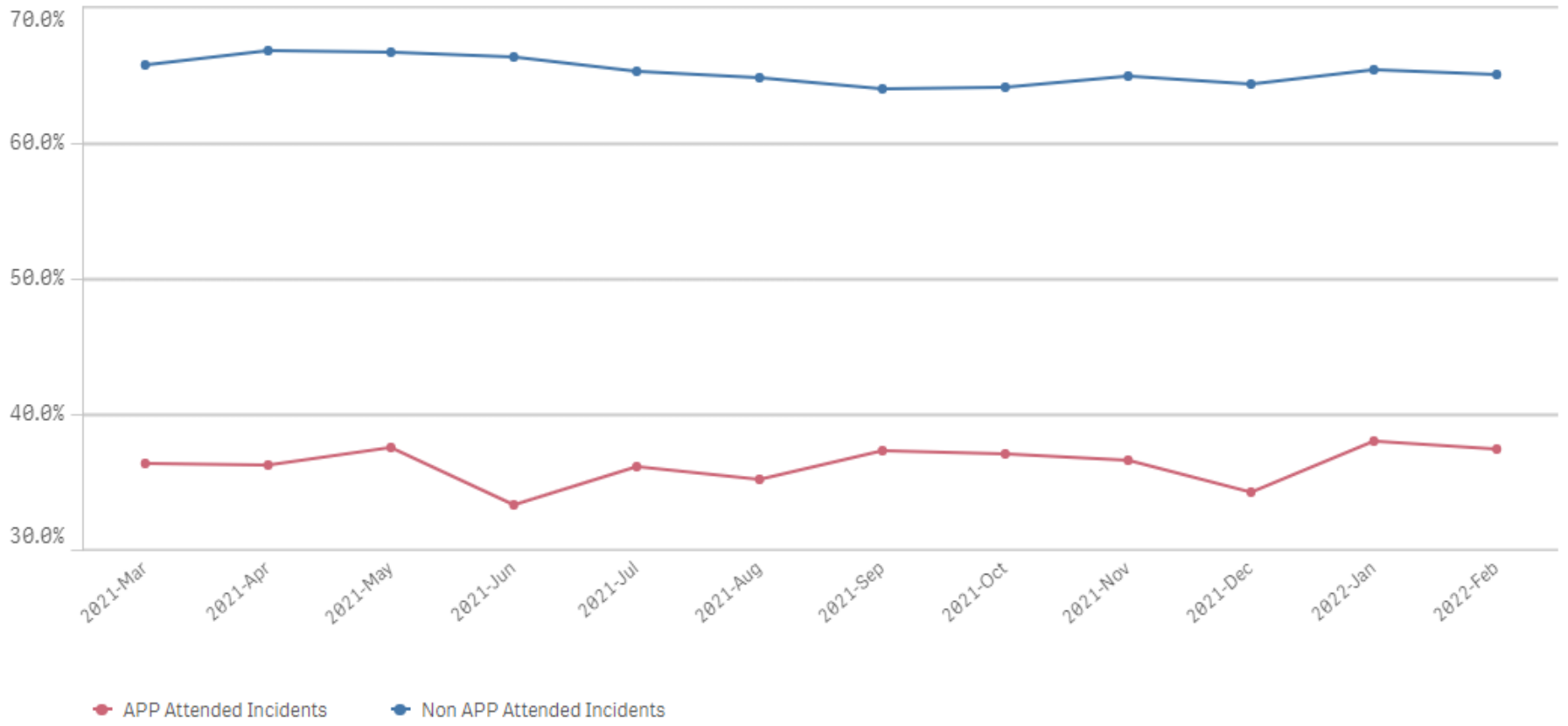
Our Patients - Non-Conveyance



Whilst an APP may spend more time on scene they are less likely to conveyance patients; therefore saving time.

Our Patients - Conveyance

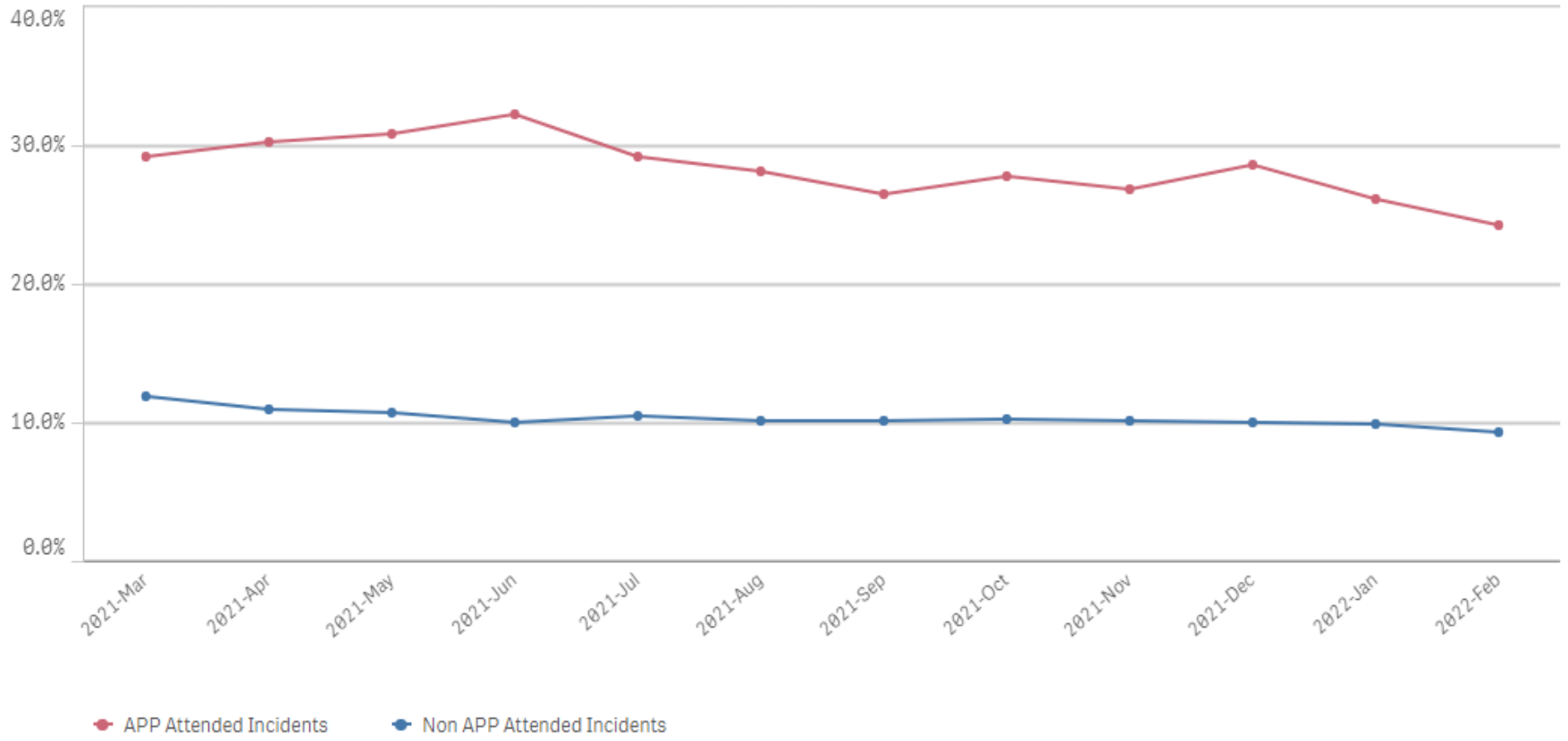
Conveyance Rate – APP versus Non-APP



For the past 12 months, the average conveyance rate for APP's was 36%, compared to 65% for Non-APP, an improvement of 29%

Our Patients – Non-Conveyance

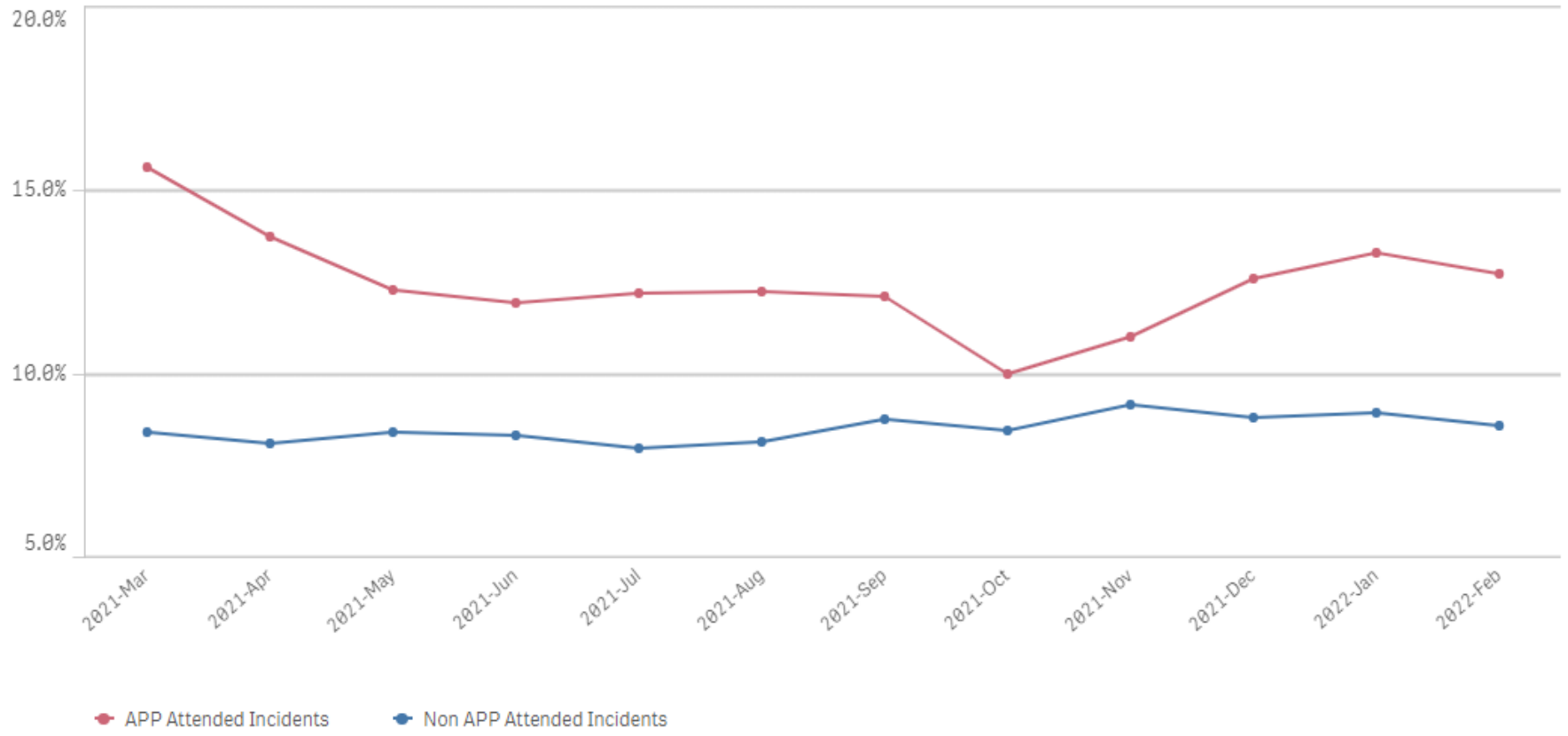
Treat At Scene - APP versus Non-APP



For the past 12 months, the average treat at scene rate for APP's was 28%, compared to 10% for Non-APP, an improvement of 18%

Our Patients – Non-Conveyance

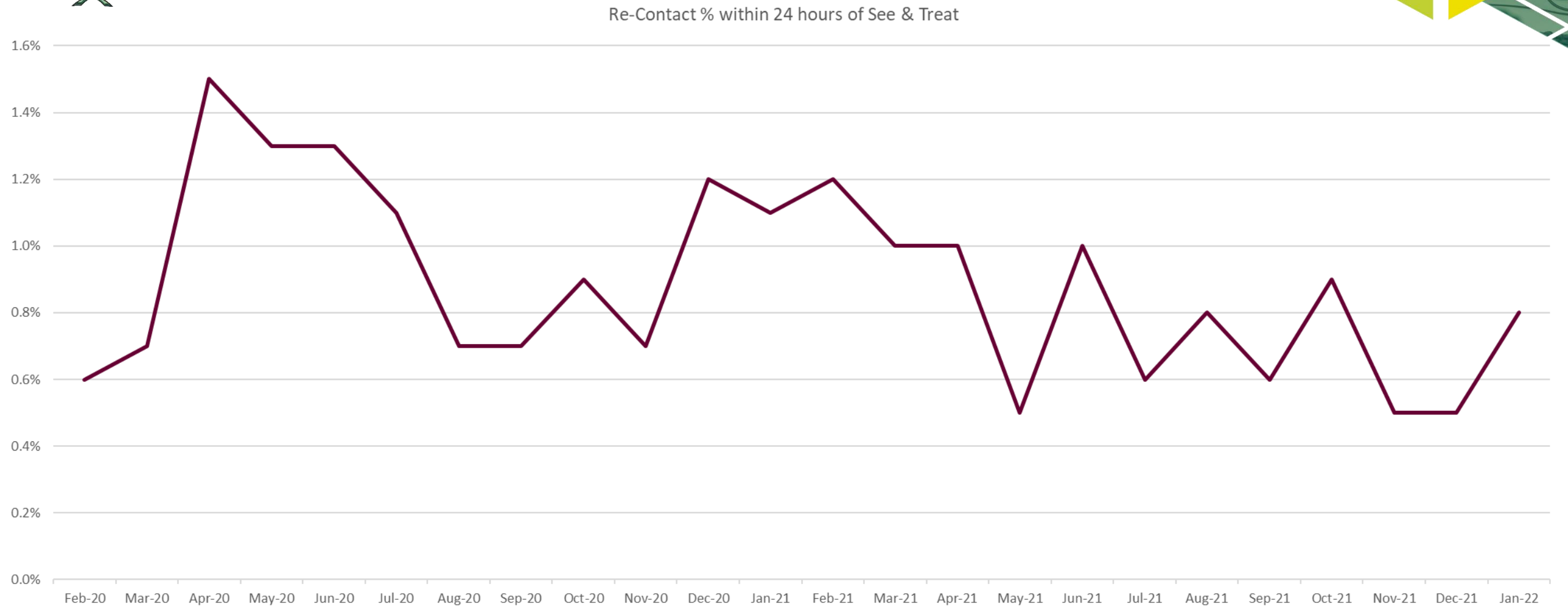
Refer To An Alternative Provider - APP versus Non-APP



For the past 12 months, the average referral to an alternative provider rate for APP's was 12%, compared to 8% for Non-APP, an improvement of 4%

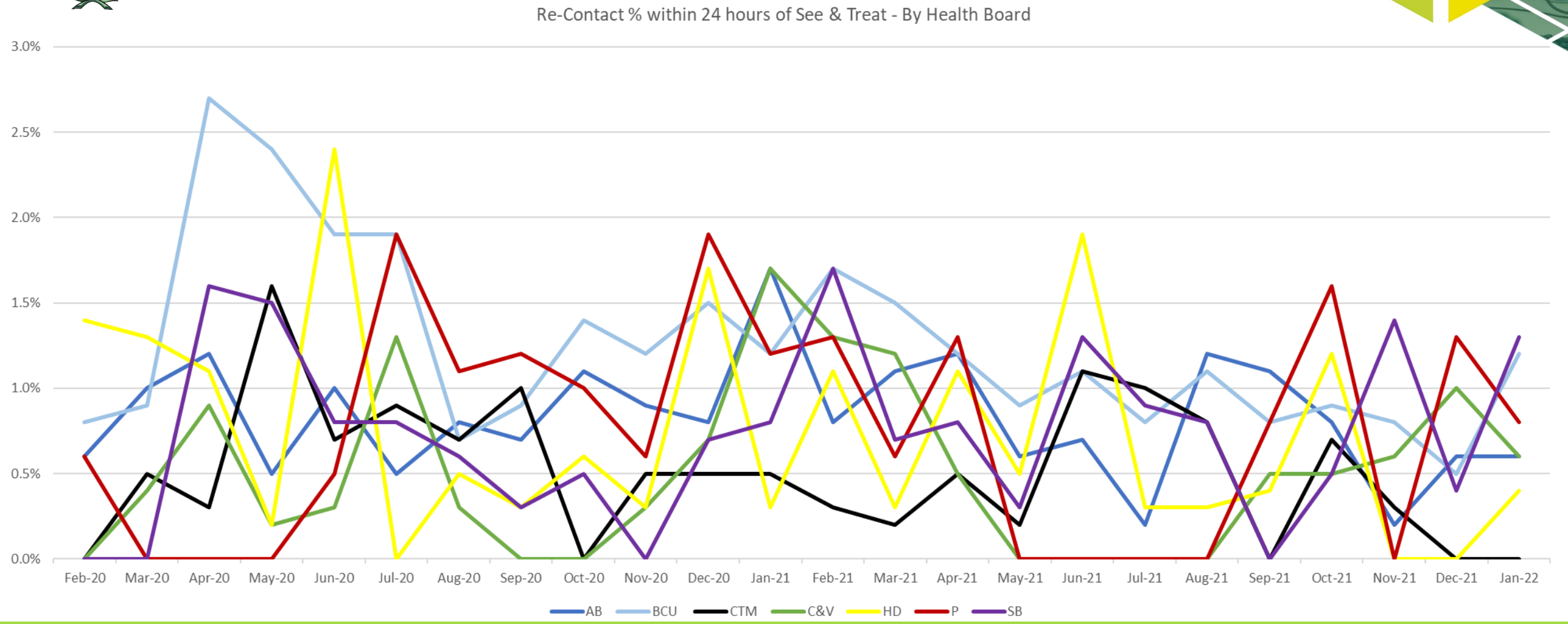
NB: Feb-22 data unavailable as AQIs not published

Our Patients - Pan-Wales Re-Contact Rates

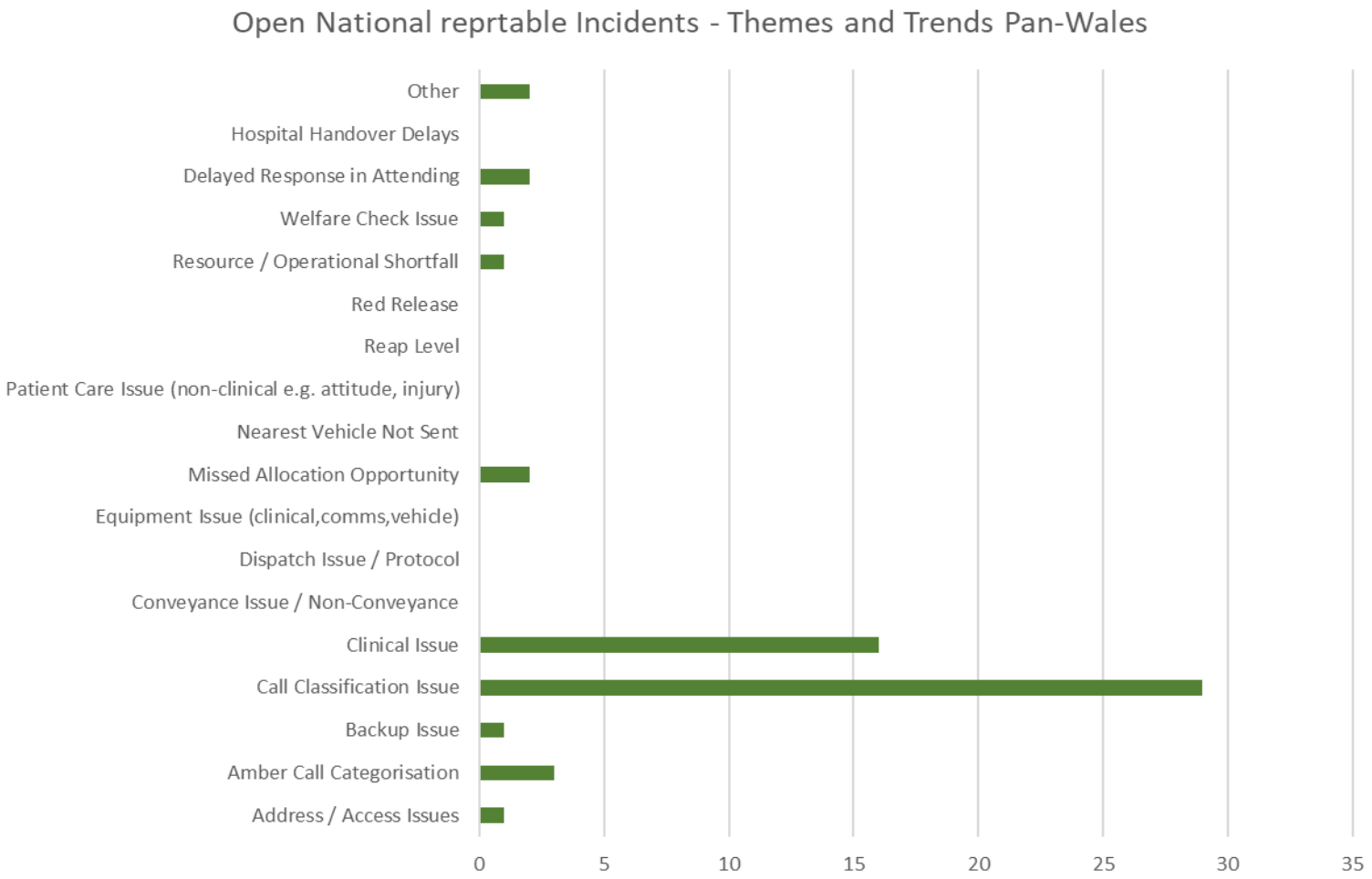


NB: Feb-22 data unavailable as AQIs not published

Our Patients - Health Board Level Re-Contact Rates



Our Patients - QSPE Themes & Trends



Open NRIs - Themes and Trends Pan-Wales	Feb-21
All Wales	**58**
Address / Access Issues	1
Amber Call Categorisation	3
Backup Issue	1
Call Classification Issue	29
Clinical Issue	16
Conveyance Issue / Non-Conveyance	0
Dispatch Issue / Protocol	0
Equipment Issue (clinical,comms,vehicle)	0
Missed Allocation Opportunity	2
Nearest Vehicle Not Sent	0
Patient Care Issue (non-clinical e.g. attitude, injury)	0
Reap Level	0
Red Release	0
Resource / Operational Shortfall	1
Welfare Check Issue	1
Delayed Response in Attending	2
Hospital Handover Delays	0
Other	2

Our Patients – Future Developments: ePCR

- The ePCR is designed as a digital clinical information capture tool to replace the Digital Pen.
- Following agreement of the business case and funding by Welsh Government, the nominated supplier has worked with WAST to complete a programme of design, specification and implementation.
- EPCR went live in North Wales in December 2021, with a staged implementation across all remaining Health Board areas due to complete in Mid March 2022.
- As of 4th March 2022, 78% of EMS users have registered that they have completed their training.
- ePCR will be subject to changes throughout it's operational life to bring improvements to useability, including approved access to patient healthcare records to support decisions for alternative care pathways.
- A programme approach will involve realising the benefits outlined in the full-business case.
- Data will service future clinical indicators and will form the basis of linked data to understand the clinical presentation of patients in more detail, providing the data required to support service change.

Our Patients – Future Developments: APP Clinical Indicator

- WAST has a well-developed clinical dashboard outlining the current data available for APP performance
- Through the Clinical Intelligence and Assurance Group (CIAG), a future clinical indicator will be developed relating to alternatives to conveyance, which will focus on APP activity.
- Due to the work required to implement ePCR in operational practice, the changes required to reporting existing Clinical Indicators and the decommissioning of the Digital Pen, this clinical indicator development will take place in 2022/2023

Our People – Overview of the Advanced Paramedic Practitioner

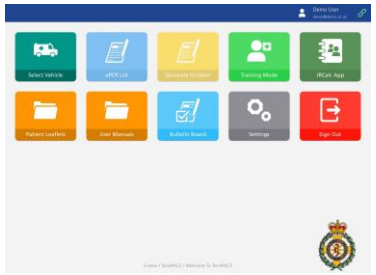
- WAST has a long history of adopting advanced clinical practice in its paramedic workforce by investing in education pathways and the MSc in Advanced Clinical Practice
- In 2017 the North Wales Pilot demonstrated that a rotational model of working could be deployed and that APPs can deliver system benefits
- APPs are deployed across WAST in each Health Board area
- One of the developing areas of practice is prescribing which enables the APP to close consultations at scene. Non-medical prescribing courses are provided by partner universities and supported through clinical placements
- APPs consolidate their practice through rotations into primary care and GP out of hours services. This enables the APPs to develop further clinical knowledge and understand community services that patients can be more readily referred into

Our People – Introduction of the Senior Paramedic Role

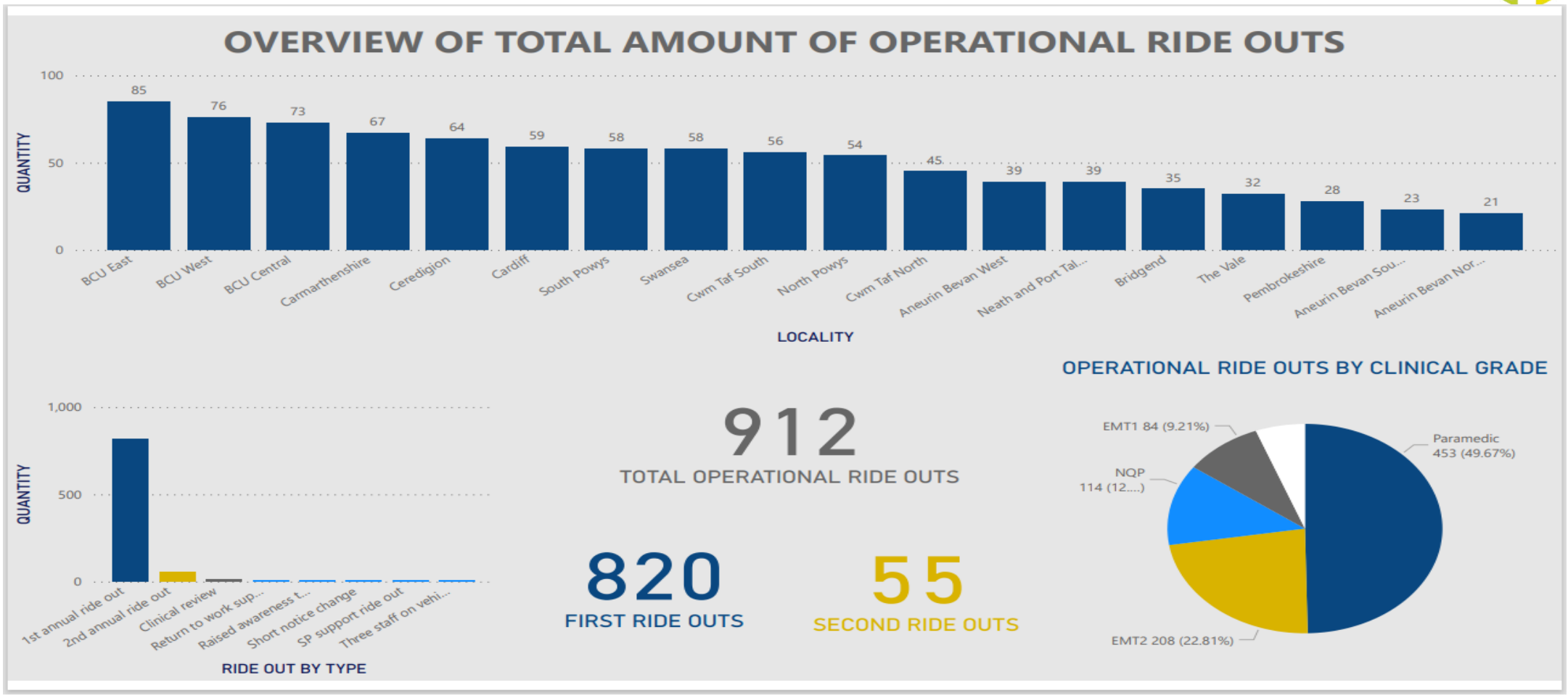
- As part of WAST's commitment to provide excellent clinical care, career development, leadership, support and supervision, the Senior Paramedic Role was deployed in 2021.

- 35 Senior Paramedics provide cover across WAST and can be deployed to incidents requiring enhanced analgesia, and clinical leadership at resuscitation attempts, major trauma and complex incidents.

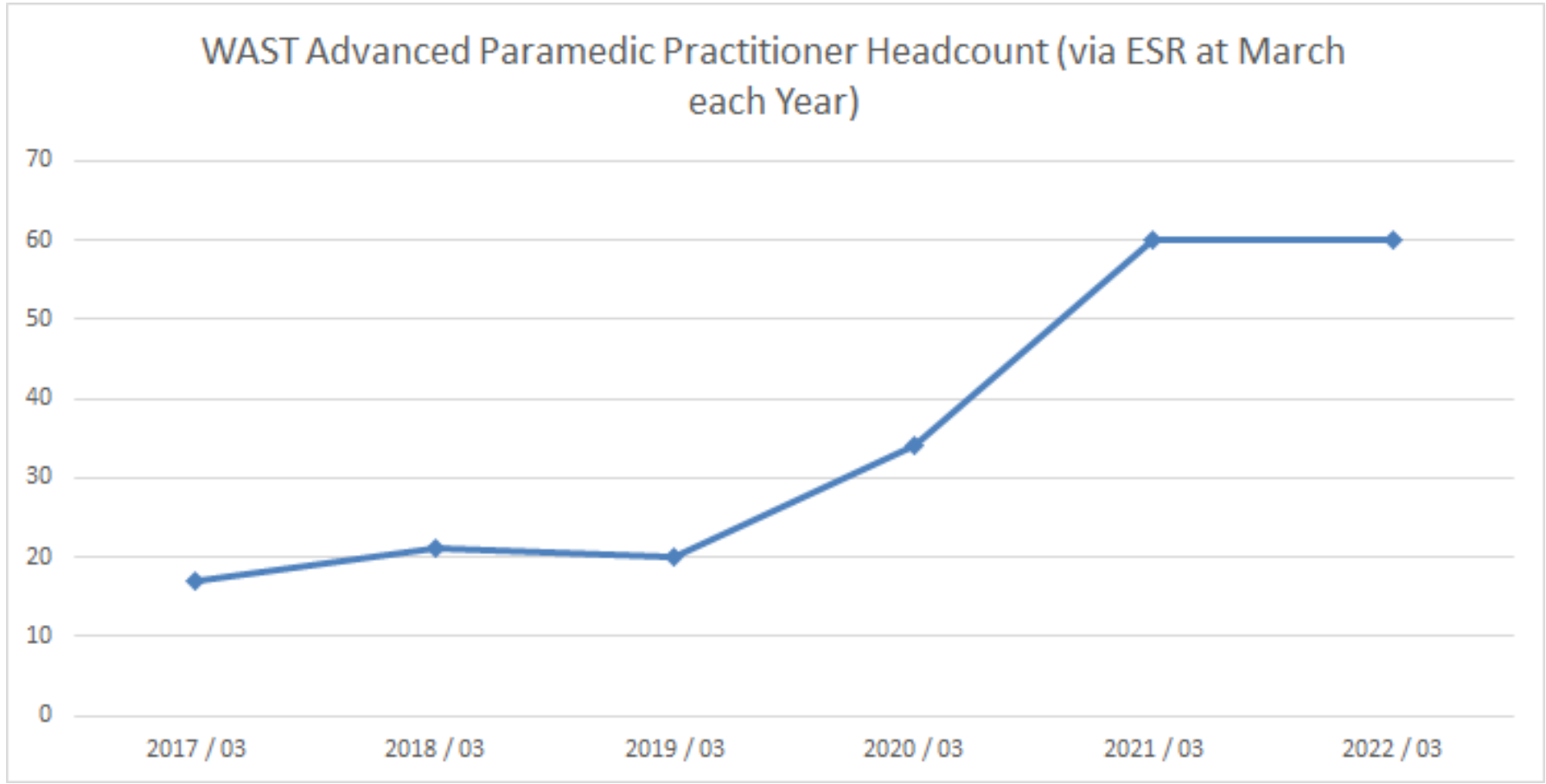
- In addition, the Senior Paramedics will have members of their team 'ride out' with them to provide a supportive environment to assess practice, discuss updates and provide guidance.



Our People – Clinical Shift

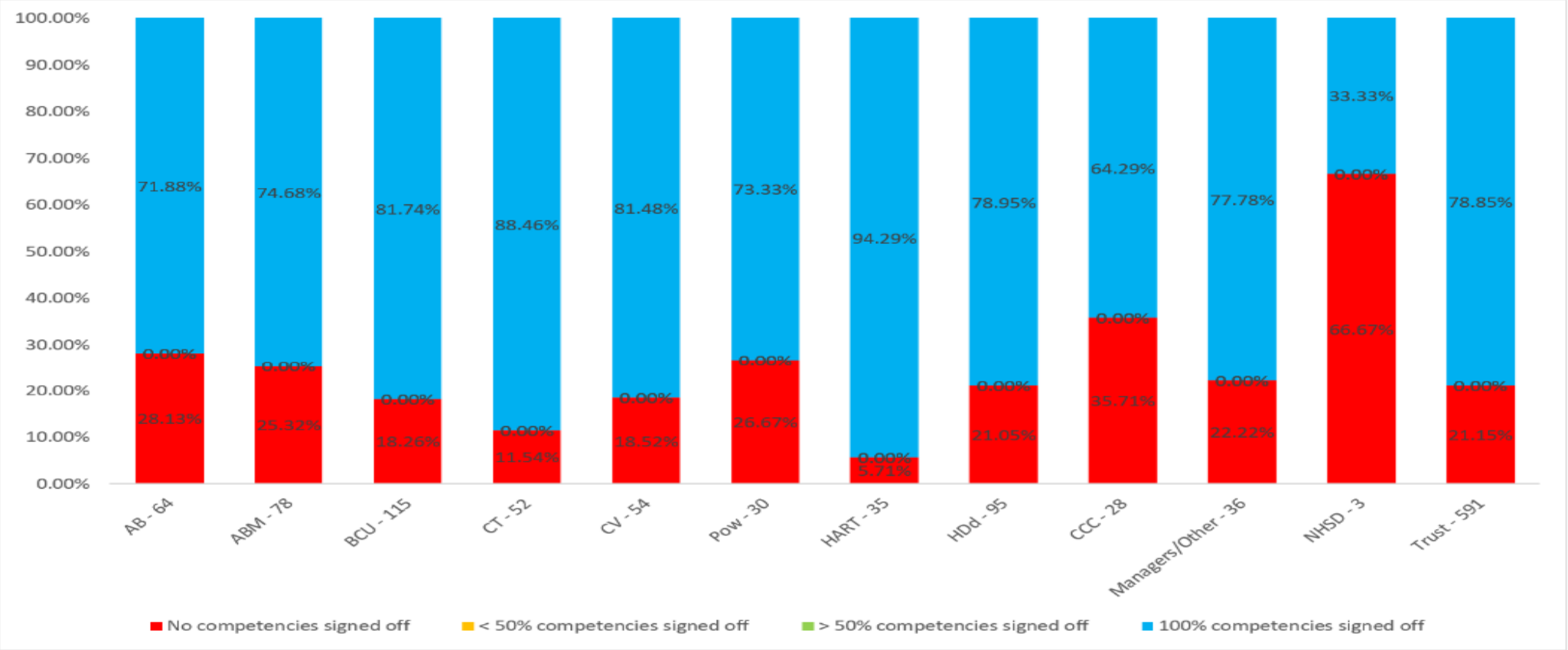


Our People – Volumes of APPs

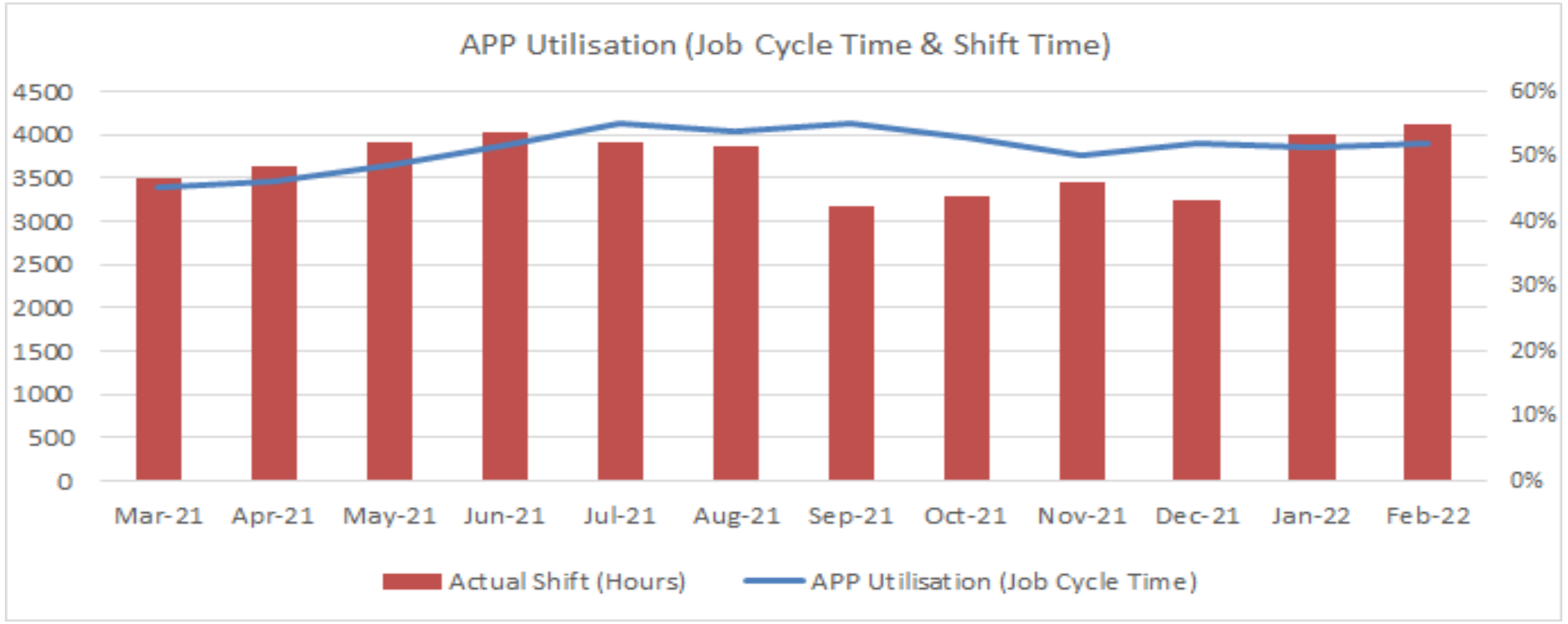


Our People – Band 6 Paramedic Compliance

YEAR 3 Current Position (National) – Original Band 6 Staff Competence minus LTS and Mat Sign Off Rates as of 18.02.2022:



Finance and Value - Utilisation

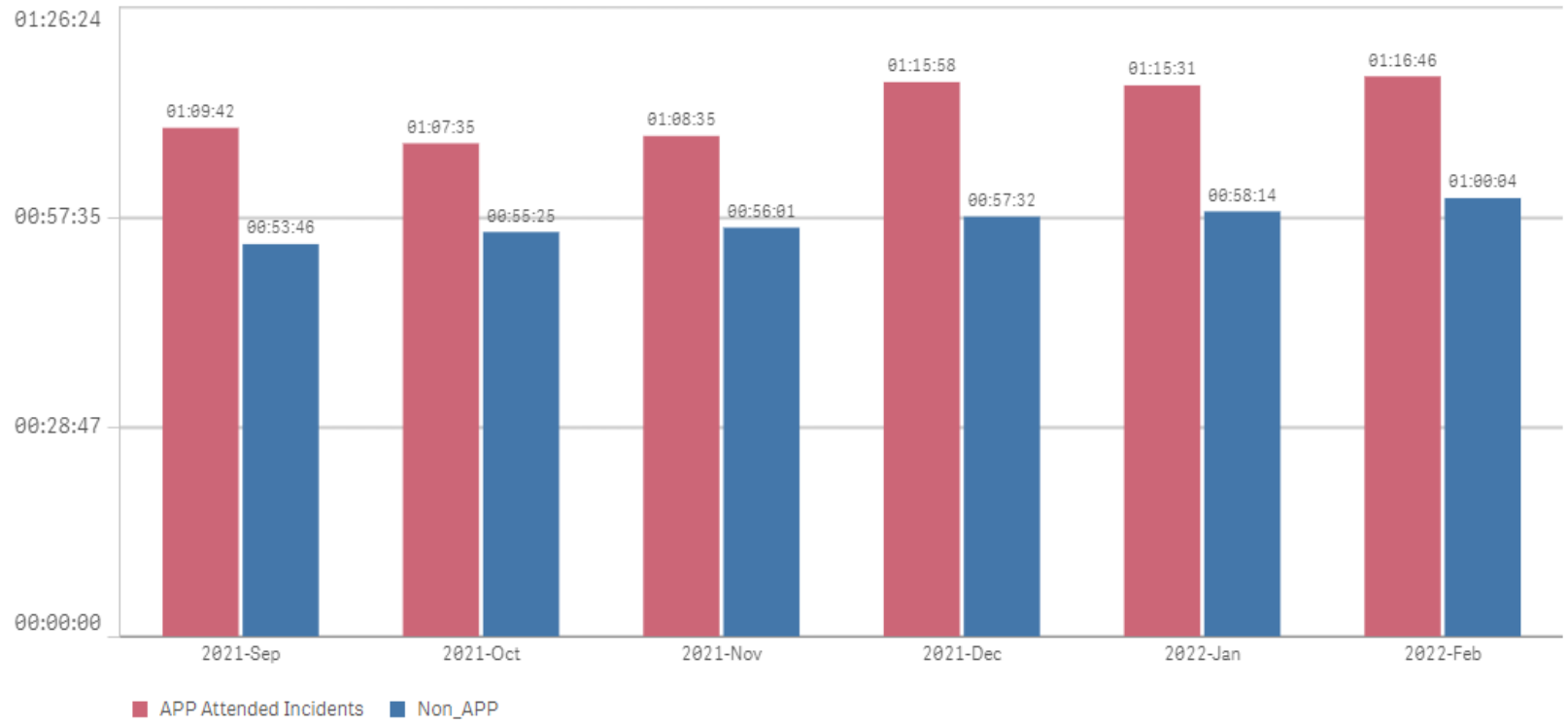


The red columns illustrate the volume of hours the APP's have done, and the blue line is how much time they have been utilised.
The average has increased from 45% in March 2021, to over 50% the past few months.

APP utilisation is defined as the total job cycle time in hours (allocation to clear) divided by the total number of hours logged on shift. Example: if an APP did 6 hours of job cycle time in a 12 hours shift, they would have been utilised 50% of their time. The utilisation of APP's has remained static at around 50% month on month.

Finance and Value – Utilisation

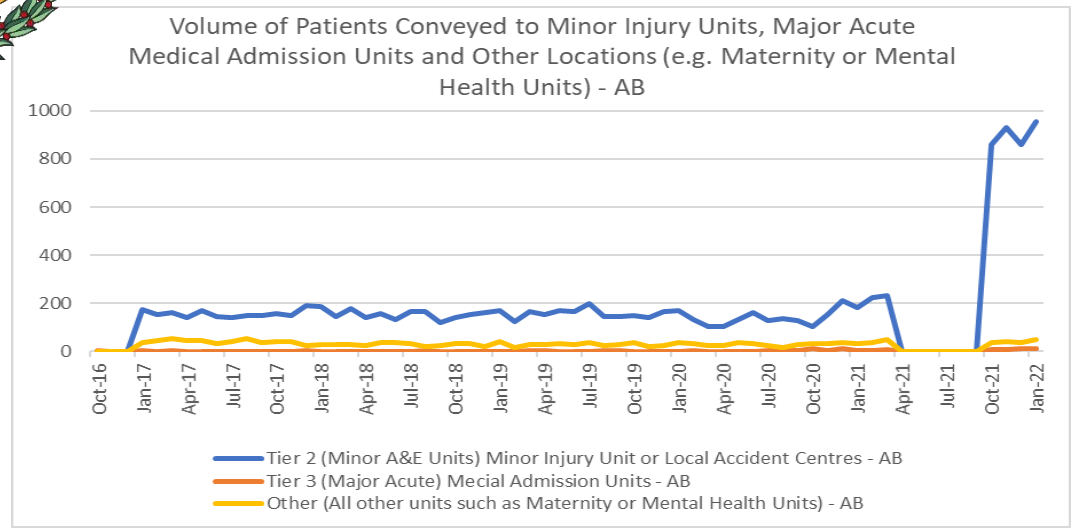
APP Attended Incidents	Non APP Attended Incidents
Avg Time Spent On Scene	Avg Time Spent On Scene
1:12:31	0:56:48

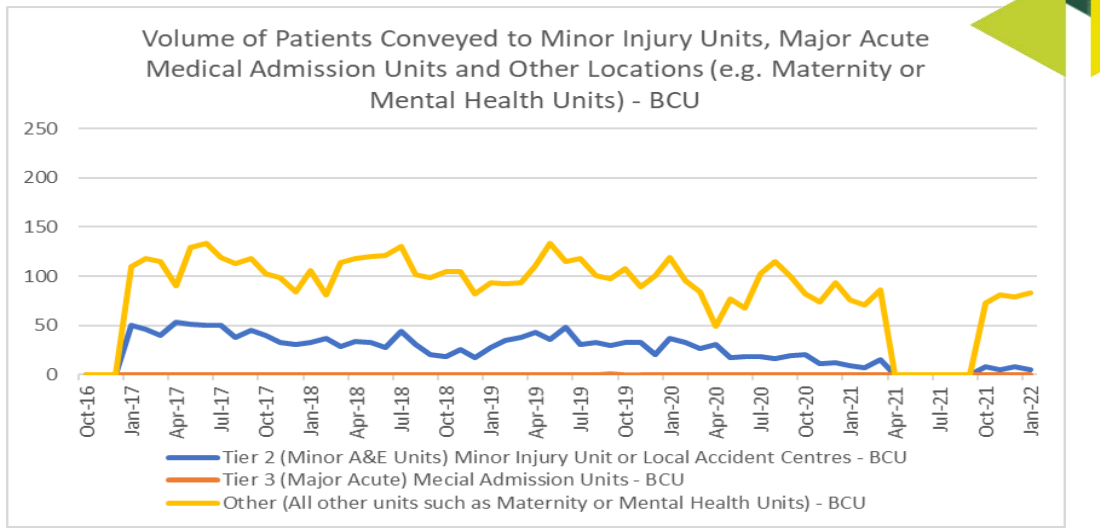


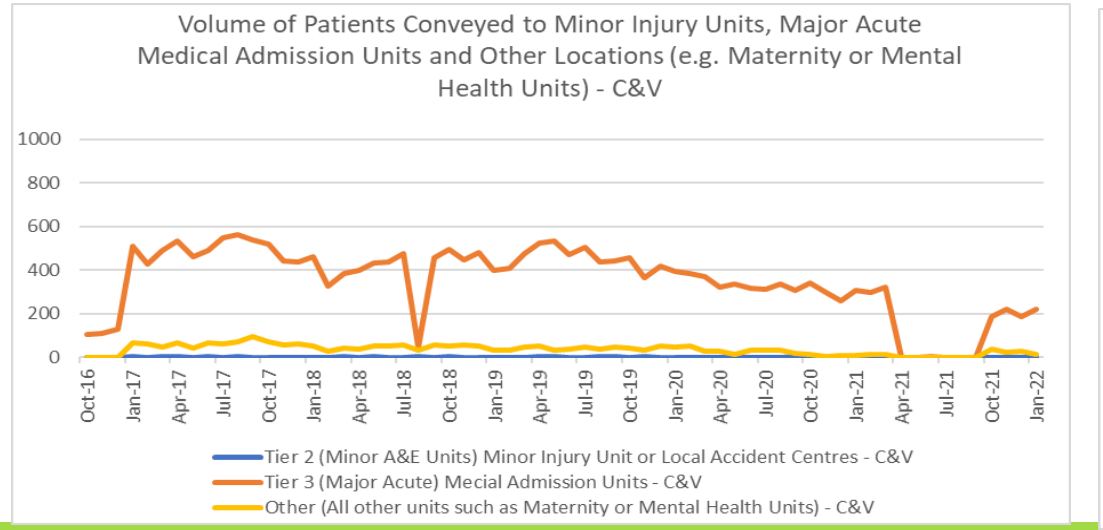
In the past 6 months, the average time spent on scene for an APP was 1 hour 12 minutes, compared to 57 minutes for Non-APP resources. This is largely because an APP would spend more time on scene treating the patient

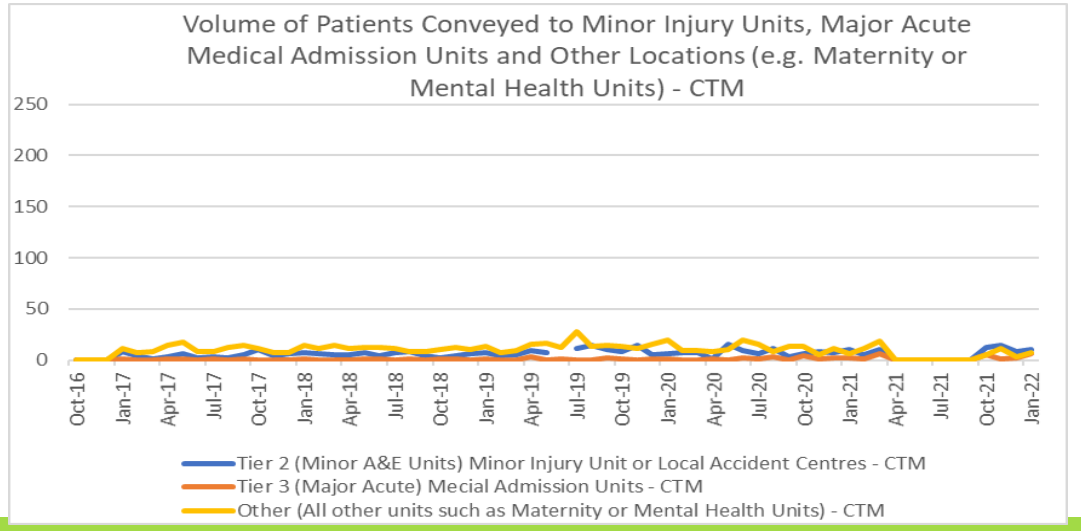
NB: Feb-22 data unavailable as AQIs not published

System Contribution – Pathways









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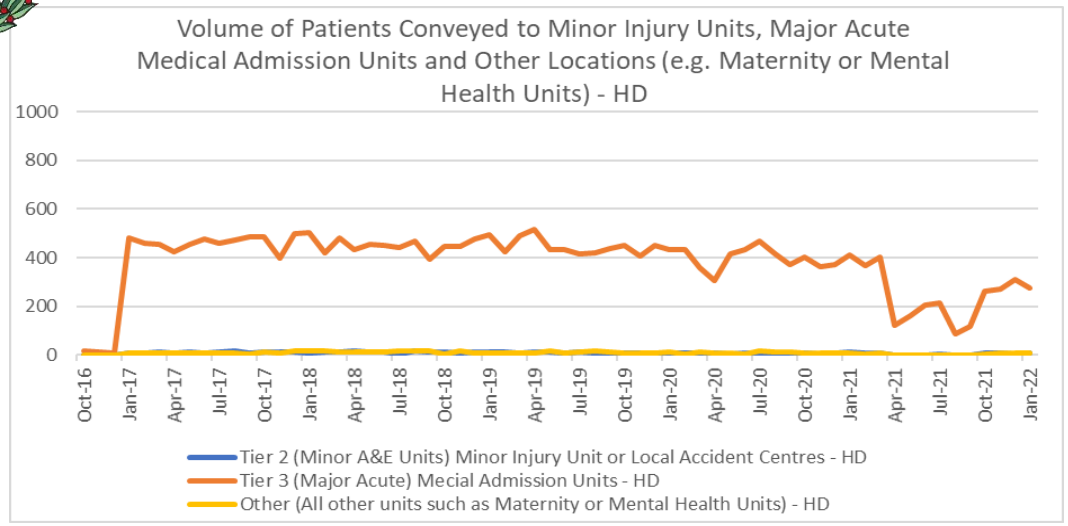
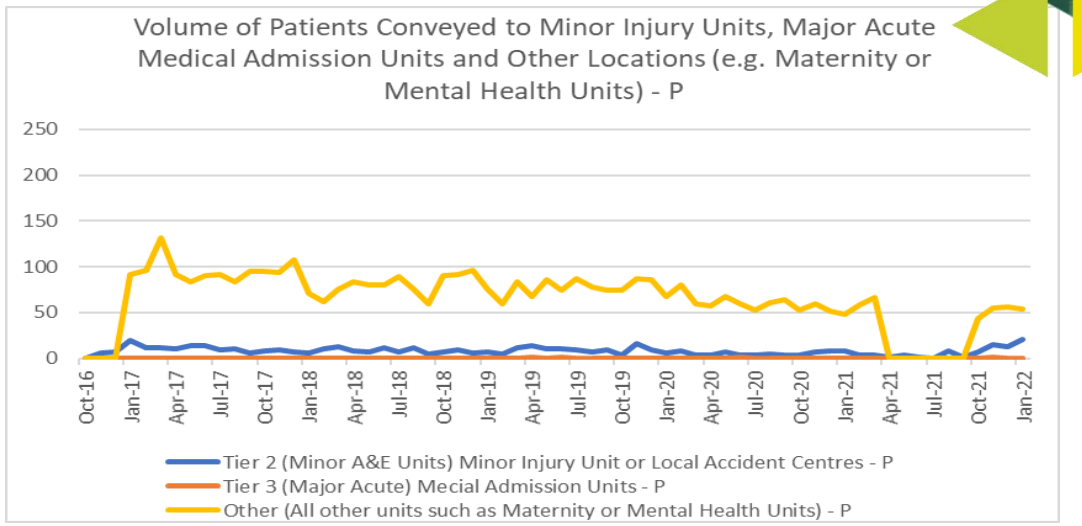
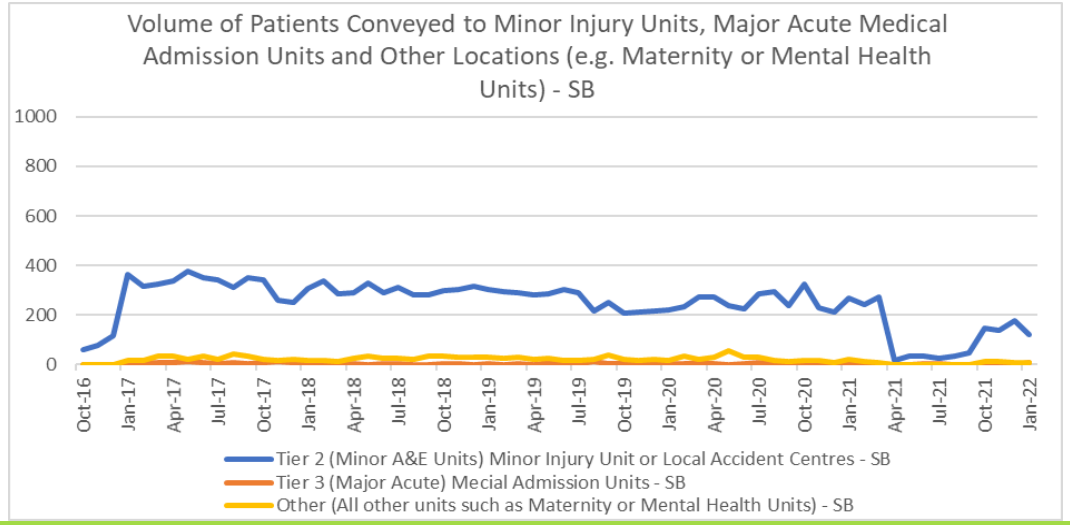
System Contribution – Pathways







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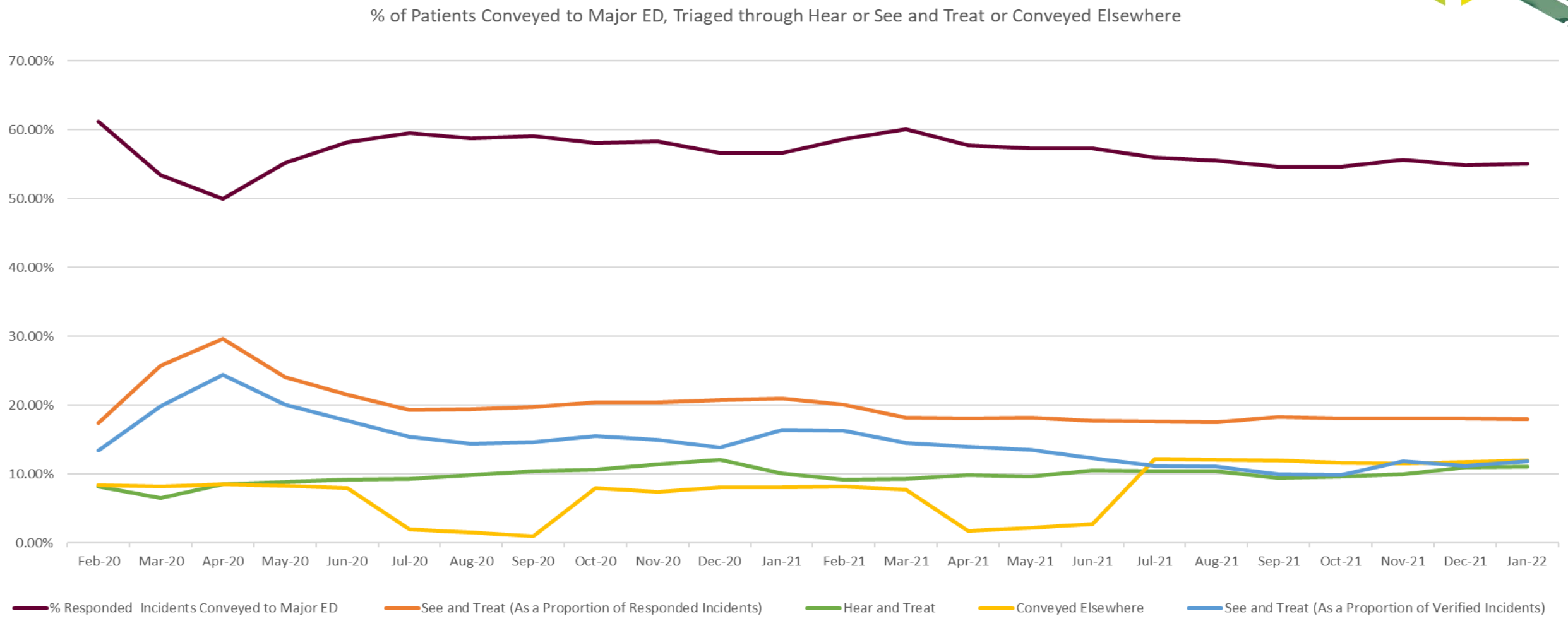
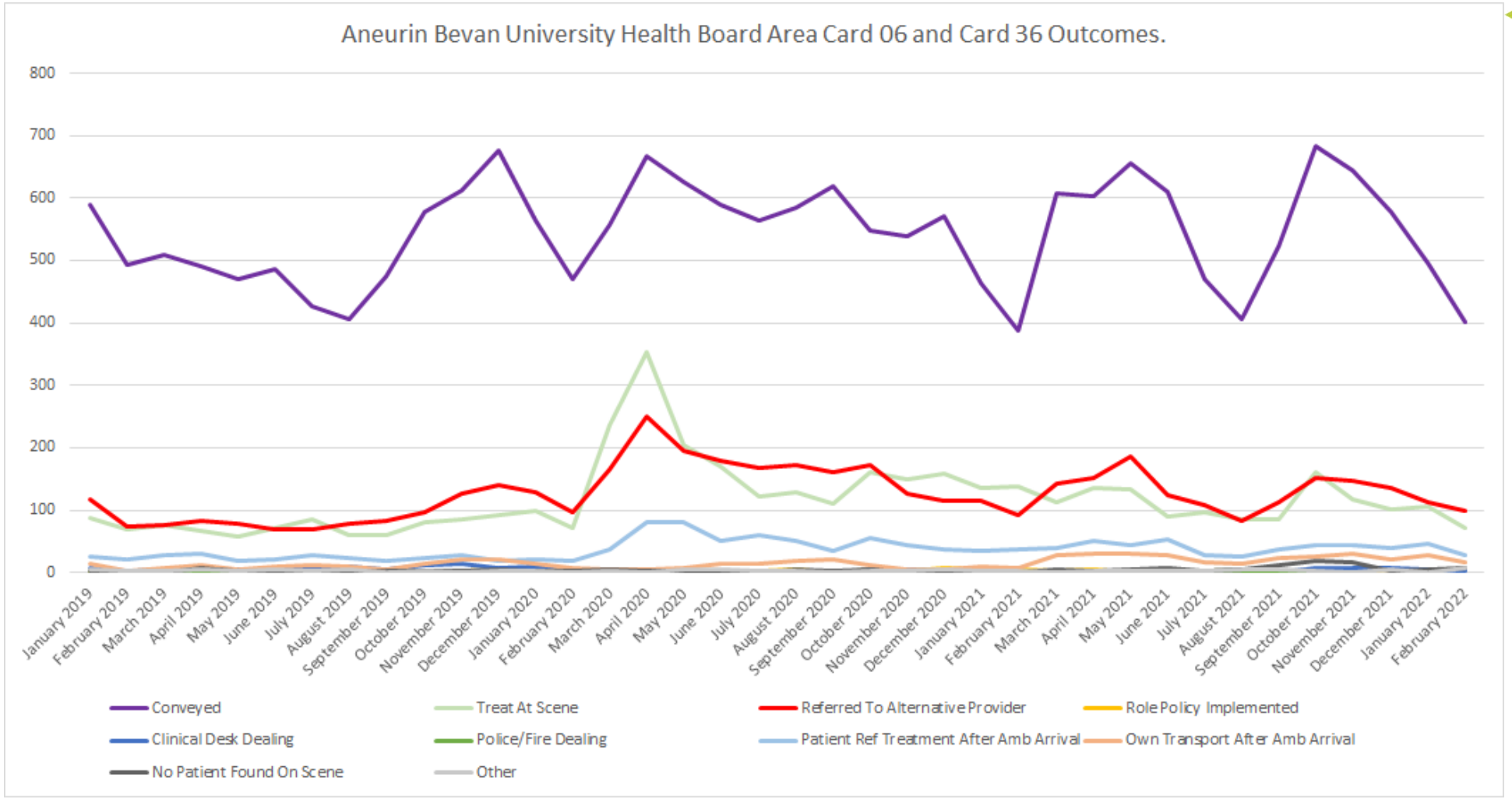
System Contribution – Pathways

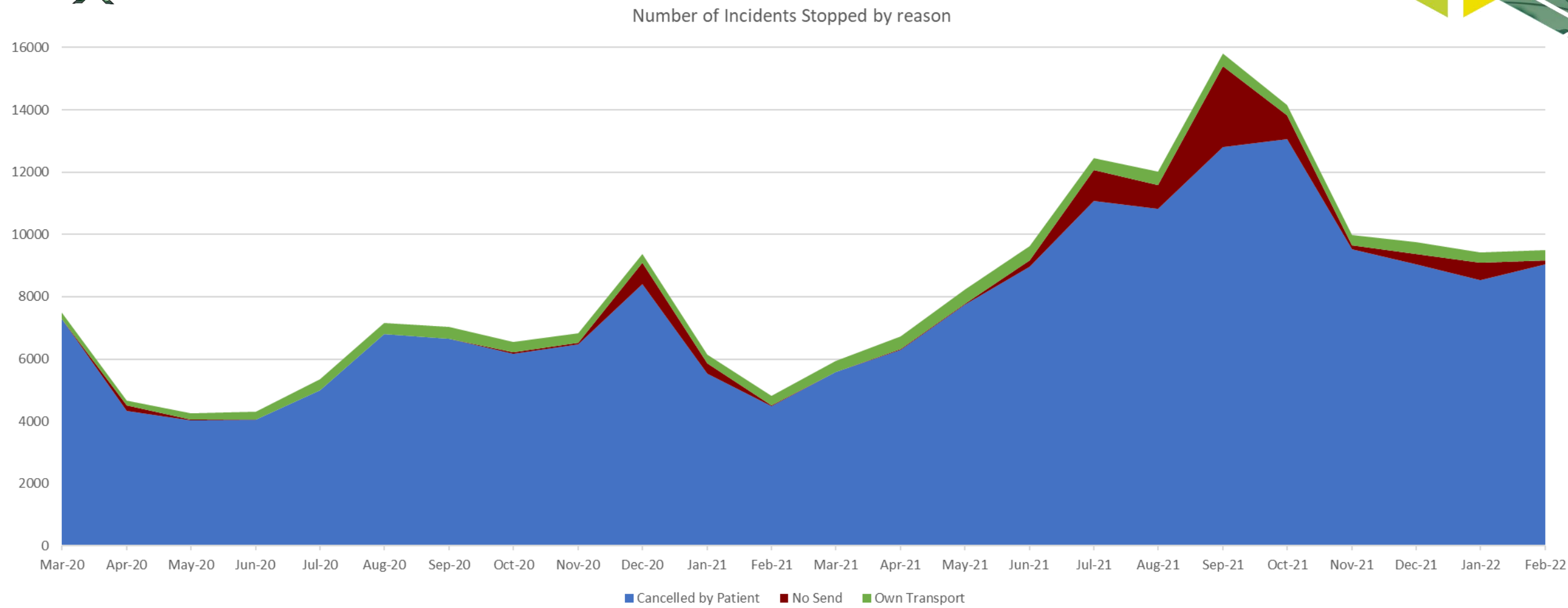


System Contribution – Pathways



System Contribution – Stop Codes

NB: Cancelled by patient includes instances when patients have been asked by the CSD if they can access own transport



Part 3: Inverted Triangle
- Hear & Treat and See & Treat

System Contribution – Future Developments

Patient Transport and TAH Impact

Scenario	Weekly Patients Transported to Hospital				Difference	
	C&W	N	SE	Overall		
Year 3 - Current APPs	1,769	1,352	2,011	5,132	-	-
Year 3 - High APPs	1,590	1,229	1,827	4,646	-486	-9.5%
Year 3 - APP Utilisation	1,358	1,061	1,548	3,967	-1,165	-22.7%

Scenario	Monthly Handover Hours Lost				Difference		Total Saving
	C&W	N	SE	Overall			
Year 3 - Current APPs	6,105	3,767	7,842	17,714	-	-	-
Year 3 - High APPs	4,487	2,899	6,299	13,685	-4,029	-22.7%	-
Year 3 - APP Utilisation	3,518	2,317	5,016	10,851	-2,834	-16.0%	-38.7%

System Contribution – Future Developments

Patient Transport Summary

Year	Current APPs	Low APPs	High APPs	Increase in H+T (based on High APP Scenario)	Increase APPs (based on High APP Scenario)
Year 1	4,984	4,774	4,722	-	-
Year 2	5,015	4,784	4,667	4,601	-
Year 3	5,132	4,814	4,646	4,522	3,967

Difference to 'Current APPs'

Year	Current APPs	Low APPs	High APPs	Increase in H+T (based on High APP Scenario)	Increase APPs (based on High APP Scenario)
Year 1	-	-210	-262	-	-
Year 2	-	-231	-348	-414	-
Year 3	-	-318	-486	-610	-1,165

AGENDA ITEM No	**10**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**2**

WAST Integrated Medium Term Plan 2021-2024

MEETING	Finance and Performance Committee
DATE	17 March 2022
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford, Assistant Director of Strategy and Planning
CONTACT	alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to update Finance and Performance Committee of the progress in developing the 2022-2025 Integrated Medium Term plan in the context of NHS Wales Planning Framework and the EASC Commissioning Intentions for 2022/23.

The report will highlight the key issues in the plan. This report will be followed by a review of the financial plan for the IMTP.

It is RECOMMENDED that the Finance and Performance Committee

- **NOTES** the progress made in developing this year's IMTP;
- **ENDORSES** the IMTP subject to any final amendments following EASC and proof reading ahead of sign off at Trust Board on 24 March 2022.

KEY ISSUES/IMPLICATIONS

1. Welsh Government issued Annual Planning Guidance on 9th November 2021, with supplementary guidance in letters from Judith Paget (NHS Wales Chief Executive) on 20th December 2021 and 7th February 2022.

   Key elements of the guidance that have guided the development of the WAST IMTP are:
   - The plan is to be three year Integrated Medium Term Plan with a renewed focus on recovery;
   - In line with the Ministerial Priorities set out in July 2021, and in relation to urgent and emergency care we are guided by the Six Goals policy and programme;
   - Ambulance Care will also be impacted by the requirement to recover planned care in health boards;
   - The plan will be accompanied by a Minimum Data Set to establish activity, workforce and financial forecasts into next year;

2. Factors influencing our plan include:

- Our continued experience of the pandemic;
- Feedback from patients and colleagues;
- Our demand, capacity and performance;
- The significant risks we seek to mitigate through the plan;
- Commissioning intentions for EMS and NEPTS;
- National strategic, policy and legislative drivers;
- Our own strategic ambitions;

3. The plan will commence from a good platform. Despite the pandemic, good progress has been made against a number of the deliverables in the 2021-2024 IMTP. Strategic Transformation Board received an update on progress at its meeting on 14th February 2022, an extract of which setting out the interim quarter 4 progress can be seen in appendix 2.

4. The plan has moved on from last year, whereby we described four service ambitions supported by enabling programmes of work. We now describe transformation across three service lines of:

    - **Gateway to Care** comprising our integrated clinical service offer across 111 and Clinical Support Desk;
    - **Emergency Medical Services** both operationally and clinically as we seek to transform our service delivery through “inverting the triangles”;
    - **Ambulance Care** comprising NEPTS, the Urgent Care Service (from July 2022) and a national transfer and discharge model to be developed through this plan.

5. We have also set out the programme of work to further **develop our strategy**, including our plans for wider system engagement and developing our organisational purpose.

6. There has been regular engagement in developing the plan with key internal and external stakeholders:
    - Regular meetings with the CASC and his team to ensure alignment of commissioning intentions and income assumptions;
    - EASC Management Group on 24th February 2022;
    - Formal planning meetings with Welsh Government;
    - Focussed Board development, strategic development and informal IMTP sessions;
    - A joint EMT/ADLT strategy session;
    - Engagement with directorates in developing the plan through Integrated Strategic Planning Group and an IMTP Technical Planning group, supported by the ongoing work of the Planning and Performance Business Partners across the organisation;
    - Discussion with TU Partners at TU Partner Cell – a full review of the plan is scheduled for 22 March 2022, subject to there being a meeting. However it should be noted a previous version was presented at TU partner cell in February 2022 and the financial plan has been discussed at TU partner cell on 1st March 2022.

7. Key priorities emerging through the plan for our key service areas include:

111/999 – 'Gateway to Care'

- Stabilise and sustain the **core 111 service**, now operational across the whole of Wales, by maintaining numbers of call takers and clinicians at funded levels, taking steps to improve productivity and deliver improved call answering and clinical ring back times;
- Roll-out the 111 press 2 service to ensure patients with urgent mental health needs get immediate access to 24/7 mental health services (subject to funding and agreement of approach)
- Implement the new SALUS system within 111;
- Maximise the impact and benefit of the increased number of clinicians within the Clinical Support Desk and their new clinical assessment tool (ECNS), with a target of a 15% consult and close rate
- Develop and agree a Remote Clinical Assessment Strategy with commissioners and partners.
- Further roll out of Think 111 First (subject to funding and agreement of approach)
- Further improvements to the 111 website (subject to funding)
- Develop clearer vision for digital 111 in Wales with partners

EMS Operational and Clinical Transformation

The key offer to the system is the Transition Plan taking us towards "inverting the triangles" which includes:

<u>Stability</u>

- Up to **294 additional staff** to enable transformation as well as driving UHP toward 100% (subject to funding);
- Implement the **CHARU** model to improve clinical outcomes for the most time critical incidents, as well as an improvement in red performance;
- Review opportunities to develop services for specific groups of patients, such as **Level 2 Falls** response services;
- Efficiencies through **modernised working practices, completion of the roster reviews in Sept-Nov 2022 and reductions in sickness absence levels;**
- The **Leading Service Change Together** project, which continues to consider opportunities for modernising workforce patterns, seeking to collaboratively identify an accurate baseline of post-production lost hours and identify appropriate and achievable reductions.
- Increased **hear and treat** to a target of 15% (linked to Gateway to Care)
- **System wide efficiencies** including continued work with health boards to identify alternative pathways and to reduce the impact of handover delays

Transformation

- Increased skill set by recruiting and training more people into Advanced Practice and independent prescribing to manage patients more effectively in the community (subject to funding);
- Further exploration of our public health offer, development of our older people and falls frameworks and our offer for people in mental health crisis

Ambulance Care

- Develop a **procurement framework** to enable effective implementation of the plurality model;

- Review recommendations from the **NEPTS D&C Review** and agree action plan with CASC;
- Work with commissioners on the agreement and implementation of the **eligibility criteria for NEPTS**;
- Develop in partnership with the NCCU a sustainable model to meet the needs of the future system for **Transfer and Discharge** across Wales;
- Exploration of the future strategic ambitions for Ambulance Care.

8. These priorities will be supported by key developments across the Trust including:
    - **Our People** plan setting out how we will be a more inclusive organisation, the roll out of our behaviours and cultural reset as well as strengthening our partnerships with Trade Unions and engaging with the workforce;
    - **Innovation and Technology** plan setting out the further development and implementation of our digital strategy as well as our research and innovation priorities next year;
    - **Infrastructure plan** setting out our delivery priorities for fleet and estates, taking account of the constrained capital position next year, and our decarbonisation priorities. We have also set out where each area of the plan plays its part in decarbonisation, and the final IMTP will be accompanied by WAST's Decarbonisation Action plan;
    - **Partnerships and the wider system** section sets out how we will be working with the health and care partners going forward including our academic partnerships;
    - **Fundamentals section** sets out our priorities to ensure transformation and service delivery are quality driven, clinically led and value focussed.

9. The plan is currently not underpinned by a balanced financial plan. As agreed at the Trust Board meeting on 25th February, (held ahead of submitting an Accountable Officer letter to WG on 28th February detailing the current revenue forecast for 2022/23), a separate detailed update will be provided to Committee at the meeting on the very latest progress with the urgent further work ongoing to continue to seek additional income for committed costs, choices and actions now in train to reduce costs not now being funded, and agree with WG and other colleagues how some specific residual costs and exceptional cost pressures for 2022/23 are to be treated within the plan. Alongside this we continue to both explore further savings opportunities whilst ensuring that already assumed within the plan is robust and deliverable. The update will therefore provide how far all of this has got in terms of being able to present a balanced plan at Trust Board later this month, and by the final plan submission at the end of the month. This will still however by further influenced by upcoming discussions with the CASC and others, and with WG, some of which will be after the F&P meeting itself**.**

10. The IMTP sets out the mechanisms to show how the Trust will deliver, and track delivery of, the plan and ensure viability of the Trust's strategic ambitions. This will be monitored through the Strategic Transformation Board with support for key programmes of work from the Transformation Support Office. There will also be regular reporting to Trust Board and its sub-committees. The Quality and Performance Management Framework has also been developed to support a clearer focus on benefits realisation, ensuring that we evaluate service investment through value based methodologies.

11. The deliverables set out in the main documents are three year deliverables, with priorities set out for year 1. A high level summary of future priorities for action will be included as an appendix in the final IMTP.

12. The key risks to delivery set out in the plan include:

- Availability of **revenue funding** for core and transformational elements of the plan;
- The reduction in **capital available to NHS Wales**, particularly to support the transformational elements of the plan;
- **Securing stakeholder support** including internal and external partners, particularly for the EMS transition plan;
- **Ongoing impacts of COVID-19 recovery** both internally within WAST and as the Health Boards recover their activity;
- **Capacity within the organisation to deliver** the change required, within the resource envelope available;
- **Demand for our services increasing** at a greater rate than the demand and capacity forecasts;
- **Pressures on the service arising from external factors**, particularly the continuing impact of hospital handover delays;
- **Health and wellbeing of the workforce** in the face of continued pressure.

13. The issues in the report checklist have been considered and addressed throughout the plan and engagement on the plan. A full EQIA has not yet been completed but will be completed for final submission to the Board. Welsh Language has been considered within the plan.

REPORT APPROVAL ROUTE

The following table outlines the next steps to finalise the IMTP:

Milestone	Actions	Papers due	Date
EMT	EMT review of financial plan	4th Mar	10th Mar
EASC Support	EASC support to enable CASC to endorse ahead of submission to WG	8th Mar	15th Mar
Review/Sign off plan (vFINAL)	Trade Union Partner Cell	tbc	22nd Mar (tbc)
	Trust Board sign off	17th Mar	24th Mar

REPORT APPENDICES

Appendix 1: Draft IMTP v0.4

Appendix 2: Strategic Transformation Board Interim Quarter 4 position

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	✓

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust

Integrated Medium-Term Plan

2022/23 – 2024/25

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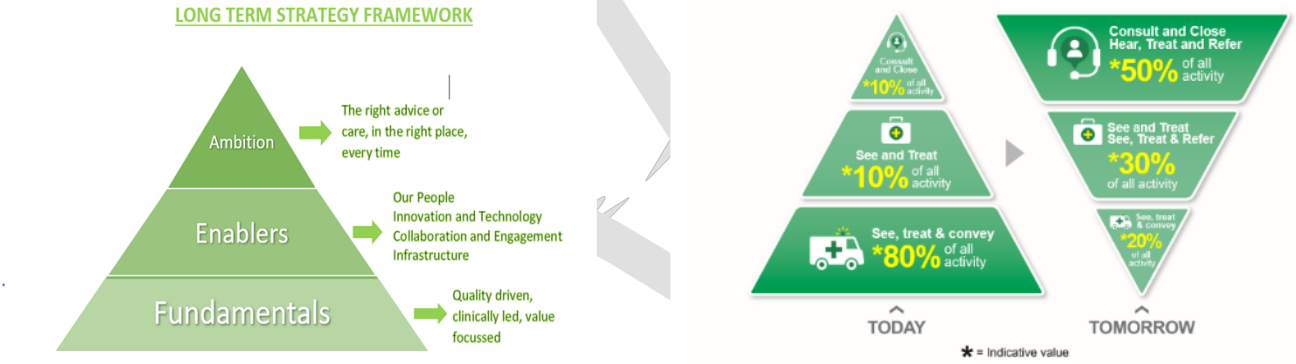
Foreword from the Chairman and Chief Executive

1.0 Executive Summary

The challenges throughout 2021/22 have once again been significant, as the Trust has continued to respond effectively to the second year of the **COVID-19 pandemic**. Staff across the organisation have risen to the challenge and worked across traditional directorate and organisational boundaries to **deliver change at pace** throughout the year. Many staff are tired, and our plan takes account of the need for a continued emphasis on **staff well-being and support**.

Alongside the many actions we had to take to respond effectively to the COVID-19 pandemic, we also made very good progress towards delivering the **key strategic commitments and deliverables** in our 2021/24 IMTP. Achievements have included: the recruitment of an additional 127 FTE staff into the EMS service; a doubling of capacity within the Clinical Support Desk including appointment of our first mental health practitioners; completion of the roll out of core 111 services across Wales, conclusion of the transfer of services from Health Boards, making WAST the sole provider of non-emergency transport for Wales; and a complete refresh of our values and behaviours.

This plan is the vehicle by which we articulate the steps we will be taking over the next 3 years to move us towards our long term strategic ambitions and goals. **'Delivering Excellence'**, our Long Term Strategy Framework, was agreed in 2019 and sets out an ambition to ensure that patients receive the **right advice and care, in the right place, every time**. Through the last year, we have worked to express what this might mean in practice for a transformed and modernised ambulance service, with presentations on our '**Inverting the Triangle**' ambition well received at EASC and in Welsh Government. A key deliverable in this year's IMTP is the establishment and delivery of a wide-ranging, collaborative programme of work to take this forward at pace. Similar energy will be needed to work with commissioners and partners over the coming months to identify how the 111 and Ambulance Care services can transform to meet these longer term goals.



In addition, our 2022/25 plan is shaped by several other key factors including intelligence on what is important to our patients, staff and commissioners (including commissioning intentions), a review of our own performance and the risks we are managing, and the opportunities presented by emerging strategies and plans from Welsh Government, key partners and groups across Wales. This year, Welsh Government have published their **Six Goals for Urgent and Emergency Care**, and our plan sets out clearly how we will contribute to delivery of these.

We are particularly conscious of the need to take action with others to bring down the unacceptably **long waiting times for an ambulance**. The lengthening waits for both red and amber categories of patients have led directly to patient harm, resulting in National Reportable Incidents and this must be addressed sustainably in partnership with commissioners and health board partners. There are several immediate actions that can be taken, alongside and in parallel with the transformative work being taken forward through our strategy.

Within our 'Gateway to Care' services (111 and 999 clinical assessment), our key agreed and funded priorities will be to:

- Stabilise and sustain the **core 111 service**, now operational across the whole of Wales, by maintaining numbers of call takers and clinicians at funded levels, taking steps to improve productivity and deliver improved call answering and clinical ring back times;
- Roll-out the **111 press 2** service to ensure patients with urgent mental health needs get immediate access to 24/7 mental health services;
- Implement the new **SALUS** system within 111;
- Maximise the impact and benefit of the increased number of **clinicians within the Clinical Support Desk** and their new clinical assessment tool (**ECNS**), with a target of a **15%** consult and close rate
- Develop and agree a **Remote Clinical Assessment Strategy** with commissioners and partners.

We would like to make further significant strides in improving the **111-website**, and maximising the benefit of a 'digital first' offer for people in Wales, but this will be subject to additional funding being made available. We will work with others to develop a more robust case for change for consideration.

For our Emergency Medical Services, the immediate priority is to stabilise our core service, improving response times to patients and reducing patient harm. This is pressing in the light of sustained **growth in red demand**, and a need in the short term to mitigate losses in capacity through ongoing system / pandemic pressures including very high levels of **hospital handover delays** and **sickness absence**. An offer has been made through our **Transition Plan** to significantly increase capacity by up to 294 WTE, and we are ready to mobilise recruitment and training plans if funding is made available. This additional capacity would allow us to:

- Implement a **Cymru High Acuity Response Unit (CHARU)** model which has been shown to improve clinical outcomes for the most time critical incidents, improve ROSC rates and provide a boost to red performance;
- Review **opportunities to develop services for specific groups of patients**, such as **Level 2 Falls response** services;
- Support the numbers of **hours produced** in the core rosters, increasing UHP levels towards 100%.

We are also committed to improving the **internal use of resources.** This includes:

- a **renewed focus on reducing abstractions due to sickness absence**. Our target is to bring abstractions down to 6%, in line with the original demand and capacity review, with a trajectory for improvement over the course of the IMTP to be agreed with commissioners. Significant improvements are, however, expected in 2022/23;
- the implementation of **new rosters** designed to better align capacity with demand, to be implemented between September and November 2022, and which will have the equivalent performance improvement effect of 72 WTE;
- the **Leading Service Change Together** project, which continues to consider opportunities for modernising workforce patterns, seeking to collaboratively identify an accurate baseline of post-production lost hours and identify appropriate and achievable reductions.

Work also continues with Health Boards and with WG to increase the **alternative pathways** available to provide care for patients closer to home and to avoid an ED attendance or hospital admission where appropriate. Work is progressing on a national referral pathway into **Same Day Emergency Services**, on the development of **24/7 single points of access** for mental health in each Health Board, and local pathways for specific groups of patients such as fallers, chest pain and breathing difficulties.

Whilst we will make progress at pace in these improvement areas, it is highly probably that, without additional capacity funded, response times will remain unacceptably long and patients will continue to come to harm. Our expectation is that Health Boards will be continuing to work at pace to delays outside hospital.

In parallel, we will also establish and take forward a formal programme of work to implement the **'inverting the triangles'** model, which will deliver a more sustainable service for the future. Some of this will be achievable and deliverable within existing resources, but to accelerate the pace of change, some **pump priming** is required. We want to develop a workforce that is skilled and equipped with the right resources and information to be able to increase

levels of see, treat and refer, enabling patients to be treated closer to home and avoiding a conveyance to EDs where appropriate. This will include:

- the continued development of the **Advanced Paramedic Practitioner** (APP) rotational model, supporting not just WAST but the wider health care system. Up to 50 APPs could commence training this year subject to funding being available;
- **the Older People and Falls** Framework development;
- review and refinement of our **Public Health Plan;** and
- further exploration of our offer for people in **mental health and dementia crisis**, with the intention of testing and implementing a new model within the life of this IMTP.

Within our NEPTS service, as well as continuing to make improvements in productivity and efficiency following the Demand and Capacity review and developing improved quality assurance mechanisms to manage external providers, we will also actively seek to engage commissioners and wider partners in how to effectively **manage demand** and support patients in the light of the extant eligibility criteria. We will also be working closely with commissioners on the development of a national **transfer and discharge** model, considering carefully how this could bring coherence to a potentially fragmented offering at present and improve services for the benefit of patients and flow across the system.

Supporting the growth and transformation of our core services will be a series of extensive enabling programmes and strategies including our Quality Strategy, Clinical Strategy, People and Culture Strategy, Digital Transformation Strategy and Volunteering Strategy. The Estates and Fleet Strategic Outline Programmes will be driven forward as well as, importantly, work to deliver on our Environmental Sustainability Plan taking us towards **carbon neutrality** by 2030.

Our plan cannot be delivered by us in isolation. It will be ever more important for us, in what is an increasingly complex landscape, to **collaborate with partners** – Health Boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, patients and the public – to both create and implement the best solutions and services for the people of Wales. We want to continue to engage on how we can play a strengthened role within the urgent and emergency care system, turning the current way of working on its head, increasing the numbers of patients whose needs are met through our integrated remote clinical assessment service, our see and treat services or collaborative community referral pathways, and reducing the numbers conveyed to hospital.

Financial summary to be included once position concluded.

The **scale of change** required to deliver on this plan and to achieve our ambition is significant, particularly for our people across the service. We will continue utilising a robust **programme management approach** to support the transformation programme and manage and mitigate identified risks, together with structures to support ongoing **strategy development.** The key, however, will be continued **dialogue and engagement** internally and externally, which we are committed to doing in pursuit of a better service for the people of Wales**.**

2.0 Introduction

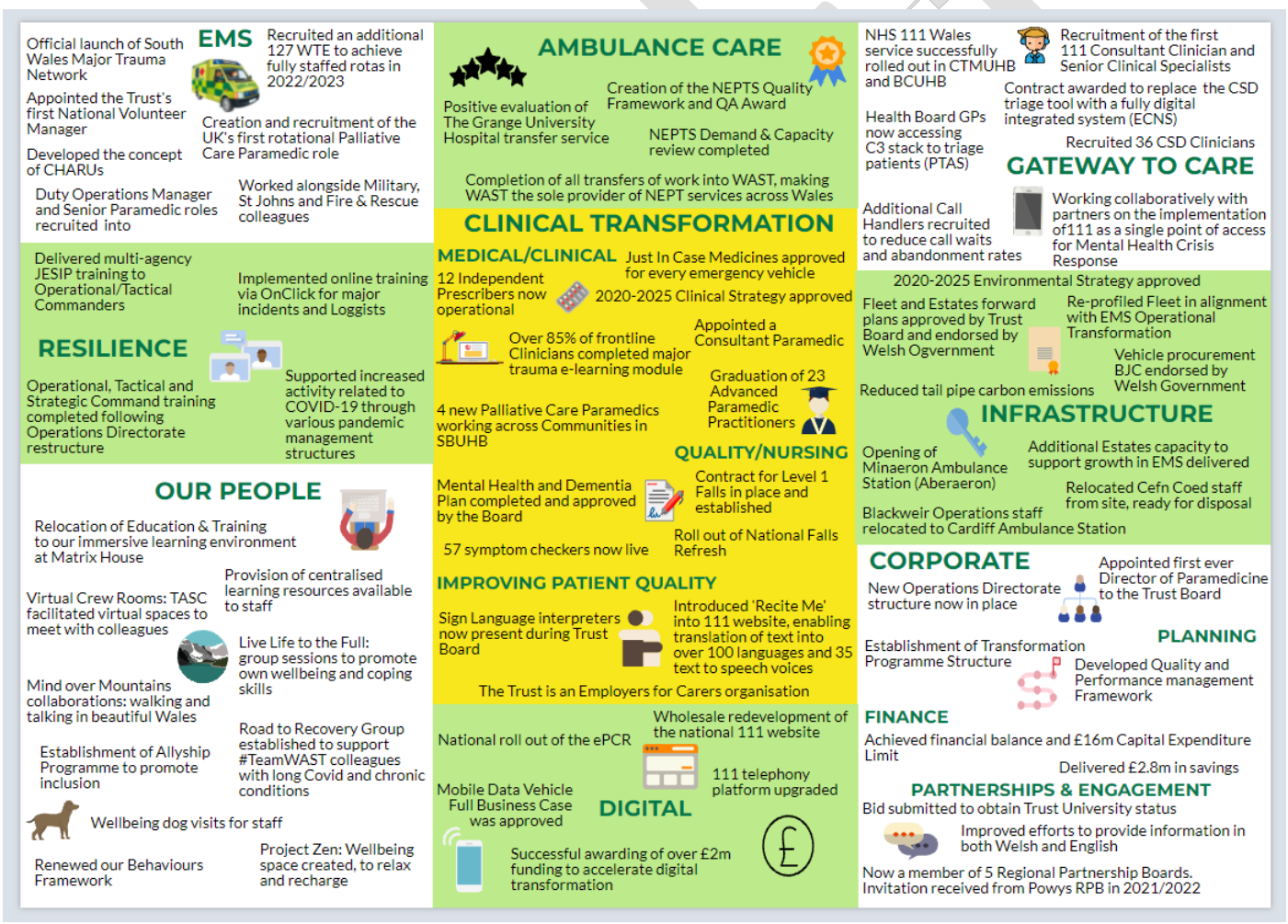
This document sets out the Welsh Ambulance Services NHS Trust's (WAST) Plan for 2022-25, written in line with the NHS Wales Planning Framework for 2022-2025 and the Emergency Ambulance Services Committee (EASC) Commissioning Intentions.

The document is supported by the Minimum Data Set as required by WG, along with a number of appendices which provide more detail on areas of our plan and also provide detail on planned actions in years 2 and 3. Further information is available on request.

3.0 Our Key Achievements in 2021/22

Alongside the many actions we have continued to take to respond effectively to the COVID-19 pandemic and seasonal surges in demand, we also made very good progress towards delivering our key strategic and commissioning commitments and deliverables in our 2021-24 IMTP. These initiatives prepare the environment for further strategic change in WAST as we strive to improve performance, outcomes and wellbeing for both our patients and our people, whilst also adding value to the wider urgent and emergency care system.

Some of our key achievements are highlighted in the infographic below.

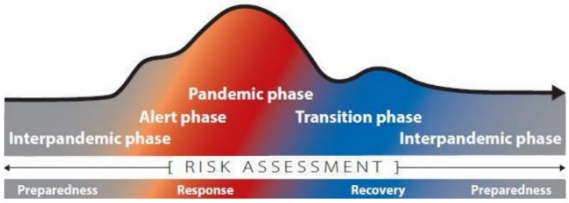


4.0 Challenges and Opportunities Shaping our Plan

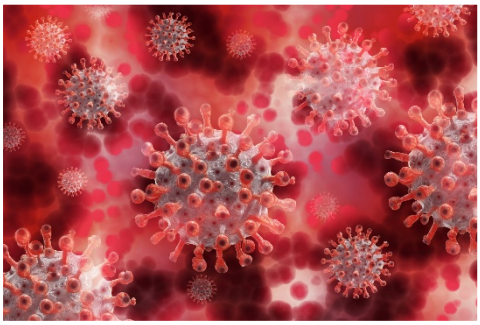
In developing our plans for 2022/23 and beyond, we have gathered intelligence on what is important to our patients, our people and commissioners, reviewed our own performance and the risks we are managing, and carefully considered the opportunities presented by emerging strategies and plans from key partners and committees across Wales. A short summary of what we have learnt and how our plan responds to these influences is set out in the sections below.

4.1 How will we respond to and recover from the COVID-19 pandemic?

WAST's planning over the last two years has been responsive to a rapidly changing environment. There has been a significant amount of learning about the role of ambulance services and NHS 111 Wales in responding to a health crisis, but also, with a focus on recovery, how our plans can shape and influence the way in which people in Wales access and receive urgent and emergency care in the future.



The last year has been particularly challenging with waves of COVID-19 community transmission, including more recent variants, driving either direct or indirect pressure on flow across the health and care system. At the same time, the wider community is unlocking and pressure has built around the need to recover planned care and manage growth in urgent and emergency presentations. Seasonal pressures, some not experienced before, alongside waves of COVID-19 transmission, have contributed to pressures.



The response has required (and will continue to require) difficult decisions to be made about the way we prioritise our resources. We re-established our response structures in a Monitor position on 13 September 2021 and, considering a worsening picture in terms of the Omicron variant, escalated to a full response structure on 8 December 2021. We have subsequently de-escalated to a Monitor position and expect to enter Recovery soon.

Our learning from this last year suggests that we, and the system, need to do something fundamentally different as we recover from the pandemic, to ensure that we can deliver safe and effective services in the short, medium, and longer term. Our strategic ambitions set out in this plan are our offer to the system as it recovers across all areas of the health economy. We therefore need to plan ambitiously but cautiously, considering the likelihood that COVID-19 will be with us now and into the future, alongside other endemic and seasonal infections.

A further concern for WAST, and NHS Wales in general, is staff health and wellbeing and the rise in sickness rates leading to high abstractions from our 111, Clinical Contact Centres, frontline EMS response and ambulance care services. This is not only the result of COVID-19 transmission itself, but also the physical and mental strain that our people have been experiencing in meeting the challenge of a prolonged response, alongside surges in seasonal pressure throughout the year.

Over the last three years WAST has significantly invested in and developed its wellbeing offer to staff from the introduction of the WAST Keep Talking Portal to growing its Occupational Health and Wellbeing Teams to changing to a trauma informed Employee Assistance Programme (EAP) and these foundations have been vital to provide support where and when people need it most. There are multiple platforms from digital apps and programmes, text services, phonelines and face to face sessions, group support and our two significant achievements – the Road to Recovery Group for Long Covid and more recently Project Zen, providing an oasis of calm for colleagues to take time out when service pressures were at their height.

WAST has welcomed the support of the military, fire and rescue services, St. John Cymru and student paramedics alongside other partners over the last two years to support our EMS service. However, it has not always been easy for our people to adjust to working with non-clinical colleagues. Furthermore, such levels of support are unsustainable and military support will be withdrawn at the end of March 2022.

This plan therefore sets out our priorities for recovery, transition and transformation which have taken account of the continued and growing pressure that is anticipated both as a result of COVID-19 and the wider health profile of our communities in Wales. WAST will also support the recovery of the NHS Wales system in general, ensuring that our EMS, Ambulance Care and Transfer & Discharge offers align to both the recovery of urgent, emergency, and planned care in Health Boards and strategic local and regional plans for change across NHS Wales.

Key areas of recovery planning for the Trust include:

- Recovery within our Estate, addressing NEPTS displacement and re-accommodating corporate and clinical staff who have been working from home during the pandemic, in an agile way;
- How Infection Prevention & Control measures continue to apply in a post-pandemic phase taking account of national and AACE guidance, particularly in our contact centres;
- Ensuring the lessons learnt during COVID-19 and establishing the systems that have been put in place that need to continue as business as usual;
- Taking a quarterly approach to tactical planning, using forecasting & modelling to guide decision making around capacity in frontline resources and consideration of how we monitor future COVID-19 clusters and outbreaks following closure of national early warning and reporting mechanisms;
- Planned care recovery in Health Boards, and its impact on WAST service delivery.

4.2 What do our patients say about our service?

Due to the pandemic, we had moved our continuous engagement with people across Wales online whilst maintaining contact with those not digitally connected through more traditional methods. Through engagement with communities and citizens we have been able to provide evidence to a number of forums on the ongoing impact of the pandemic, in particular around people's access to services. We have been able to feedback to communities on how their experiences have been shared and their voices heard.

For example, people's concerns around safe practices during the pandemic and their appetite for digital systems has influenced our approach to capturing patient experiences/stories through the establishment of an online system enabling people to submit their experiences themselves. Furthermore, people wanting to be more involved has meant that we have refreshed and relaunched the Trust's 'People and Community' Network offering people the opportunity to participate in a range of service improvement activities.

Using a variety of methods to capture feedback including surveys, face-to-face online events, a dedicated 'have your say' facility and email / phone service, public and patient feedback and observations have been captured and summarised as follows:

Table 1: Patient Feedback

What we have heard from our patients in the last year…	What we will do to respond…
• People contacting 999 are experiencing long waits for an ambulance for good care.	• There are a range of actions in the plan designed to improve performance in EMS response times to improve patient safety (**see section 5.3**)
• People accessing NHS 111 Wales have said they are generally satisfied with the service received, they followed the advice given and would use the service again if they needed to. However, people are still reporting long waits for their calls to be answered	• We have a stabilisation and transformation plan for 111 which will likely see expansion of the workforce (subject to funding) to improve call answering performance. We will also further develop the NHS 111 Wales website to help people to access advice to support them to safely care for themselves or access services in the community (**see section 5.2**).
• People found the NHS 111 Wales website useful for quick access to online self-help symptom checkers.	• We co-produced a service improvement plan with members of the deaf community and set up a dedicated 'task and finish' group to implement the plan, monitor the introduction and impact of Sign Video in NEPTS, Complaints and Patient Experience teams as well as preparing for the introduction of Sign Video for emergency service access in June 2022.
• Those with sensory loss (Deaf) felt they faced barriers to accessing information and emergency service.	
• Patients and their carers have continued to tell us that long waits for hospital handover outside EDs can be very distressing for all involved.	• We continue to work with Health Boards on improvements to handover times. Our transformational plans in EMS response aim to reduce conveyance to ED which will have positive impact on handover delays (**see section 5.3**)
• People have told us they appreciate the work of the ambulance service and praised staff for their dedication and commitment to working through the pandemic.	• Our colleagues are our biggest asset and we have a range of plans to ensure their wellbeing is prioritised (see section 6.1)
• Carers have told us that our staff recognise them and involve them in the care and treatment being delivered to the person they care for.	• We have pledged an annual commitment to undertaking a carers survey and online event is built into the National Carers day activities. The Trust is also an Employers for Carers organisation supporting staff who are themselves carers.
• People from communities where English or Welsh are not the main languages spoken have told us they appreciate our efforts to make information available to them in their language.	• We are committed to equality of access to our services and we have taken practical steps to ensure language is not a barrier to access including increasing to 172 bilingual symptom web guides on 111 website (**see section 6.1.1**).

4.3 What are our colleagues' priorities?

The most recent NHS staff survey in 2020 indicated that our colleagues felt we had demonstrated good collaboration and communication and a positive service mindset. This was supported by the findings from the work undertaken in 2021 to reset our behaviours and culture. WAST has been working in partnership with an external agent and our people to refresh our behaviours and as we hopefully emerge from the pandemic, the new refreshed behaviours are due to be launched in February 2022 with a plan to address the key findings and recommendations from the report which include a focus on wellbeing, leadership and inclusion.

Through this work there was a real sense of belonging and commitment to the service experienced by many. However, the areas identified as priorities in 2020 continue to be so: improved development for our leaders; greater chance to be hear; an increased focus on staff wellbeing; putting an end to bullying and harassment; and increased professionalism and positive behaviours. Clarity of vision and purpose about our shared future is also high on colleagues' list of priorities.

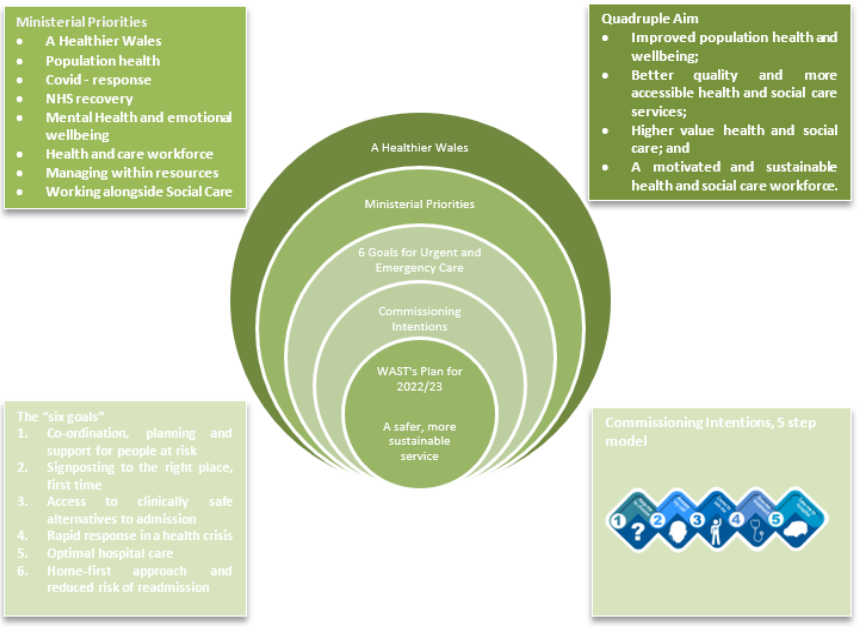
WAST also held a series of Chief Executive Roadshows across Wales and a Leadership Symposium in 2021, inviting colleagues from all parts of the organisation to come together to discuss directly with the Executive Team the concerns, challenges and issues they face on a day-to-day basis. It was also an opportunity to share the strategic ambitions for our services. Some key areas of feedback included the concern over the sustained need for mutual aid such as military support and a general feeling that we cannot sustain the way we are currently working, particularly the experience many have of delays outside hospitals. There was general support for WAST's strategic ambitions, with broad agreement that something needs to change across the system and we cannot continue to do things the way we have been doing in the current operating environment.

Table 2: Feedback from our colleagues

What we have heard from our people in the last year…	What we will do to respond…
• Colleagues recognise and want to see the promotion of positive behaviours and a sense of psychological safety across the Trust	• Plan to launch and embed our refreshed behaviours to foster a culture of belonging, wellbeing and engagement **(see section 6.1)**
• People are not always aware of where they can access wellbeing support	• Continue to implement strategies to support the health and wellbeing of colleagues to help them stay in work **(see section 6.1)**
• There is a continued desire for leadership development	• Implement leadership development programmes from aspiring leaders to shadow board development **(see section 6.1)**
• There is a need to focus on inclusion	• We are continuing to deliver our strategic equality objectives including delivering the Allyship programme **(see section 6.1)**
• Colleagues continue to feel the negative impact of handover delays outside hospitals	• We continue to work with Health Boards on improvements to handover times. Our transformational plans in EMS response aim to reduce conveyance to ED which will have positive impact on handover delays **(see section 5.3)**
• Support from colleagues in the military and other partners was generally welcome, but there were some concerns about working with non-clinicians	• Our plans for quarter 1 set out to address the immediate impact of the military withdrawing. Our transition plan for EMS identifies an increase in core capacity to reduce the need for mutual aid in future years, funding is required. **(see section 5.3)**
• Colleagues who attended CEO roadshows generally supported the need for change	• We have a set of strategic ambitions for clinical transformation within EMS **(see section 5.3),** increased awareness and use of NHS 111 Wales and our integrated care offer as the Gateway to Care in Wales **(see section 5.2)** and further transformation in Ambulance Care **(see section 5.4)**

4.4 What are our legislative, strategic, financial and policy drivers?

Our plan must support the delivery of relevant national strategies and policies. The **Wellbeing of Future Generations (Wales) Act** underpins the Programme for Government, and **'A Healthier Wales'** remains the long-term strategy for the health and social care system. In its new term, the Welsh Government (WG) appointed a new Minister for Health and Social Care, and in July 2021 she set out her **priorities** for the wider NHS, as well as specifically establishing '**six goals for urgent and emergency care'** which, together, will enable delivery of the Programme for Government and 'A Healthier Wales' commitments.



To accompany this WG has set out Phase 1 of a set of Ministerial measures, including a specific measure for WAST around reduction in conveyances to emergency departments.

The Urgent and Emergency Care system is struggling to cope with growing patient needs resulting in increased demand on secondary care. There is a renewed focus nationally on driving forward the Six Goals programme which focuses on strengthening signposting, clinically safe alternatives to admission, rapid emergency care response, good discharge practice and preventing readmission. Our strategic ambitions for EMS, 111 and Ambulance Care align closely to this national ambition to provide the right care, in the right place, every time.

Each of the six goals includes a quality statement that sets out ambitions for consistent and reliable delivery by health and social care organisations across Wales. They describe the outcomes and standards individuals should expect when they may need urgent and emergency care services, and will inform national oversight of service provision through planning frameworks and the Welsh Government quality, planning and delivery assurance system. The COVID-19 pandemic and associated challenges make delivery of every element of each quality statement testing and some elements are considered as aspirational.

Set out in the table below is a summary of the immediate priorities that we will need to deliver on within the timeframe of this IMTP, specifically in relation to Goals 2, 3 and 4.

Goal	Immediate Priorities	What we will do to respond…
Goal 2: Signposting people with urgent care needs to the right place, first time • When people need or want urgent care they can access a 24/7 urgent care service via the NHS 111 Wales online or telephone service where they will be given advice and, where necessary, signposted or referred to the right community or hospital-based service, first time.	• Following national roll out of NHS 111 Wales: o significantly improve the 111 digital offer and increase use of web or app access o improve access to urgent dental provision o establish a palliative care pathway to access a specialist 24/7 after dialling 111 o establish the 111 press 2 pathway supporting people with emotional health, mental illness and wellbeing issues o develop the 111 Clinical Support Hub at a national and regional level. • Implement a 24/7 urgent care service, accessible via NHS 111 Wales, to provide clinical advice remotely. This should integrate services and schedule arrival slots in MIUs, EDs or SDECs.	**Section 5.2** • Additional funding sought to continue digital improvements • Work with 111 Programme Board to agree a new strategy for the service after roll-out of core 111 service • Plans in place to deliver 111 press 2 • Continue to develop our clinical teams to provide excellent clinical advice remotely • Implement SALUS
Goal 3: Clinically safe alternatives to admission to hospital • People access appropriate and safe care close to home. Admission to an acute hospital bed should only occur if clinically necessary.	• Implementation of SDEC services so that they support 100% of type 1 emergency departments, allowing for the rapid assessment, diagnosis, and treatment, and discharge home same day where clinically appropriate • Effective community infrastructure model for intermediate care, based upon the principles of 'right sizing' available capacity in the community,	**Section 5.3** • Work with Health Boards to ensure access to SDECs for paramedics, through national referral pathway
Goal 4: Rapid response in physical or mental health crisis • Individuals who are seriously ill or injured or in a mental health crisis should receive the quickest and best response commensurate with their clinical need – and, if necessary, be transported to the right place for definitive care to optimise their experience and outcome.	• Deliver safe alternatives to ambulance conveyance to Emergency Departments. • Procurement of a new 999 remote clinical triage system to support more accurate clinical assessment, increasing 'hear and treat' capacity, and video and text triage and follow-up advice. • Increasing ambulance availability to ensure people in danger of loss of life or with time-sensitive complaints are prioritised, receive the right kind of rapid response and are transported to the right place. • Improving ambulance patient handover.	**Section 5.2** • Implementation of ECNS **Section 5.3** • Work with HBs to expand alternative pathways as a key element of our ambitions for the EMS service transformation • Actions to improve hours available to respond, including sickness management, roster reviews and growth in WTEs if funding available.

There are many other legislative, policy, strategic and financial drivers, not mentioned above, which shape our approach to planning and delivery as a Trust. Some of the more recent include (but not limited to):

- Health and Social Care (Quality and Engagement (Wales)) Act 2020 (Link)
- ISO14001 (Link) and the Welsh Government ambition for carbon neutrality by 2030 (Link)
- Socio-Economic Duty (Link)

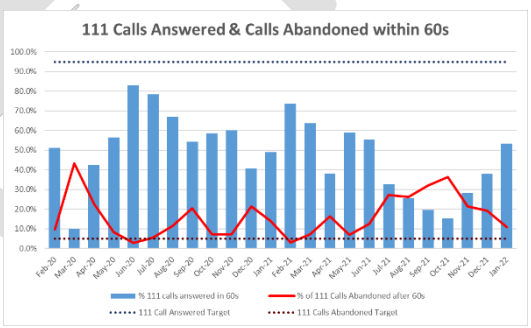
4.5 How well have we performed?

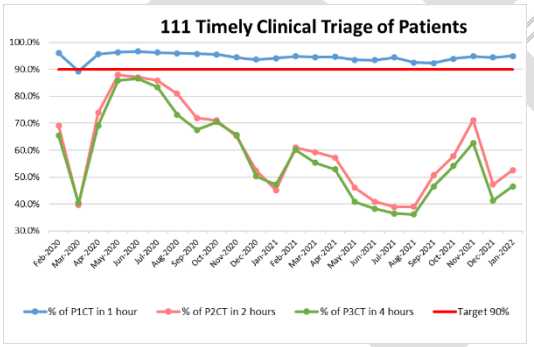
We are committed to improving the quality of our services based on a clear understanding of what is driving current performance levels. We do this in a way that is consistent with the Quadruple Aim set out 'A Healthier Wales'. Our Board and its sub committees receive a monthly report on a series of agreed, balanced, key indicators which provide a lens on the quality of our services to patients, how our staff are supported, the value we offer, and the contribution we make to the wider system. This section of the IMTP summarises some of the key elements of this report, but the latest version is available here (link).

Our Patients

Patients have not been receiving the quality of service they require and patient safety has been compromised by a difficult operating environment across the urgent and emergency care system in Wales.

In the **111 service**, we measure the quality of the service we provide through call answering times and clinical ring back times. We aim to answer 95% of calls within 60 seconds, and to have an abandonment rate of less than 5%, but the graph demonstrates that the service has been significantly off target during 2021/22. As a result of a concerted recruitment and training effort, as well as internal improvement and efficiency work, we have started to see improvements towards the latter part of the year.



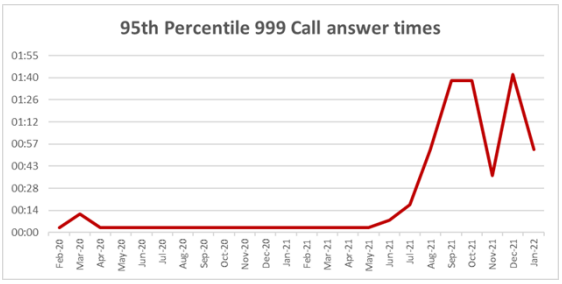


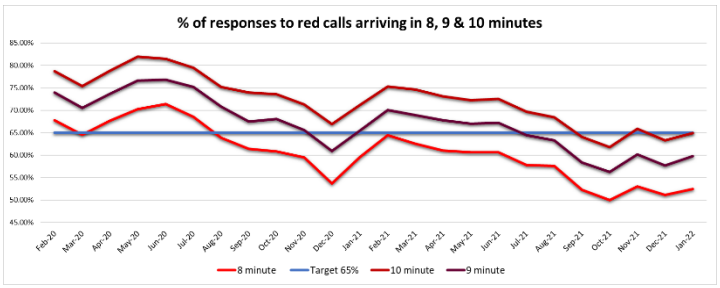
In relation to clinical ring back for triage, we consistently achieve the one hour target for highest priority patients, but did not achieve the targets for other patient acuity categories. Patients have provided feedback on long waits and there is potential for these waits to have a knock on impact to both 999 and the rest of the urgent and emergency care system. We are therefore currently undertaking a strategic demand and capacity review of 111 at the time of writing this plan, and the actions set out **in section 5.2** seek to further address and improve the quality of the service we provide.

One of the factors in our response times is demand. 111 demand has increased significantly, but this can be attributed to the service going live across Wales alongside government announcements relating to the pandemic, which have the effect of creating spikes in demand, and also an increasing use of the service which is increasingly seen as the "Gateway to Care" across the system.

Within the **999 service**, we assess the quality of the service we provide through a range of response times metric, clinical indicators, and outcome measures. Call answering performance began to worsen during the summer as the

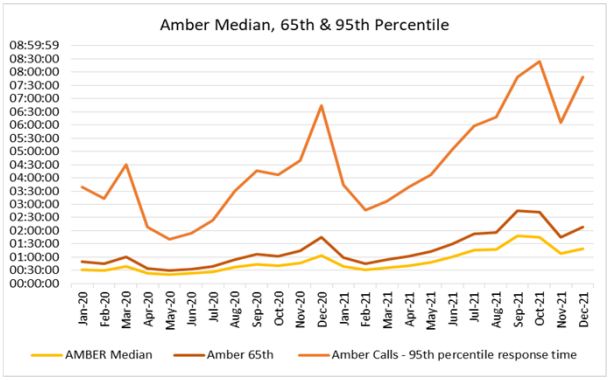
Trust moved to a sustained period of maximum escalation. This could have a significant impact for patients who dial 999 for the most life threatening incidents. Some additional call taking capacity was built through the year, and may be required into the future, subject to funding availability.

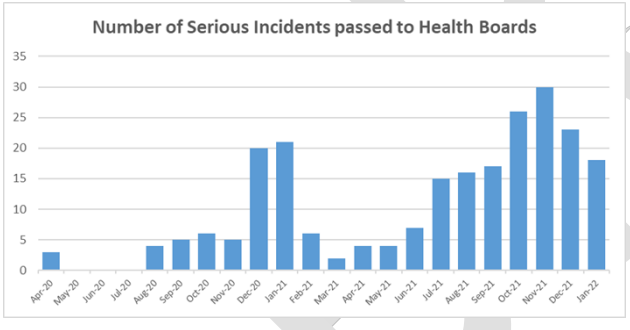




We have unfortunately seen a continued deterioration in performance against the Red 8 minute target, together with lengthening response times for our amber calls which includes stroke and heart attacks. We know that the bulk of patient safety incidents occur in the Amber category, and that these long response times directly impact on patient outcomes. We believe strongly that this is one of the greatest clinical risks that the system faces, and that we need to collaboratively and urgently address this so that patients are not left alone for hours in the community with no clinical assessment or treatment.

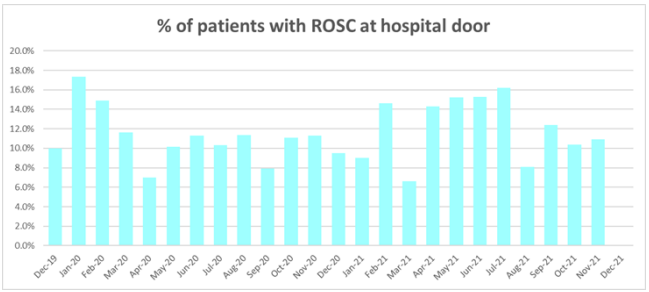
There are many reasons for these longer response times, which include increases in red demand and overall acuity, a loss of capacity through increased sickness absence, and a loss of capacity through hospital handover delays. During the pandemic, we have also prioritised our conveying capacity (Emergency Ambulances EAs) over Rapid Response Vehicles (RRV) which has an effect on red response times, and staff are also required to don and doff Level 3 PPE in line with Infection Prevention and Control (IPC) guidance, which can add minutes to the response time.

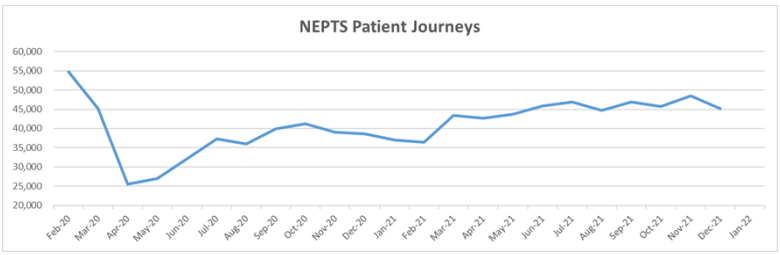




We are seeing higher levels of National Reportable Incidents (NRIs); and also higher levels of National Reportable Incidents referred to health boards. Incidents referred to health boards are often due to long waits in the community as a result of handover delays at hospitals. In the period April - December 2021 there were 4,020 patient waits of 12 hours or over, compared to 1,634 in the same period in 2020.

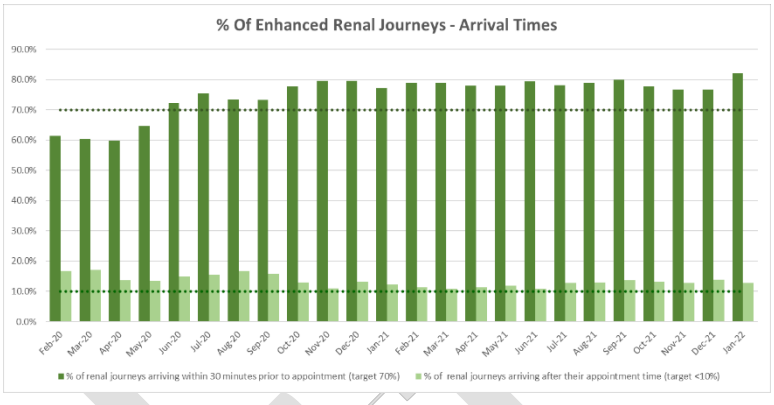
One of the clinical outcome we measure is the % of patients who have return of spontaneous circulation, and this remains lower than we would want. Whilst there are many factors outside our direct control, we have developed a new service response – Cymru High Acuity Response Unit – to improve outcomes in this area, but these changes are currently not fully funded at this time (**see section 5.3** for the plan).





In relation to our **NEPTS service**, demand has not recovered to pre-pandemic levels. Whilst renal and oncology demand has been stable, outpatient demand is down and discharge and transfer variable. A further consideration for NEPTS is that social distancing reduces the number of patients who can be conveyed per journey.

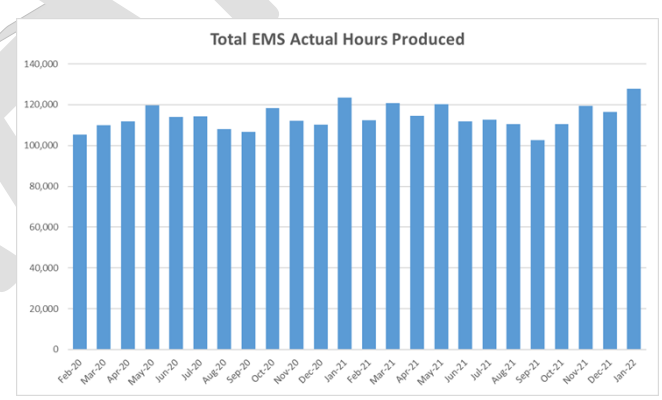
This has impacted on transport capacity and led to in year investment of £2m as part of winter planning, which will cease on 31 Mar-22. As a result, the quality of the service as measured through the various arrival / collection times indicators has been more stable with in-bound renal performance being achieved in every month in 2021/22. Oncology performance is a recognised area of concern, which is being addressed through the Ambulance Care Transformation Programme (**see section 5.4**).

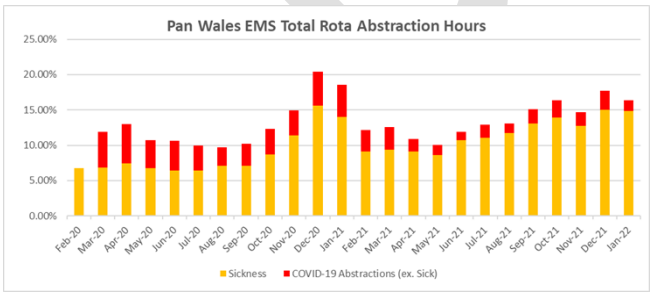


Our People

In relation to our workforce, the indicators we review at Board relate to whether or not we have the right workforce capacity in place to meet demand, how we are keeping staff safe and well, and how they are being developed. More detailed and numerous indicators are also considered at the People and Culture Committee.

In relation to the EMS service, the EMS Demand and Capacity review in 2019 determined the required capacity to respond to demand based on a 30% abstraction assumption, with levels of investment provided by commissioners to increase WTEs by 263 over 2 years. The Trust is on target to broadly achieve this growth by the end of March 2022. This is a significant milestone for the Trust that will bear fruit in the medium term. However, as the graph to the side demonstrates, despite having more staff in post, we have not been able to produce many more hours, other than in the last quarter as a result of military aid.





A key factor in our ability to ensure capacity to meet the demand is the impact of abstractions, and this also provides an indicator of our people's well-being. The significant impact of the last two years on our people at all levels in the organisation cannot be underestimated. To support the workforce there has been an ongoing focus on wellbeing activities across all areas of the Trust including those in frontline and support roles. Despite this sickness has remained one of the key causes for rota abstraction. The graphs show the levels of abstraction due to sickness and also due to COVID-19 factors. Similar pictures are seen in 111 and Ambulance Care, with a 17% abstraction due to sickness in the 111 service in January. We know that this will need to be a major focus of our plan going forward and actions are set out in **sections 5.2 to 5.4**.

Other indicators of how we are keeping our staff safe and well include vaccination rates and statutory / mandatory training levels. As at 07 February 2022 84% of patient facing staff have received a COVID-19 booster vaccine and 94% are double jabbed. However, the flu vaccination level for the Trust is 40.57% and whilst flu has not significantly affected the Trust this year, we would aim to increase the figure going forward. In January 2022 Statutory & Mandatory Training rates had not achieved the 85% target overall, with levels of 61% for Fire Safety, and 72% for Moving & Handling. The Working Safely Transformation Plan sets out to improve this, and more detail is seen in **section 7.1**.

In terms of staff development, we review levels of Personal Appraisal and Development reviews (PADR) as a high level proxy, and in January 2022 levels remained largely static at 59%. They continue to remain below the 85% target, despite a revised 'lite' approach during the pandemic.

Finance & Value

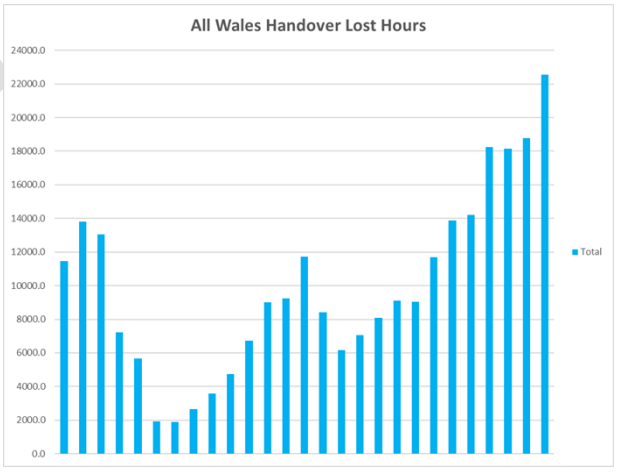
We review a number of indicators which aim to demonstrate how we provide a service in line with statutory financial duties, and of high value and efficiency. Clearly, we have managed and delivered all aspects of our statutory financial duties in 2021/22.

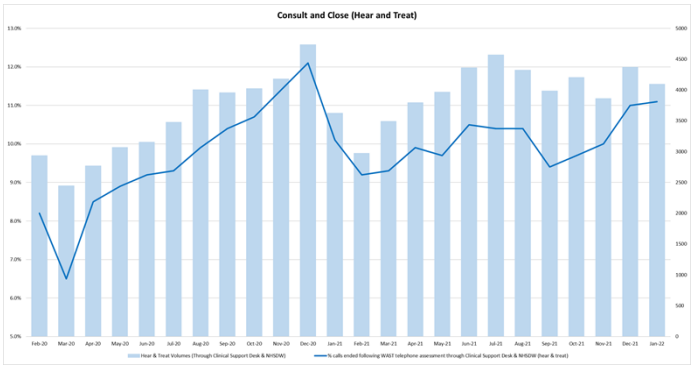
In relation to the value and efficiency of our service, we have developed in the last year, a utilisation measure for the EMS service, which we are working on with commissioners to make best use of it both as a tool to review retrospective performance, but also to look ahead, forecast performance and take mitigating actions where necessary.

We measure the number of hours that are lost post production as these potentially indicate areas where we could improve efficiency. There are many legitimate reasons for crews needing to stand down post production and we benchmarked well on Post Production Lost Hours (PPLHs) in the 2019 EMS Demand & Capacity Review with the exception of return to base meal breaks. Some concerns have been raised about the accuracy of the data which we are reviewing, and hope to conclude soon. Further internal modelling work is ongoing to quantify any potential efficiency gain (see section 5.3).

System Contribution

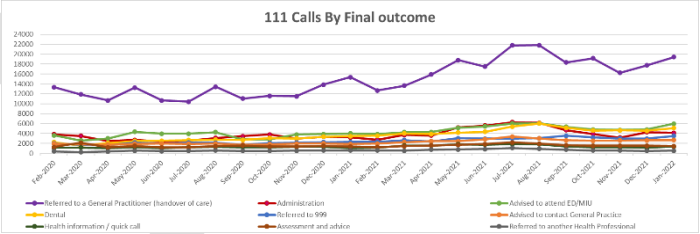
We aim to consider both our impact on the wider system, but also the wider system's impact on our service. Handover lost hours were already extremely high and Wales was an international outlier even before the pandemic. The levels seen this winter are unprecedented and have had catastrophic outcomes. In December 2021 the Trust lost over 18,000 ambulance hours, equivalent to 36,000 people hours or 3,000 twelve hours shifts. The Trust is aware that health boards are introducing urgent and emergency care escalation frameworks, and that there has been strong messaging from Welsh Government and the Minister that this must be tackled as a matter of priority. However, given the scale of the challenge and its links to wider system pressures, we are planning on the basis that these levels will remain high for many months. The 6 goals policy handbook sets out an expectation of no handover being longer than an hour by 2025.





We are committed to transforming our services to become more sustainable, to get patients to the right service, in the right place, every time, and to reduce the reliance on emergency departments as the default location for definitive urgent and emergency care. One of the areas where we already support the system in reducing demand is in consult and close (hear and treat previously) through the work of the Clinical Support Desk (CSD). Through investment from commissioners, the CSD has expanded this year to include an additional 36FTE paramedics and 6FTE mental health practitioners. The 2019 EMS Demand and Capacity review assumed the Trust should achieve around 11% hear and treat rates, which has largely been achieved, and with the expansion as described, we are planning to increase to 15% in 2022/23. We also monitor our 'see and treat' rates which have broadly remained static. Our ambition, articulated through the 'inverting the triangle' work we have been doing, again is to increase this shift left activity, and more can be found in **section 5.3**.

In relation to our 111 service, one of the success factors for NHS 111 Wales is getting the patient to the right service, first time. At the moment, we measure outcomes in terms of where patients are directed, but further work is required to identify whether these are the most appropriate and best outcomes.



Forecasting Performance

As well as reviewing historic quality and performance measures, we have made huge strides in our forecasting and modelling capabilities within the EMS service in particular, in partnership with Optima. Looking forward to 2022/23, we have undertaken a forecasting and modelling exercise for Quarter 1 which allows us to determine a detailed tactical plan to ensure capacity is available across all service areas. This will complement the medium term plan set out in this IMTP. The outlook is bleak, and the modelling suggests that without a change in the current levels of abstractions, lost hours or demand, the waits for patients in the community will be at unacceptable levels. The alternative, shown in the table below, is that we would have to escalate to the higher levels within our clinical safety plan (CSP), the consequence of which is that many patients would not receive a response at all, and some will likely come to harm.

Scenario	RED (%) < 8mins	RED (%) < 9mins	RED (%) < 10mins	AMBER1 Median (minutes)	AMBER2 Median (minutes)	Simulated Utilisation (%) EA/RRV/UCS
MLS - Normal	Simulation not finished – infinite queuing					
MLS – CSP2b	Simulation not finished – infinite queuing					
MLS – CSP2c	54%	59%	64%	120+ minutes	240+ minutes	72% (78% / 65% / 55%)
MLS – CSP3a	56%	62%	67%	120+ minutes	191 minutes	70% (77% / 60% / 47%)
MLS – CSP3b	57%	62%	67%	105 minutes	147 minutes	67% (76% / 58% / 40%)
MLS – CSP4a	61%	67%	72%	41 minutes	62 minutes	57% (65% / 46% / 29%)
MLS – CSP4b	68%	74%	79%	19 minutes		40% (48% / 31% / 16%)

Actions being taken within the EMS service are set out in **Section 5.3.**

4.6 What do our commissioners and partners say?

The Emergency Ambulance Services Committee (EASC) commissioning intentions are not intended to set out all activity that will be undertaken this year by commissioners or the Trust, but provide a clear indication of the key strategic priorities of the Committee for the Trust in 2022/23.

Some of the commissioning intentions have been rolled forward from 2021/22. However, we regularly report progress on them to EASC Management Group and it is considered that we have made good progress within the context of the

pandemic. The following table provides a summary of some of the key commissioning intentions for 2022/23. A full reflection of commissioning intentions and how this plan addresses them can be seen in appendix x.

Commissioned Service	Summary of Priorities	Outcomes	Response in this IMTP
Emergency Medical Services	• Increase the proportion of activity **resolved at Step 2.** • Right response first time and **optimising conveyance** • **Workforce**: stability, growth & modernisation of practices. • **Efficiency**: resources aligned to patient demand, reduced lost hours. • **Value**. • **Improving clinical outcomes** and reducing harm pro-actively. • **Support** to the wider health care system	• Significant increase in hear & treat rate. • Improvement in the multiple response rate • Transformative reduction in conveyance to EDs • Increased capacity, improved staff well-being and reduced patient harm. • Maintenance of the increased staff base following closure of the relief gap • Improvement in availability of staff through reducing sickness levels • Further growth in the workforce in line with the strategic ambition, subject to agreed financial allocations • Completion of roster reviews, with increased capacity aligned to patient demand • Reduced hospital handover delays (health board actions, WAST will support where required) • Improved levels of efficiency in use of resources • Value-based approach embedded enabling better collective decision making across the whole urgent and emergency care system • Investment in initiatives that provide value (and disinvestment in those that do not). • Appropriately shared clinical safety risk across the whole system. • Delivery of a national discharge & transfer service model.	• Section 5.2 & 5.3 • Section 5.3 • Section 5.3 • Section 5.3 • Section 5.3 • Section 6.1 • Section 5.3 • Section 5.3 • Section 5.3 • Section 5.3 • Section 7.1 • Section 7.1 • Section 5.3 • Section 5.4
Ambulance Care (NEPTS)	• **Efficiency**: benefits from national service, resources aligned to demand, reduced lost hours. • **Plurality**: expand and improve availability of providers. • Improved dynamic **planning processes** • **Demand management**: effective use or resources, effective rostering and appropriate transport. • **Transforming** and increasing capacity from within current resources. • **Reducing lost capacity** including minimising lost time at hospitals	• The best patient transport model for Wales ensuring value and efficiency of utilisation. • A procurement strategy which determines the best mix of provision to ensure NEPTS objectives and standards are met. • More dynamic flexibility to respond to demand. • A range of quality assured providers that deliver improved patient outcomes, experience, value and sustainability. • More effective utilisation of capacity to ensure stability and resilience to meet future demand. • Increased understanding of demand from patients and stakeholders and more effective management of that demand. • Improved quality and performance. • Continuous learning based on patient feedback and data. • Effective use of internal and external resources. • Improved collaboration and communication with Health Boards to ensure timely, equitable, integrated and efficient service provision.	• Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4 • Section 5.4

As set out previously, handover times in our EMS service are extreme and put us as an international outlier. Reference is included in the Six Goals Policy Programme to reducing handover delays through driving improvements in urgent and emergency care system, by 2025. Given the urgency of this situation, WAST welcomes EASC's position that individual improvement trajectories will be agreed for each site and will be included in the new EMS Commissioning Framework.

The NEPTS commissioning intentions do not identify any increase in capacity during 2022/23. Currently, the Trust is in receipt of additional non-recurring investment (£2m) to support NEPTS capacity; consideration between EASC and the Trust needs to be given to levels of performance post the 31 March 2022 when this investment stops whilst social distancing, which affects NEPTS capacity, continues.

4.6 How will Health Board plans affect us?

The NHS Wales Planning Framework sets out a need for Health Boards to work together, across organisational boundaries, to plan and deliver on a regional basis. The framework also sets out the need for a whole system approach to recovery from the pandemic and for NHS organisations to build on the learning and experiences across health and care. We will engage fully with the continuing development and implementation of the National Clinical Framework in respect of its key workstreams and how WAST can play its part in facilitating regional working, improvements in quality, clinical pathways and higher value healthcare.

There has been significant disruption to "normal" Health Board activity over a sustained period but also significant progress across the system in delivering care differently to ensure NHS Wales could reduce the impact of the pandemic. Services have changed and adapted at pace including the use of remote and mobile solutions for outpatient and primary care appointments. The framework asks Health Boards to go further with accelerating and embedding digital technology and innovation.

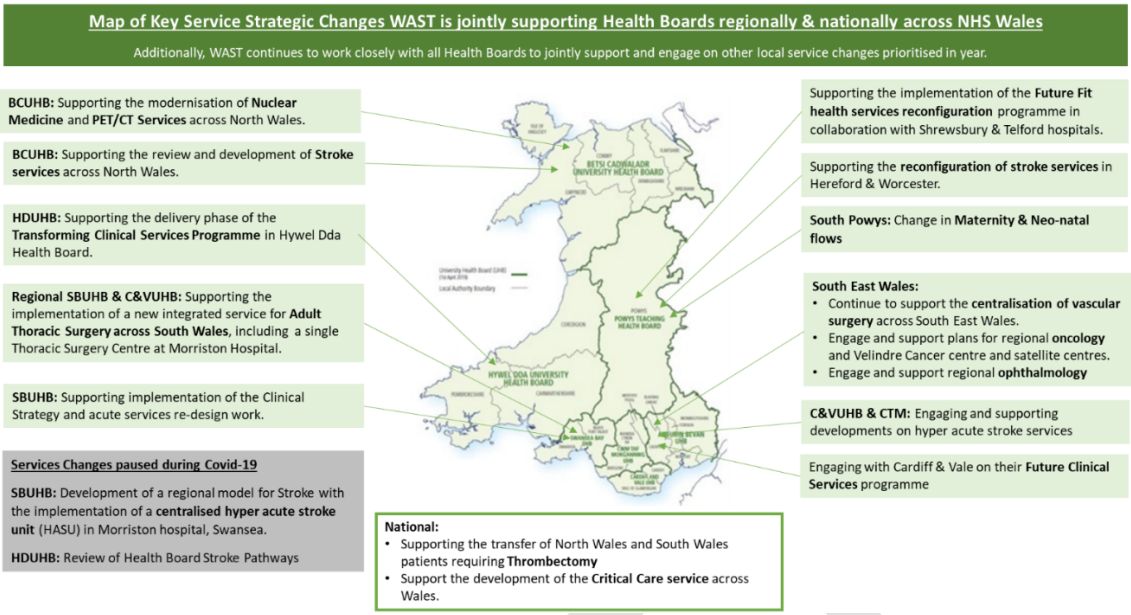
Such operational and strategic changes at local, regional, and national level can often have an impact on our EMS and Ambulance Care services but also on NHS 111 Wales, as the location, frequency or priority of services or pathways change. A consequence of these rapid and emerging changes is often a change and/or increase in emergency, transfer, and discharge ambulance activity. We will have a key role to play in delivering solutions to support these changes, and it is imperative that Health Board plans are shared at the earliest opportunity.

We continue to work collaboratively and proactively with Health Boards to support strategic, transformational service changes (regional and local) across Wales to ensure the best possible outcomes and experience for the people of Wales. However, this cannot be a set of fragmented service developments and need to be scoped, quantified, and aggregated in some cases to develop a consistent transfer and discharge model that could be rolled out across Wales.

Some of the priorities emerging include:

- Final go-live of the South East Wales Vascular Network
- Recovery of regional cataract services
- Emerging plans for the regional configuration of specialist stroke services
- Acute services redesign in Swansea Bay UHB
- Cardiac pathways in Cardiff and Vale UHB

The map below provides an overview of the main service change proposals we are working on collaboratively with partner organisations to drive forward sustainable changes in health provision. Our service needs to remain flexible to change but realistic in the context of the demand on our service and the capacity to deliver change at pace.



4.8 What are the operational risks that we are managing?

We are mindful of our role in supporting NHS Wales to mitigate the **harms experienced** by the people of Wales during the pandemic over the last two years. The direct and indirect impact of COVID-19 will continue to be prevalent as we move forward out of the pandemic and our plan has taken this continued impact into account. This includes the continued pressure that has resulted from abstractions, lost hours and increases in demand in different patterns (compared with pre-pandemic seasonal patterns) throughout the year.

This will be underpinned by our internal approach to risk management through regular review of our **Corporate Risk Register** and the Trust's **Board Assurance Framework** that provides a clear line of sight to the controls and related assurances on those controls, and the actions we are able to take (and that are within our gift) to mitigate the risks. We know that there are several high scoring risks within the service that need to be managed and mitigated.

The Trust's highest corporate risks are described in the table below, including a brief description of what we will do to contribute to the mitigation and reduction of these risks through this plan.

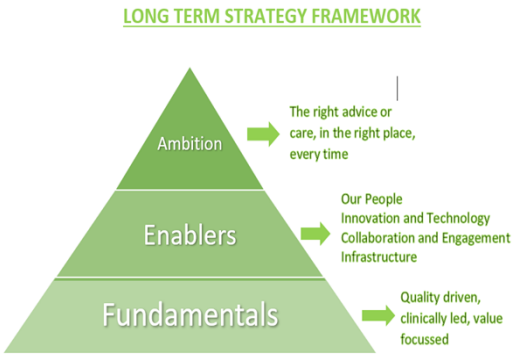
Table 3: Our highest Corporate Risks

Risk	Level	*What we will do in this plan to respond…*
ID 223: Unable to attend patients in community who require See & Treat	25	A key part of our IMTP is transition plan for EMS (**see section 5.3**) which is focussed on the patient safety benefits of further implementing the operational and clinical transformation in this key part of our service offer.
ID 224: Patients delayed on ambulances outside A&E Departments	25	A range of actions in our Gateway to Care programme focus on a further shift left in the pathway to improve hear and treat rates, whereby patients can have their needs resolved without the need to send a physical response (**see section 5.2**).
ID 199: Compliance with Health and Safety Legislation	20	Having set up the programme structure and recruited to key posts during 2021/22, the Trust will deliver its "Working Safely" Health & Safety Transformation Plan to support and foster a culture of safe working across the Trust (**see section 7.1**).
ID 160: High sickness absence rates	16	The plans set out in Our People (**see section 6.1**) include a programme approach to reducing sickness absence. We have several established support mechanisms in place specifically around COVID-19 related absence including long COVID support and we regularly review the Test Trace and Protect guidance to inform our Infection Prevention and Control policies and staff action cards.
ID 311: Failure to manage the cumulative impact on estate of the Demand & Capacity Review and the NEPTS Demand & Capacity Review	16	Our Infrastructure plan (**see section 6.3**) details the Estates and Fleet SOPs which were updated in line with recommendations from the EMS Demand and Capacity Review and the implications of the NEPTS Demand and Capacity Review. However, capital constraints in 2022/23 may impact on our ability to mitigate this particular risk.

The Trust remains committed to implementing a positive Risk Management culture through our Risk Management improvement plan. The plan has been developed and is a key part of the Fundamentals of a Quality Driven, Clinically Led, Value Focussed organisation (**see section 7.1**).

5.0 Our Service Offers to Patients and the System The Right Care in the Right Place Every Time

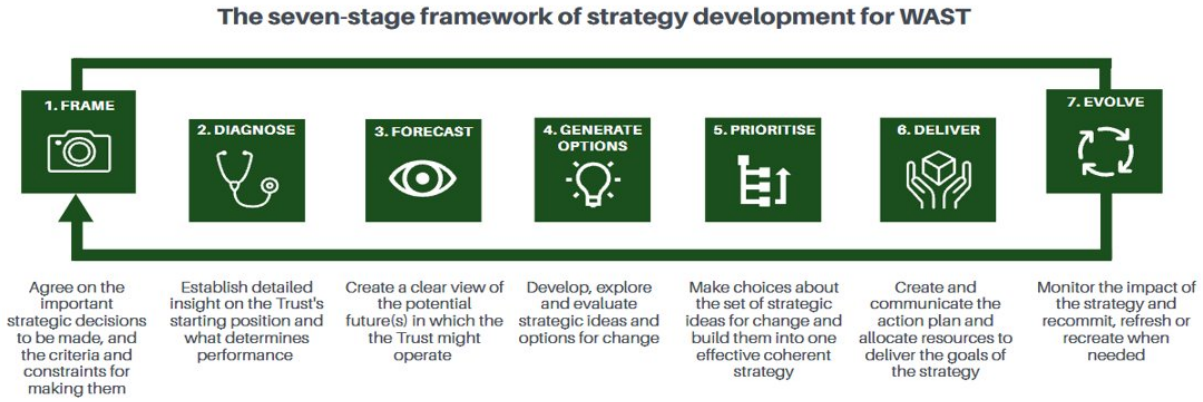
5.1 Our Long-Term Strategy



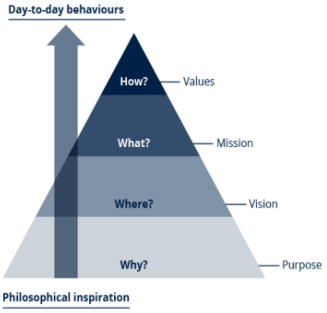
Following publication of our long-term strategic framework "Delivering Excellence" which set out an exciting vision for the service in Wales up to 2030, we have developed and continue to evolve strategic ambitions for an integrated set of service offers for the people of Wales over the next 3-5years.

We live in a world where the needs of our population are changing. People are living longer, and care needs are becoming more complex, placing different demands on ambulance and NHS 111 Wales services. We do not underestimate the challenge that this creates and recognise that this is not something that we can meet wholly on our own.

In 2021/22 we established two new groups to help the organisation to continue to develop its strategy, one of which is a Board level Strategy Advisory Group. A model of strategy development has been agreed which we will continue to work through, recognising that in this changing world, strategy cannot be immoveable.



Alongside the evolution of our longer term strategy, we will be taking forward two other substantial areas of supporting work. Firstly, we will be undertaking continuous engagement, talking to staff about framing our **'Purpose'** as an organisation, as this is something we believe will bid and unite the organisation towards a common goal. This provides the 'why' of our existence as an organisation, with vision and mission statements providing the where and the what.

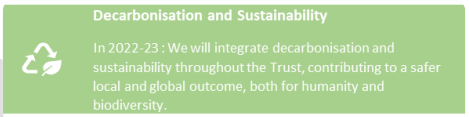


We will also be thinking about and engaging with **key players**. This will involve undertaking a reputation audit with our partner stakeholders (either by

commissioning support or through an in-house project), and working to refine our thinking about who our key players are in respect of strategy development and design appropriate engagement methodologies.

Secondly, we will continue our work to further develop our strategic ambitions and models for each of our service offers: NHS 111 Wales; EMS; and Ambulance Care. This will involve bringing internal and external partners together through collaborative workshops and specific programmes, and more detail is set out in the sections below.

In each section of the plan, we will describe what we aim to deliver over the next three years (our 'deliverables') and the priority actions/milestones that we will need to achieve (in some cases subject to funding) in 2022/23 towards those medium term deliverables and how we will measure progress. We will also include in each section a decarbonisation statement that links to our decarbonisation action plan, setting out what each service or enabler can do to reduce or offset carbon emissions.



Appendix 1 then has further detail about the timescales for delivery in year 1 and the actions/milestones we are developing for years 2 and 3 of this plan. Following our learning from the last two years, where pressure has escalated and de-escalated at points in the year, Appendix 1 sets out a forward view of our priorities during escalation where Tier 1 priorities would need to be achieved, even at our highest escalation levels (REAP 3&4) and Tier 2 priorities could be paused at REAP 4 (and possibly 3) if required.

	Ambitions	Deliverable	Priorities for Year 1	Benefits
	We will work with key stakeholders to ensure they support our longer-term ambitions with genuine pan-Wales representation on partnership structures and strong political and media relationships across the spectrum	We will engage with a range of stakeholders to ensure that we are well placed to influence system thinking / strategy development	• Engage with stakeholders on our emerging long term strategic direction in line with a refreshed engagement framework • Refresh and embed the brand and positioning of our 111 service, reflecting the completion of its roll-out across Wales • Work with local authority and other partners on interventions which support reduced conveyance, deliver more appropriate care for patients and improve referral pathways (e.g. social care) • Undertake a reputation audit as part of the strategic development programme • Engage on the "Purpose" of the organisation	• Improved level of engagement – no. of responses or no. of people engaged • 111 brand recognition • Impact of non-NHS pathways – *NEW MEASURE REQUIRED* • WAST reputation measure • Purpose and clarity of organisation

5.2 Gateway to Care – 111 and CSD

WAST operates Clinical Contact Centre call handling and clinical triage/assessment nationally for both the 111 and 999 services 365 days a year, 24/7 hours a day. Patients ringing 999 either receive advice over the phone (Consult and Close / Hear and Treat) or a response to scene from our Emergency Medical Service (EMS). Callers ringing the 111 service, which is now live across all Health Boards, receive advice over the phone and broadly receive self-care guidance, advice to attend an Emergency Department or a referral into local urgent primary care or Out-Of-Hours services for further clinical assessment and treatment.

Having completed the roll out of the core 111 service across the whole of Wales, the next three-year planning cycle is a pivotal period for WAST and the system as we seek to set out on the next stage of transformation of the service. Goal 2 of the Six Goals (Signposting people with urgent care needs to the right place, first time) signals that '**when people need or want urgent care, they will be able to access a 24/7 urgent care service via the NHS 111 Wales online or telephone service'**. This is consistent with our strategic ambition to become the 'Gateway to Care' for patients to seamlessly access urgent & emergency care services. In developing our priorities, we have carefully considered the relationship between our ambition to formalise the Gateway model and the emerging plans being identified as we commence our transformational plans to 'Invert the Triangle' as described in section 5.3. A key priority for us will be to work with the 111 Programme Board to develop a national strategy for the 111 service, which delivers on the commitments within the 6 goals framework, and clearly sets out priorities for development and transformation over the next 3 years.

In last years IMTP we set out 5 strategic ambitions and deliverables, which remain consistent with national direction of travel.

The first is to continue to take action with partners to **promote and expand the use of 111 across Wales**. In the next year, we will be evaluating delivery of the core 111 service, as well as implementing the 111 Press 2 service, to ensure those with urgent mental health needs can access local services quickly. Subject to funding being available, we are also working with partners to develop a communication campaign to ensure consistent and robust messaging to the public about the service. Over the last year, the Think 111 First pathway has been introduced into 3 health board areas. This was originally designed, because of the pandemic, to encourage people to ring 111 first rather than attend an ED department, with pathways from 111 into health board clinical assessment hubs to determine the most appropriate local service. Whilst consistent with the longer-term statements in the six-goal framework, there is further work to be undertaken nationally before any further roll-out.

The second ambition is that callers (111 or 999) with urgent care needs should be able to access a **timely, high quality clinical assessment**, either on the phone or by video. In the future, we anticipate that for many callers, no further intervention will be needed. We currently have two groups of clinicians undertaking these assessments for 111 callers and 999 callers, and we are keen to work with commissioners to explore how best to utilise this scarce resource, potentially considering ways in which these teams could work more closely together over time.

Remote clinician decision-making is fast being recognised as a clinical speciality within the UK and internationally. Remote clinical decision-making (RCDM), commonly referred to as 'telephone triage' and/or 'hear and treat', describes clinicians' non-face-to-face involvement in patient care. This remote interaction is typically undertaken by telephone or visual-audio format, by paramedics, nurses, doctors and pharmacists.

To be recognised as a clinical speciality a clear educational foundation and clearer framework is needed. This does not currently exist for RCMD in Wales, and we will be working with HEIW to develop thinking in this area.

We have had a significant investment in the clinical team supporting 999 callers, with an increase of 36 WTE paramedics and 6 WTE mental health practitioners. This doubling of capacity, coupled with the implementation of the new clinical assessment software (ECNS) will allow for a transformation of this service, with an expectation that we will be able to increase consult and close rates to 15% over the next year. We will be working over the next 12 months on how we can also increase rates of consult and close within the 111 clinical team.

The fourth ambition is to continuously **improve the quality of the service** we provide to patients, and this links to earlier sections of the IMTP which set out the poor call answering and ring back times within the 111 service. We developed a Stabilisation and Transformation plan in 2021/22, with actions to continue through into 2022/23, targeting recruitment and training efforts and implementing performance and process improvement measures to effectively manage current demand, whilst also putting in the foundations to implement the exciting transformation ideas to enhance our service offer to patients and the wider system.

The fifth ambition is to improve **accessibility, content and user experience of the 111 digital front end,** which is in line with the urgent priorities set out in Goal 2 of the six goals. In many areas of modern life, websites and applications provide the front door to major services such as banking and taxation. As part of our transformation, we plan to significantly increase the accessibility of services via digital means. This will initially be through continued development of the 111.wales website, but over time will also leverage the new SALUS platform for 111 and the new NHS Wales App with NHS Login, delivered by Digital Healthcare Wales (DHCW). These new services will work together to significantly increase access to, and interaction with NHS Wales and WAST through digital means, including the ability

to book into some services direct. However, this cannot be achieved within existing resources, and cases for investment are being developed for consideration by WG and commissioners.

Implementation of SALUS will also deliver a fully integrated and modernised 111 and OOHs system across Wales. The new platform will allow seamless access to a single patient record by CCC clinicians and GPOOH, whilst also integrating seamlessly with national systems to ensure patient data is accurate and as up to date as possible. As part of its functionality, SALUS will provide 160 new clinical algorithms, or webguides. These will allow patients to begin their assessment on the website, transferring seamlessly to the phone where required. If needed, a video consultation will then be available, along with electronic prescription of any medication and dispatch of and liaison with a GP where necessary. This will be a first of type in terms of the level of integration it offers across, digital, telephony and traditional clinical platforms.

The strategic development of our 111 workforce will be pivotal to help stabilise the service whilst enabling our transformational plans. The outcome from the recent 111 Demand & Capacity review will help inform and shape our future workforce profile, ensuring service capacity is aligned to future demand profiles. We will be undertaking a strategic review of our workforce plans ensuring a consistent service across 7 days of the week, reviewing skill mix and career progression opportunities, and realising the benefits from the SALUS implementation. Further consideration is required to also look at the model and makeup of the 111 Clinical Hubs as these are expanded and to identify the wider opportunities across the whole system to optimise virtual clinical assessment across Wales.

What will this mean for patients?

- Over time, more patients will access the service as their preferred first point of call to help meet their urgent health care needs.
- Increasing numbers will also be able to access the digital 111 front end to meet their routine and urgent health care needs.
- Patients will be able to access a timely, high quality clinical assessment to meet their needs.
- Patients who do need further specialist or face to face assessment or treatment will be booked directly into the right service to meet their needs, with more care delivered closer to home.
- The quality of the service will be that of a leading service, with excellent patient outcomes and experience.

Decarbonisation and Sustainability

In 2022-25 : We will continue to support patients by using various forms of digital technology, aiding the reduction of transportation emissions.

	Ambitions	Deliverable	Priorities for Year 1	Measures / Indicators
	More people will access the Gateway to Care service as their preferred port of call to meet their urgent health care needs	We will work with partners to promote and expand use of 111 across Wales	• Develop national **111 strategy and service model** with partners • Evaluate core 111 service • Roll out of **111 First** across Wales (subject to further discussions) • Roll out mental health service **ring 111 press 2** • Robust national **communication campaign** / messaging (subject to funding)	• Total number of callers - increase
	Patients with urgent care needs will be able to access a timely, high quality clinical assessment with the most appropriate clinician to meet their needs, either on the phone or by video. For many callers, no further intervention will be needed.	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	• Implementation of recommendations from **CCC Clinical Review** • Implement 999 Triage system **(ECNS)** • Develop remote clinical support strategy • Increase proportion of 999 callers who have a clinical assessment and increase **hear and treat rates** for physical and mental health patients – **15% used in modelling** • Develop a case for change on the **integration of clinical teams** across 111 & 999 • Identify opportunities to increase **'consult and close'** rates	• Total number of clinicians in post - increase (to funded levels) • Proportion of 999 callers receiving clinical assessment - increase • Hear & Treat increase for 999 callers – increase to 15% target • Consult and close rates for 111 calls – increase (no target)
	Patients who need further specialist or face to face assessment or treatment will be booked seamlessly and directly into the right service to meet their needs, at the right time. More care will be delivered closer to home.	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	• Identify pilot opportunities to test **direct booking** system for 111 patients to Health Board services • Implement the new 111 system; **SALUS**	• Numbers and proportions of callers into each pathway • Proportion that receive a booked next step
	The quality and safety of the service will be that of a leading ambulance service, providing an excellent patient experience.	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	• Continue to implement the 111 Stabilisation & Transformation Plan designed to deliver agreed staffing levels, utilized as effectively and efficiently as possible to meet demand and **reduce call answer / clinical ring back times** • Develop a strategic 111 workforce plan	• Call answering times / abandonment rates – to meet targets • Clinical call back times for 111 – meet targets set • 95% UHP by resource type • Clinical outcome measures?
	Increasing numbers will use the digital 111 front end to meet their routine and urgent health care needs	We will increase accessibility, content and user experience of the 111 Digital front end, which can offer increasingly personalised advice	• Deliver an improved Directory of Services • Improve **111.Wales website**, and enable better digital self-service (subject to funding) • Develop a clearer vision with partners for a **digital 111 offer** in Wales, including case for longer term / recurrent investment	• No. of website hits • Self-service hits and complete use of self-service • Feedback from website such as no. of smiley faces or via PECI team

5.3 Emergency Medical Services

As outlined in an earlier section of the IMTP, significant pressures within the 999 service in the last 12 months have led to very poor patient experience and outcomes, with response times lengthening for all categories of patients, and too many patients coming to serious harm as a result.

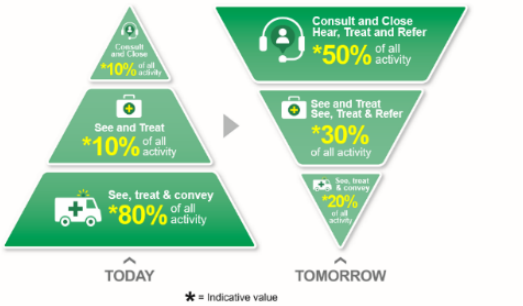
This has been because of a number of factors, some of which are related to (directly and indirectly) or exacerbated by the continuing impacts of the COVID-19 pandemic. These include:

- increases in overall demand, but more importantly a significant shift in the acuity of demand;
- an increase in sickness levels and other abstractions, which has meant that hours produced have not increased, despite the successful recruitment of almost 263FTE over the last two years following commissioner investment;
- a continued rise in the numbers of hours lost waiting for hospital handover to levels never previously seen, reducing capacity to respond to patients waiting in the community, and bringing with it further harm, as evidenced in the recent national AACE report;
- resources not being utilised or deployed as effectively and efficiently as they could be;
- a continuing traditional response model which sees ambulances dispatched to the majority of 999 calls and large numbers of patients conveyed to ED, contributing to overall system pressures, and not always getting patients to the right service at the right time to meet their needs.

In mitigation and in the short term the Trust has secured significant levels of additional temporary capacity during the winter from the military, Fire and Rescue Services and St John Cymru. However, this is not sustainable, and the military resource will not be available into 2022/23, which will lead to a large drop in responding resource in April 2022. As outlined, if current levels of demand, abstraction and handover lost hours continue into the first quarter of the year, we will see a worsening picture, and it is imperative that action is taken where this is possible, to mitigate these risks. This is consistent with the statements in Goal 4 which requires **'rapid response in a physical or mental health crisis'.**

The response to the challenges we face, however, is complex and multi-faceted, requiring both an acceleration of the WAST focused clinical transformation work, alongside a collaborative approach with Health Boards and wider partners to enhance access to appropriate services within primary, community, mental health, and social care settings along with voluntary and third sector providers.

The ambition for the EMS service is to be an integral part of a community based national urgent and emergency care system which will bring together the increasing expertise of our clinicians, together with specialised primary, community and mental health resources across the NHS, local authorities and third sector to See, Treat and Refer or Discharge people such that only life-threatening calls to 999 or calls of a sufficiently serious nature require immediate response and conveyance.



This ambition is commonly known within WAST as “inverting the triangle”. Full transformation of the service offer will not be possible in one step.

In the light of these issues, we have developed a **transition plan** which has been submitted and considered by commissioners. The plan identifies actions which are required in the **immediate and short term** to stabilise the core service model, enabling us to mitigate the loss of capacity from the military and other partners and the losses due to sickness absence and hospital handover lost hours, which despite all best efforts are not going to be resolved immediately. The plan also identifies the next steps in delivery of a transformed service which are required now in order that the system and patient benefit can be seen in year 2 and 3 of the IMTP, with these being changes that will take time to enact.

Elements of the plan can be actioned within existing resource, but other elements would require additional resource, which at the current time is not available. Elements of the plan can be delivered by WAST on its own, other elements will require Health Board engagement and action.

<u>Stabilisation of the core service</u>

The Trust has used further modelling, with updated assumptions agreed with commissioners, to help it to determine what level of resource would be required to improve response times given current levels of demand and lost capacity. This determined that **around 333 additional frontline staff** would be required, and a series of efficiency improvements would need to be delivered.

Assumptions	Resources required
Demand: • Acuity profile re-set + yearly increases • Hear and treat increasing to 15% • See and treat increases through 50 more APPs **Efficiency** • Roster reviews completed – action required • Sickness levels remain high at 10% • Handover lost hours stay high **Safer outcomes for patients** • Red 65% in each health board • Amber 1 at 30 mins average	283 front line staff 50 APPs **Benefits** • **Reduced patient harm** • **Improved work experience** for staff • **Reduction of 120- 240 conveyances** a week

The original demand and capacity review assumed a level of efficiencies which are not currently being achieved across the whole system and internally within WAST, including sickness absence, rosters aligned to demand, working practices and handover delays.

The Trust has considered its ability to recruit and train staff to this level and acknowledges that this would not be possible. In developing a plan to deliver additional capacity, a variety of options were appraised, and it was concluded that by maximising recruitment and training effort and capacity, **the front-line establishment could be increased by up to 294 WTE** by the end of 2022/23, requiring the recruitment and training of over 500 WTEs in total. Training would need to be undertaken by both internal and external providers to deliver at this level.

Staff group	Additional FTEs
Paramedics	72
EMTs	198
ACAs	24
Total additional	**294**

This is not an absolute number and there are risks and variables including variations to modelled planning assumptions for areas such as turnover, the availability of people with the right qualifications to recruit, the number of internal candidates seeking promotion, and availability and capacity of external provider to support the training plan.

No resources are currently available to increase capacity in this way, but we are moving ahead, where we can, with plans to accelerate recruitment and training, in the knowledge that this can be scaled back if resources do not become available.

If resources did become available, the way in which they would be deployed has also been considered:

- Implementing a **Cymru High Acuity Response Unit (CHARU)** model which has been shown in other parts of the UK to improve clinical outcomes for the most time critical incidents such as ROSC and trauma and would also provide a boost to red performance. Around 100 paramedics would be refocused to deliver this required if this were implemented across Wales;
- Reviewing with health boards the **opportunities to develop services for specific groups of patients**, such as **Level 2 Falls response** services;
- Supporting the numbers of **hours produced** in the core rosters, increasing UHP levels towards 100%. The increased use of paramedics for CHARU cars may mean that there are slightly more double EMT crews, and any impact on conveyance rates is currently being assessed.

Improvement is not just about increasing numbers of staff in post. The transition plan also sets out the work that is already underway, and committed to, to improve the **internal use of resources.** This includes:

- the implementation of **new rosters** designed to better align capacity with demand which will be implemented between September and November 2022, and which will have the equivalent performance improvement effect of 72 WTE. Whilst we are currently on track, this project is not without its risks. The increasing numbers of Emergency Ambulances that this will bring are balanced by decreasing numbers of RRVs, and this change in model which will deliver improved performance is not well understood. We are working to develop better briefing materials to support discussions with staff and with external stakeholders
- the **Leading Service Change Together** project, which continues to consider opportunities for modernising workforce patterns, seeking to collaboratively identify an accurate baseline of post-production lost hours and identify appropriate and achievable reductions. There are risks here too, as any changes will impact staff and will need to be implemented sensitively with TU support.
- A **renewed focus on reducing abstractions due to sickness absence**, with a comprehensive action plan having been developed which will be performance managed through the Executive Management Team. The Trust acknowledges that its target is to bring abstractions down to 6%, in line with the original demand and capacity review, and is working to develop and agree with commissioners a trajectory for improvement over the course of the IMTP. Improvements are expected in 2022/23.

Work also continues with Health Boards and with WG to increase the **alternative pathways** available to WAST to provide care for patients closer to home and to avoid an ED attendance or hospital admission where appropriate. Work is progressing on a national referral pathway into Same Day Emergency Services, on the development of 24/7 single points of access for mental health in each Health Board, and local pathways for specific groups of patients such as fallers, chest pain and breathing difficulties. Despite efforts over recent years, the numbers and proportions of patients referred into alternative pathways has remained stubbornly low, and it needs to be acknowledged that changes in this area are unlikely to be of a scale to meet the challenge in the short term.

As alluded to earlier, we are aware that Health Boards have also been asked to focus on improving the current extreme levels of **hospital handover**, and any improvements will be very welcome. Again, our view is that improvements are unlikely to be made at sufficient pace to mitigate risks in the short term.

<u>Transformation</u>

One of our main priorities in the next year is to establish and take forward a formal programme of work to implement the **'inverting the triangles'** model. Some of this will be achievable and deliverable within existing resources, but to accelerate the pace of change, some pump priming is required.

In relation to the top part of the inverted triangle, we want to work to provide greater numbers of callers with a remote clinical assessment before making any decision on dispatch. As set out in the previous 'Gateway to Care' section, the investment provided in 2021/22 to double the size of the CSD will stand us in good stead in making progress in this area, with a target of a 15% consult and close rate being achieved in the next 12 months.

Within the middle section of the inverted triangle, for those callers who need a face to face assessment, we want to develop a workforce that is skilled and equipped with the right resources and information to be able to increase levels of see, treat and refer, enabling patients to be treated closer to home and avoiding a conveyance to EDs where appropriate. This will include continued development of the **Advanced Paramedic Practitioner** (APP) rotational model, Independent Prescribing (IP) capability, **Older People and Falls** Framework development and our Public Health Plan, and will form a programme of work to drive forward the scaling up of successful services in support of the urgent and emergency care system. We will continue to explore our offer for people in **mental health and dementia crisis**, with the intention of testing and implementing our model within the life of this IMTP.

Decarbonisation and Sustainability

In 2022-25 : We will continue to support patients in their own home. A transition to ULEV fleet will see Clinical professionals travelling in low emission vehicles driving less miles and supporting alterative care pathways

To make progress, proposals are set out in the transition plan to put 50 paramedics into a 12 month full time APP course in the coming year and to put existing APPs through the independent prescribing course, so that they become available to support the system in 2023/24. This will require additional resource and would also need to be carefully planned in the light of the immediate pressures and risks as outlined above. However, if no investment is available, limited progress will be made, and a sustainable service will not be able to be delivered into the future.

In the medium term (2023/24 and 2024/25) the Trust's ambition is to make significant progress on the full inversion of the triangle. The Trust has recently completed initial collaborative modelling of this strategic shift, which considers the impact of further expansion of consult and close and further increases in advanced practice alongside reductions in lost capacity through sickness and hospital handovers. Significant reductions in ED conveyances are seen in the modelling, alongside dramatic improvements in response times for those that need an ambulance. Further consideration of the modelling results is required between the Trust and its stakeholders, but the initial results indicate significant scope for further shift left and optimisation of conveyance in support of the wider urgent and emergency care system.

	Ambitions	Deliverable	Priorities for Year 1	Measures / Indicators

	We will have the right capacity and capability in place across Wales to consistently respond immediately to life-threatening / emergency situations	We will increase and balance response capacity and capability across urban and rural areas of Wales	• Maintain closure of relief gap and implement transition plan, increasing by up to **294 WTE** subject to funding
			• Continue to work with **rural areas** to improve red response times
			• Take forward year 2 actions of our **volunteering strategy**
			• **Improve internal use of resources** to increase capacity available to respond
			  ◦ implement roster changes
			  ◦ Consider appropriate and achievable reductions in PPLHs
			  ◦ Reduce roster abstractions due to sickness absence through implementation of robust action plan
			• Develop a multi-professional **strategic workforce** plan
				• Amber 1 response times - reduce
				• Red 8 minute performance – improve
				• Red 8/9/10 in rural areas – improve
				• WTE's in post against establishment
				• Efficiency measures
				  ◦ 72 FTE efficiency gain from re- rostering
				  ◦ Reduction in PPLH
				  ◦ Sickness absence levels – reduce. Target to be set
				  ◦ Utilisation measures – reduce to target

	Clinicians attending scene will have access to the right training, equipment and information to allow them to assess and treat patients and effectively meet their clinical needs	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	• Grow and embed use of APPs within the organisation
			  ◦ **Additional 50 APPs** to commence training (subject to funding)
			  ◦ Existing APPs to do **independent prescribing** training (subject to funding)
			  ◦ Agree case for **longer term growth in APPs**
			• Develop and grow our response to **mental health patients**
			  ◦ Pilot use of mental health practitioners in **response cars**
			  ◦ Work in partnership with HEIW on developing a **faculty** of emergency mental health practice
			• Expand utilisation of **Level 2 falls response** model across Wales
			• Embed the **electronic Patient Care Record** system and realise short term benefits
			• Develop **optimising conveyance** improvement plan
			• Pilot or extend use of **video / phone consultation**
				• See and treat rates - increase
				• Conveyance rates
				• Proportion of incidents attended by APPs / other advanced or specialist practitioners - increase
				• Conveyance from deployment of specific resource : mental health; Falls. - reduce
				• Improved clinical practice / outcome review enabled by EPCR – to be determined

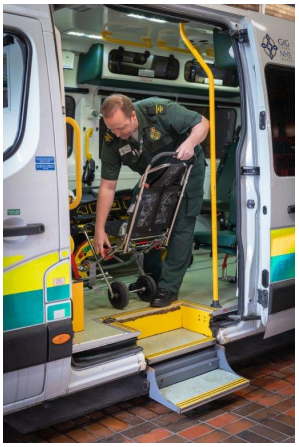
	Patients who ring 999 but who don't have a life threatening or emergency need receive the appropriate level of care and access to the most appropriate pathway 24/7	We will work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover	• Complete a phased roll out of the national **respiratory pathway** to all Health Boards • Work with partners to develop other **referral pathways**, using linked data - individual health board plans • Scope opportunities for and benefits **of eReferral** mechanisms for frontline patient facing clinicians • Scope our pathways development work for **mental health and dementia** • Implement and evaluate **Older Persons Framework** and refined **Frailty / Falls response model** • Work with partners to significantly reduce **handover delays**	• Numbers referred or conveyed to alternative pathways - increase • Conveyance to ED • Handover lost hours
	The quality and safety of the service will be world class and provide an excellent patient experience	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	• Implement a **CHARU model** to improve clinical outcomes, ROSC rates and response times • Develop a clinical **indicator plan and audit cycle** • Deliver new **Mental Health and Dementia Plan**	• ROSC rate – increase to benchmark • 65% of red calls responded to within 8 minutes • 95% target for non-ROSC clinical indicators (7) • NRIs/adverse patient events - reduce

5.4 Ambulance Care

Ambulance Care comprises the Non-Emergency Patient Transport Service (NEPTS) and from 1st July 22 the Urgent Care Service. It is also the area of the service that will work with commissioners to develop and deliver a joined up and consistent Transfer and Discharge model for the whole of Wales. These services have a fundamental role to play in both the recovery and reconfiguration of planned care services in Wales, as well as a critical role in enabling system flow in urgent and emergency care. NEPTS particularly plays a vital role in goals 5 and 6 of the Six Goals.

The plan for Ambulance Care builds on the progress made in 2021/22 which saw the final transfers of NEPTS activity from Health Boards.

Whilst the NEPTs service is already the sole provider of non-emergency transport across Wales, there is also a future ambition for Ambulance Care and WAST to be the provider of choice for NEPTS and transfer & discharge services across Wales.



The NEPTS service aims to ensure that the right capacity and capability exists across Wales to:

- transport eligible people efficiently and safely to and from their planned outpatient appointments at hospital;
- transfer them between hospitals in a safe and timely manner when they need to access specialist treatment;
- repatriate them from specialist centres to local hospitals when they have ongoing care needs;
- And to take them home when they are discharged.

With our help and in partnership with the third sector, patients who are not eligible for our service will be assisted to access suitable alternative transport provision to meet their healthcare needs.

The NEPTS Demand and Capacity Review identified that NEPTS has higher levels of activity than EMS and more complexity (types of demand, resource types, plurality of providers, multiple patients on journeys and return journeys). The outcome of the review has helped the service to refine and develop a number of service improvement initiatives.

Decarbonisation and Sustainability

In 2022-23 : We will explore transition to ULEV fleet , plus supported by health board partners reduce aborted journeys

Development of a Transfer and Discharge model will require an integrated approach with EMS, as the most time critical transfers for specialist treatment may require a blue light, paramedic response. The ability to respond to these requests is often hampered by the delays experienced across the system and so we plan to work with commissioners to source an interim solution in year one of this plan whilst the model for Transfer and Discharge is developed during 2022/23 and implemented in 2023/24.

The key areas of focus in NEPTS over the next year are:

Efficiency

- Delivering on **efficiencies within the NET Centre** through automation and re-rostering;
- **Driving out efficiencies** from the now completed transfer of all remaining heath board non-emergency transport services (Transfer of Works) (an area of focus for EASC);
- Consider any potential **improvements to delayed inter-hospital transfers** and discharges to support system flow;
- **T1 walker eligibility** and sourcing alternative options – currently we know that a significant proportion of patients are not eligible for the service we provide. In the current financial climate, it is our view that this is an area of service that could reasonably, and with little clinical risk, be reduced and will enable us to provide an improved service for those that are eligible, also recognising the context of increasing demand and implications of COVID. We have in place the systems to be able to source alternative appropriate transport options to support these patients. This would also reduce costs and contribute to the overall Trust's financial plan.

Capacity

- **Re-rostering within NEPTS** (rightsizing) which will align capacity to changing patterns of demand, noting that the modelling was based on 5.99% sickness and may therefore need to be adjusted;
- **Proposed additional 12 FTEs** planning/day control to provide the capacity for planning the levels of activity.

Recovery and service reconfiguration

- **COVID-19 Recovery** - recognising the shifting models of outpatient care and health board recovery plans, the impact on our capacity and funding beyond 31/03/22;
- **Supporting strategic reconfigurations in health boards** to provide and implement appropriate inter hospital transfers, repatriations and discharges (impact of / funding for) (an area of focus for EASC with potential funding in future years).

Transfer and discharge

- **Develop a Transfer & Discharge National Model** to match commissioning intention and WAST strategic ambition – it is WAST's ambition that it be the provider of choice for transfers and discharge to ensure it is joined up and consistent, but which recognises the way in which we work with other providers. As such we will support the NCCU in developing the model, commissioning framework and any required business case.

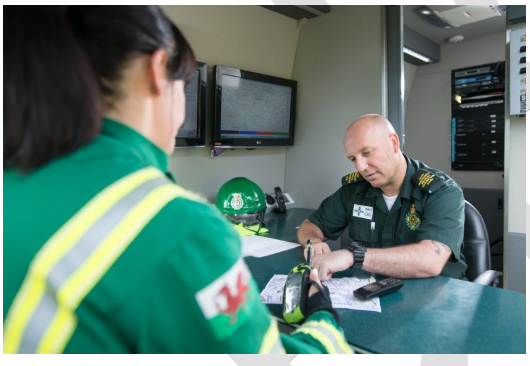
In quarter 1, the Trust will undertake a strategic review of the Ambulance Care services to determine the next steps and strategic direction for the service. This will likely drive further transformation in years 2 and 3 of the plan which will be brought through in next year's IMTP.

	Ambitions	Deliverable	Priorities for Year 1	Measures

	We will have the right capacity and capability in place across Wales to transport eligible people efficiently and safely to and from their planned appointments at hospital and to take them home when they're discharged.	We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand.	• Continue to implement the recommendations from the **Demand & Capacity** Review:
			  • Agree **Roster keys** pan-Wales (NEPTS ambulance staff);
			  • Possible **12 FTEs** for planning and day control (subject to funding);
			  • **Re-roster of NET** centre staff; and
			  • **Reduction in T1** walkers demand – work with commissioners on eligibility criteria.
			  • Review and consider use of **ambulance car** service
			  • Review post-production lost hours
				• % of NET centre calls answered within 30 seconds – 75% target
				• Call abandonment rate – target below 5%
				• Oncology patient experience metrics (to be determined)
				• Alignment between booked outward journey time and patient ready time - improve
				• Taxi use - reduce
				• Number of ineligible T1 walker journeys
				• Utilisation of ambulance care service - increase
				• Post Production Lost Hours (PPLH) – reduce
				• On the day cancellations by health boards - reduce
				• Other Efficiency measures – to be determined

	We will be the provider of choice for the safe and timely transfer of patients between hospitals in support of clinical needs and system flow.	We will develop and implement with partners an All-Wales Transfer and Discharge Service	• Work in partnership on Commissioning Framework / business case for **Transfer and Discharge** services (including mental health) • Implementation of the Vascular Network in SE Wales • Respond to and introduce agreed recommendations from Peer Review of the **Major Trauma Network**	• Benefits will be defined within business case
	With our help and in partnership with the third sector, patients who are not eligible for our service will be assisted to access suitable alternative provision to meet their healthcare needs.	We will continue to deliver against our Transport Solutions Programme to embed as a business-as-usual approach to service delivery.	• Transfer of IMTP as 'business as usual' and **benefits realisation** of the use the PNA and signposting document. • Work with commissioners on agreement and implementation of **eligibility criteria**	• Measure around alternatives offered – to be developed
	The quality and safety of the service will be world-class and provide an excellent patient experience	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	• Development of **quality standards approach** for external providers • Agreed Standard Operating Practice document for **bookings** • Work with a local hospital to maximise the usage of the discharge lounge, to **reduce cancellations.** • Finalise the National standardised guidance and risk assessments.	• Reduced variation in practice • Patient experience measures – to be determined

5.5 Emergency Preparedness, Resilience and Response (EPRR) & Specialist Operations



Since the beginning of the pandemic in 2020 the EPRR & Specialist Operations team have been providing ongoing support and advice to the Trust's Senior Pandemic Team (SPT), Executive Pandemic Team (EPT) and the Business Continuity and Recovery Team (BCRT) as part of the Trusts Pandemic response.

Now forming part of the National Operations and Support function of the Operations Directorate, in parallel with the above the team have also maintained their business-as-usual responsibilities including managing the potential impacts of Brexit, reinforcing the Business Continuity arrangements, supporting day to day Local Resilience Forum (LRF) business, provision of a National Interagency Liaison Officer (NILO) role to support our commanders. We have also taken forward more training for Operational, Tactical and Strategic Commanders and delivered virtual JESIP training with partner organisations in order to ensure we remain capable of managing the challenging situations we are faced with. Following significant learning during the pandemic we intend to embed business continuity within our routine planning cycle to enhance the existing preparedness across all parts of the organisation.

Decarbonisation and Sustainability

In 2022-23 : We will support decarbonisation project teams to ensure resilience measures are embedded into fleet and infrastructure action plans.

Looking ahead we anticipate that there will be significant pressure on the team due to a number of issues identified through our horizon scanning process, such as:

- Potential impacts on us from the review of the UK Civil Contingencies Act (CCA) and the likely legislative implications on our workstreams

- Review of the Civil Contingencies structures in Wales as the Welsh Government fully embed Part One of the CCA which has been devolved to Wales, the impact of this on LRF structures and also any enhanced governance and assurance processes that will need to be met
- Implementation of a Protect duty (relates to counter-terrorism preparedness) on all public bodies
- Outcomes of the UK Covid Inquiry and implementing lessons identified
- Outcomes of the Manchester Arena inquiry and implementing lessons identified
- Taking online management responsibility for the Trusts Make Ready teams

Our partnership work with the Wales Resilience Partnership Forum, the Wales Resilience Team, the CONTEST Cymru Board, Prepare and Protect Board, the four LRFs, Wales Learning and Development Group, LRF sub groups, the Wales Extremism and Counter-terrorism Unit (WECTU), the UK Ambulance EPRRG and its sub groups and a multitude of other partnership forums will continue, and this will ensure that WAST is formally represented with skilled, experienced and capable individuals at the highest levels both in Wales and the wider UK.

6.0 Our Enablers

6.1 Our people

The challenge of Covid continues to impact on our people directly and indirectly, having a significant effect on personal and organisational wellbeing. By building on our organisation development journey, our 2022/23 deliverables support our strategic ambitions which are based on well-evidenced and researched practice. With our solid foundations in place, giving our people many avenues of support, we will grow further in this space to meet our aspiration where our people feel psychologically safe, included, have access to development so that they are competent to deliver their roles, well led and fully engaged.

Our aim is to ensure a strong and resilient organisation with every person in our workforce feeling connected and comfortable to bring their whole selves to work. We will launch and embed our new behaviours to continue to build a diverse, inclusive and compassionate culture where our people can be the best they can be and fulfil their potential, providing outstanding care to patients. A key enabler for this is meaningful, effective partnership working with Trade Union partners and ensuring the voices of our people are heard and amplified.

The themes from the behaviours and culture reset and our wellbeing challenges have created the prospect of innovative plans, with a unique opportunity to be proactive in creating a healthy working environment, including providing agile working opportunities from a location and role perspective, rotational and rostering options, decompression breaks and interesting career pathways. Successful achievement of this would be a true first for ambulance services.

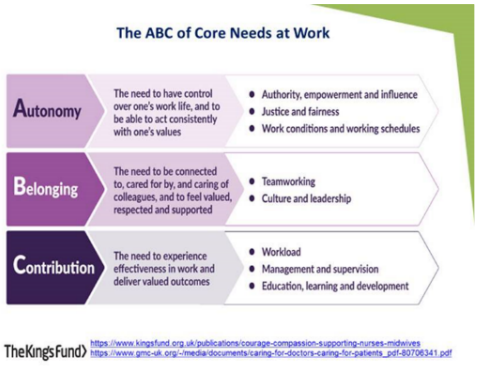
Decarbonisation and Sustainability

In 2022-23 : We will explore a long term agile working plan which will reduce commuting emissions , we will also support Estates with a 'nature connection' wellbeing concept.

Our organisational journey transitioning to a new model of delivery will demand the introduction of new roles and responsibilities to WAST and broader skills sets. This demands that the WAST team understand change and its impact, therefore change management skills will be front and centre. There will be a focus on creating the capacity we need to deliver a different service model and ensure that our teams are well trained and well led. Development of our Strategic Workforce Plan will enable us to outline the actions necessary to deliver our future workforce, with expansion of Hear and Treat services and development of See and Treat to reduce conveyance to hospital. We need to take steps to ensure our teams have the skills, knowledge and experience the need to deliver the future service offer.

Our strategic workforce planning will be at the centre of this to ensure operational staffing needs are met, especially in the context of a 'fallow year' for graduates (i.e. where the university course structure has changed so no paramedics will graduate from Welsh universities in 2022). We are exploring new recruitment routes such as apprenticeship development and career pathways to 'grow our own' and testing overseas recruitment opportunities to fulfil demand. Our work on succession planning supported by strong leadership and management development including assessment centres ensures that we have a pool of internal candidates for senior vacancies who can compete with the wider market.

In order to support the transition required in EMS and to achieve our strategic ambitions across all services we need to ensure we are meeting the "core needs of work" for our people to ensure a productive, inclusive and innovative workforce; the ABC – autonomy, belonging and contribution (source: The King's Fund). The staff survey and behaviours refresh work demonstrated that these areas were a priority for our people, and we know that striving to meet these core conditions will positively impact on wellbeing and engagement. **The People and Culture strategy** incorporating our leadership philosophy and coaching framework **will be reviewed in the coming year**.



We will provide education and development interventions for our existing and aspiring leaders and managers, developing coaching and mentoring skills and positive influencing to manage multi-disciplined teams across an integrated, collaborative system of care. Every person plays a role in creating our culture, especially leaders, who need to demonstrate compassion, inclusivity and fairness recognising they set the conditions for wellbeing and happiness for themselves and their teams.

Reducing sickness absence is a key organisational priority. A project plan with a range of workstreams has been developed to support the reduction in sickness absence. The leadership and management teams are fully engaged in the approach and will be key in supporting the progression of the workstreams. In terms of impact, there is an expectation of limited impact in the first quarter of 2022/23 as the project gets up and running with an increasing impact during the rest of 2022/23 and into 2023/24. The aim is to achieve a significant and sustained reduction in figures over the next three years to bring WAST into line with other UK ambulance services and into the median quartile with aspirations to be in the top quartile in three years. This will be achieved by ensuring our people understand the expectations upon them and where and how they can access support, managers are effective and well trained to support their team regarding attendance, policy is implemented in the right way, and we continue to work on creating a culture where people can do their best work.

There are a range of caveats around achieving our aims including the obvious risk of further COVID variants and the uncertainty of the impact of the pandemic on population health and therefore our workforce health, REAP levels and events outside of the control of WAST such as the length of time employees are waiting for medical treatment and the impact on wellbeing to frontline staff of handover delays. There will also be the impact of normal seasonal trends. The work of the project will be regularly discussed and reviewed at our Executive Management Team meetings.

We want all our people to know they are valued and experience a true sense of belonging at WAST. We will continue to celebrate and promote the diversity of all our people, to ensure they feel safe, valued, and respected at work.

6.1.1 Equality, Inclusion and the Welsh Language

Our Strategic Equality Objectives drive the inclusion agenda and the launch at board development in December 2021 of the Allyship Programme with the commitment of Trust Board to continue their allyship journey with 30 days of allyship demonstrates WAST's view of the importance of ensuring a diverse and inclusive organisation. A faith panel is ready to launch, providing a forum for all colleagues to ask questions to increase their knowledge and confidence at working with people from different faiths within WAST and those we serve. We have an interactive neurodiversity resource accessible to all on our learning launchpad and a growing inclusion network.

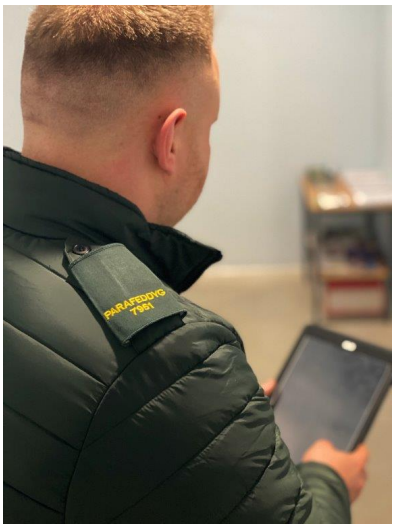
Great strides have been made in meeting the Welsh Language Standards in 2021/22, however given the significant increase in demand for translation to meet compliance with the Standards, and to provide a well-rounded and more strategic outlook, a case has been prepared for an in-house Welsh language translator. The intention is to centralise those translation services where that would provide value for money, and quality and speed of service to the Trust.

With the increase in calls to the 111 service since the Betsi Cadwaladr University Health Board roll out in July 2021 the Trust has identified times where the concentration of Welsh language callers to the 111 service is higher and as a result more Welsh speaking Call Handlers are being deployed at these identified times to meet the demand. In addition, the 111 service are actively recruiting Welsh speakers. As part of the National 111 programme SALUS solution, 172 bilingual symptom web guides are being developed for the public to access and will be hosted on the 111 website.

Ambitions		Deliverable	Priorities for year 1	Benefit
We will design the future shape of our workforce and ensure they are highly skilled and agile to deliver excellent care to the population of Wales, and the ambitions of our long-term strategy. **We will develop courageous, compassionate and collaborative system leaders; leaders who are inclusive in approach and capable of fostering innovation and improvement across the Trust** **Our people will enjoy a long, healthy, happy and productive (working) life.** **We will be recognised and renowned as an exceptional place to work, volunteer, develop and grow.**		We will improve resource availability, tackling absence and recruitment challenges to deliver improved performance.	• **Deliver the EMS Demand and Capacity plan** in the context of the transition plan • Find opportunities to create **operational efficiencies** so the workforce can maximise productivity by working smarter, exploring creative, longer term workforce solutions to forecast needs and planned growth. • Implement our **absence management recovery plan** and develop resources and sensitive interventions designed to ensure colleagues remain healthy and well at work. • **Develop our recruitment plans** to enhance 'grow our own' into employment, with a focus on growing apprenticeship opportunities, access pathways, new routes of supply (overseas recruitment) and school engagement • Work on our approach to **succession planning** for future senor leadership posts including development centres.	• Delivery of transition plan 294 FTEs • Consistent reduction in sickness absence (5.99% target post pandemic) • Establishment for clinicians meets demand • Clinical establishment achieved
		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.	• Appropriately respond to the **legislative changes** associated with Section 19 of the Road Traffic Act regarding driver education. • Work with the governance team to build on the **People and Culture Committee effectiveness** and empower its sub-groups to effectively discharge its accountabilities. • Implement the **All Wales Speaking Up Safely Guidance**, provide improved training for managers and ensuring appropriate systems and processes are in place for concerns to be raised and dealt with in a positive and constructive way. • Improve the **effectiveness and safety of our internal disciplinary, capability and resolution processes**, learning from Just Culture principles and other learning.	• To be developed through refresh of strategy
		We will purposefully shape our future People & Culture Strategy to equip our people to thrive in a changing environment	• Develop a **strategic workforce plan** that defines the shape and skill mix of the workforce needed to deliver our long-term ambitions including transferrable and digital skills. • Identify and **develop agile ways of working** such as opportunities for matrix working and organisation re-design to address future business challenges and make sustainable change. • Create a shared **vision for WAST as a learning organisation**, ensuring systematic individual, team, organisational and Board learning to inform service and policy design, strategy development and decision making. • Develop change capacity and expertise within the WOD team and across the Trust to support and enable the organisation to deliver its transformational plans.	• To be developed through refresh of strategy
		We will foster a culture of belonging and wellbeing where our people can engage, feel supported and represented.	• Embed and demonstrate the **refreshed partnership working arrangements** and behaviours with Trade Union partners and managers, regularly reviewing and reflecting and leading change together. • Launch and embed **our new behaviours** to make tangible change by continuing to build a **diverse, inclusive and compassionate culture**, promoting a sense of belonging. • **Develop opportunities to listen**, such as pulse surveys, to temperature check how people are feeling and act on feedback by using a 'you said, we did' approach. • Continue to deliver **the strategic equality objectives** making a demonstrable organisational commitment to promote and roll out the Allyship programme to all colleagues and Non-Executive Directors . • Continue to identify and promote **access to development opportunities**, CPD, experiences and support for WAST leaders and managers through a refreshed Leadership and Management Development Plan. • Actively **support Board and Board development activities** so Non-Executive Directors feel confident to role model the new WAST behaviours.	• To be developed through refresh of strategy

6.2 Innovation and Technology

Innovation and technology are increasingly seen as one of the most important enablers of transformation within urgent and emergency care and particularly across our ambulance and NHS 111 Wales service offers. Over the course of the next year, we will be embedding and deploying digital platforms and services that will fundamentally change the way we conduct our business. These are;



Electronic Patient Clinical Record (EPCR)

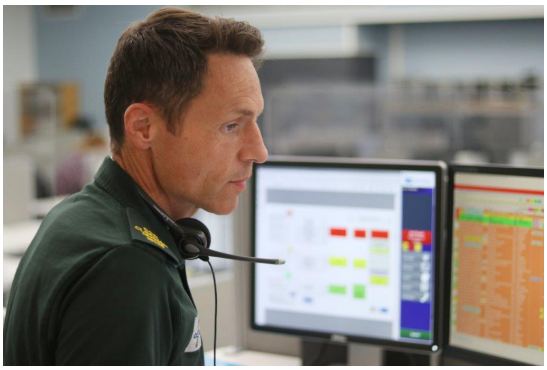
Whilst the Terrapace Application went live in 2021 and completed its initial rollout last financial year, 2022/23 is the first full year that the Trust has used an EPCR at scale. The App will be developed throughout the year with big milestones including the integration with GP records and the pilot of a fully digital handover within Swansea Bay UHB. In addition, 2022/23 is the first year we will have EPCR data at scale on a rolling monthly basis for analysis.

Integrated Information Solution (IIS) / SALUS

Whilst it has been delayed significantly from its original implementation date, the SALUS product delivered into WAST by the 111 national programme represents a step change in capability for our 111 teams and GP Out of Hours (GPOOH) across NHS Wales. The new system will enhance our ability to employ remote staff, enable prescribing, as well as providing a seamless link from symptom checkers on the internet to the telephony service.

111.wales.nhs

Our 111.wales website is used by millions of people across Wales as the first point of contact in their journey within the health and care system. In 2021, work began to improve the site's accessibility and usability and is planned to continue this year with a new homepage, ability to use location services on a mobile device to see local services relevant to your search and improved content. This will prepare the way for a more significant programme of improvements that will integrate the site with the new SALUS platform, the NHS Wales App and the new NHS Wales Login, allowing for much more interactive, personalised content.



Electronic Clinical Nursing System (ECNS)

ECNS achieves a similar transformation for our 999 clinical desk, moving it from paper to a fully digital record. As with EPCR, the system going live is only the first step and 2022/23 will see significant work undertaken by WAST Digital teams to integrate with national services and glean important insights from the available data.

Control Room Solution (CRS)

Part of the UK wide Emergency Services Mobile Communication Programme (ESMCP), CRS will replace the ageing Integrated Command and Control System (ICCS) used by dispatchers in our control rooms. The upgrade to this critical system will allow us to operate more easily with other services, whilst readying us for the replacement of the Airwave communication service.

Mobile Data Vehicle Solution (MDVS)

Again, as part of ESMCP, later in 2022/23, we will replace the Mobile Data Tablets (MDT) across our Emergency Ambulance Fleet. The new technology provides a suite of increased capability above our existing MDTs, whilst also equipping our Ambulances with vehicle wi-fi.

Core Infrastructure

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

Robotic Process Automation (RPA) pilot

WAST has been successful in gaining funding from the Welsh Government Digital Priorities Investment Fund (DPIF) and we will use this to test RPA in support functions within the Trust enabling our people to focus time on high value activity.

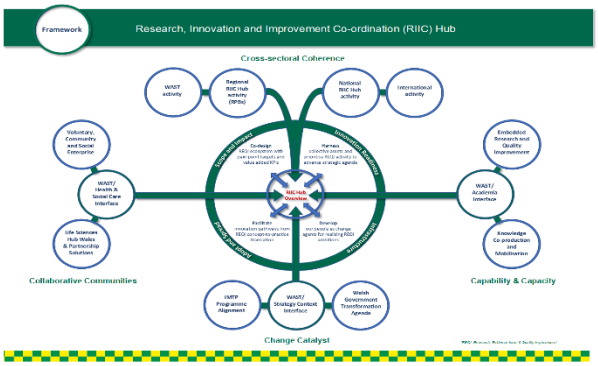
Decarbonisation and Sustainability

In 2022-23 : Technological solutions will see a significant reduction in paper use, with the addition of upgrading systems to more efficient alternatives, inline to support fleet transition to EV

Other Projects and Programmes

In addition to the major programmes mentioned above, WAST will also continue to be part of the £60 million National Data Resource (NDR) Programme, run by Digital Health Care Wales (DHCW) and will continue to deliver component activity supporting the 4 missions of the Digital Strategy.

6.2.1 Research and Innovation



During the COVID-19 pandemic studies were paused across the health and care system and we have now fully recovered our research portfolio in line with National Institute for Health Research (NIHR) guiding principles. We supported two COVID-19 urgent Public Health studies, and whilst organisational challenges continue, these remain our research priorities. It has been challenging to strike a balance between restoring our active portfolio against the need to continue to support the COVID-19 effort. Our COVID-19 recovery planning recognises the need for resilience, growth and the potential high-value environment of WAST for clinical research. We continue to reflect Wales and UK wide research strategic aims, set out in the Health and Care Research Wales Strategic Plan and Support and Delivery Service Strategic Framework 2017-2022.

Decarbonisation and Sustainability

In 2022-23 : We will look at the feasibility of reducing our use of Entonox and replacing it with a medical gas that have a lower GWP.

We continue to increase opportunities for patients and the public to participate in research, build our research community, attract and deploy appropriately skilled staff, and embed our shared values and behaviours. During our recent clinical restructure, we purposefully included R&I as a core element within job descriptions, and are therefore well placed to realise and release further research capacity through our clinical leadership teams. Whilst competing operational pressures continue, we remain steadfast in our aspirations for R&I in clinical leadership, along with the research paramedic role which is vital to support safe and efficient delivery of studies.
We are glad to have continued to support and influence UK research and have representation on Research Specialty Lead, ambulance research groups, funding committees such as HCRW RfPPB and NIHR HTA. We also continue to support our current Chief Investigators who have continued to work with research teams to develop and submit high quality grant applications to programs such as HCRW RfPPB and NIHR HTA. We are encouraged by two of our Advanced Paramedic Practitioners successfully securing RCBC Wales PhD Fellowships, and whilst we have faced challenges securing their operational release, we are keen to address such issues in response to the results of the HCRW Review of Research Career Pathways in health and social care in Wales.

We have continued to build on longstanding partnerships such as those with PRIME Centre Wales, Warwick University, and others to develop and deliver high quality studies, and as we recover, we look forwards to delivering large studies which we have developed with partners such as PARAMEDIC 3 and RAPID 2. We are also seeking out new partnerships and emerging opportunities to conduct innovative research in faster and more efficient ways. We have worked with local, national, and international partners to explore Innovative digital tools and infrastructure, and continue to seek and secure funding in areas such as Assuring Safe artificial Intelligence in ambulance Service 999 Triaging (ASSIST). We have developed effective partnerships on the use of drones in healthcare, including Beyond Line of Visual Sight deployment of a defibrillator by drone with Snowdonia Aerospace and the 3D project with Warwick University. We are also developing high quality research on Violence and Aggression directed towards Ambulance staff which is a high priority.

Key priority areas:

- WAST is actively pursuing University Trust Status (UTS) (**see section 6.4**) which recognises that being a research active organisation is a distinguishing characteristic of, and a key enabler for NHS Wales to deliver '*A Healthier Wales'*.
- We recognise the need for sound financial management and planning, and continue to benefit from WAST R&I Finance policy which is based on the WHC (2018) 005 – NHS R&D Finance Policy. We will review our finances to provide more resilience in roles.
- We will continue to deliver our portfolio including the PARAMEDIC 3 Trial which is now close to final set across all Wales.

- We will explore future innovative collaborations such as those with Drones, AI and Virtual Reality.

Ambitions	Deliverable	Priorities for Year 1	Benefits
Patients and carers should have all the skills, information and tools required to independently manage their care, but know exactly where to go for help and what to expect when that's no longer possible.	• We will improve access to, and availability of services via the 111.wales website and other digital channels (NHS Wales App). • Improved signposting to the most appropriate service.	• Continuation of 111.wales development under the existing interim team. • Develop a proposal for a longer-term future for digital access, including the website as part of the strategic ambition. • SALUS Implementation (rolled over from 2021/22) • ePCR / WEDS Integration	
Our people will have all the training, tools, support and information required to perform their role to the highest level, anywhere, anytime, from any device	• Improved digital tools and services to empower our teams to do their best. • We will use modern technology to reduce repeat tasks and improve processes.	• Deliver the new Control Room Solution as part of ESMCP • Mobile Data Vehicle Solution • Robotic Process Automation Pilot • Pilot Microsoft Viva as part of the national centre of excellence.	
We will provide the best data, at the best time, presented in the best manner to drive the best decisions	• Standardised information architecture and common approach to data and analytics across the organisation. • We will deliver greater insights to WAST and NHS Wales, through improved data sharing, analytics and visualisation.	• Deliver a modernised, more stable data warehouse. • Simplify the number of reporting tools and improve access and availability. • Deliver our part of the National Data Resource Programme.	
Flexible, Resilient, Secure Digital Infrastructure fit to carry our ambition	• Improved resilience, flexibility and interoperability for the 999 call platform. • We will provide an improved financial plan to support our ambitions.	• 999 Platform upgrade • Digital Strategic Outline Case	
To deliver enhanced development opportunities for our staff, improve patient care and drive forward our organisational learning	Finalise our organisational position on achieving University Trust Status (UTS) in collaboration with WG, embracing a culture of learning, research and innovation	• Consolidate and further enhance our relationships with higher and further education and commercial partners to build on our UTS status bid • Increase opportunities for patients and the public to participate in research • Build our research community, attracting and deploying appropriately skilled staff • Seek out new partnerships and emerging opportunities to conduct innovative research • Align our research, innovation and transformation activity to best support our strategic ambitions	• Increased participation in Health and Care Research Wales Portfolio studies and commercially sponsored studies (4 measures in IPR) • Survey/feedback required

6.3 Infrastructure

Key to the ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology are our estates and fleet.

The continued growth in the number of people we will employ throughout this plan, as well as changes driven by the COVID-19 pandemic and recovery and wider system pressures, mean that we will need to respond flexibly to ensure we have the right buildings and vehicles in the right place for our staff to provide best and safest care across Wales. Our continued increased focus on the start of the patient pathway and improvements in 999, 111 and Contact First call handling is supported by significant improvement schemes across all of our main sites; for example, significant work is underway at VPH, Cwmbran and Ty Elwy, St Asaph to improve facilities for our staff. A key component of a modern infrastructure is that it supports the Trust's and Welsh Government ambition for carbon neutrality by 2030. The Trust-wide ownership of actions in support of the decarbonisation is demonstrated throughout this IMTP, with all directorates taking ownership of actions to improve the Trust's position and working towards Welsh Government targets.

In 2021/22 we refreshed, and received Welsh Government endorsement for, our Estates SOP and Fleet SOP and have commenced work on a series of business cases to begin to realise this vision. The SOPs were updated in line with the recommendations of the EMS Demand and Capacity (D&C) Review, responding to the major challenges and risks to ensure we have the right estate in the right place to support the growth in the EMS service, and we continue to consider the implications of the NEPTS D&C Review.

We have made significant progress in supporting additional capacity for increased numbers of EMS staff in 2021/22 and the future years of this plan will see this embedded within the Capital Programme, as we consider large schemes of work in key locations. In refreshing the SOPs, the “Make Ready” concept continues to be at the forefront of operational site business case development and operational teams are a vital component in ensuring our premises are fit for the future. We are demonstrating delivery on realising this concept including the opening of Cardiff Ambulance Station in Q4 of 21/22. COVID-19 impacts continue to exacerbate the risk around space to accommodate growth and challenges us to provide further space to enable social distancing, without compromising the facilities available to our staff. A further challenge has been the deteriorating condition of some of our estate and the impact that this has on our colleagues. This plan will take us on a journey to start addressing these challenges.

A modern and efficient fleet is vital to ensure that we provide a high-quality service to our patients and a comfortable environment for our people to work within. We have submitted the Business Justification Case to Welsh Government for the next year of our ongoing vehicle replacement scheme and, subject to approval, over the next 12 months we will be replacing 111 vehicles across our fleet including EMS and NEPTS. As part of our commitment to reducing our carbon and vehicle emissions, we have focused procurement on smaller and more efficient vehicles to reduce our CO2 vehicle emissions. In 2021/22 we have taken delivery of 15 plug-n petrol hybrid RRVs as part of an accelerated programme for 22/23 and reinforcing our commitment to low carbon emission vehicles. In support of further decarbonisation of the fleet, we continue to explore opportunities for lighter and/or electric vehicles particularly for our cars and NEPTS vehicles and considering use of technology. As part of this, we will continue to develop our electric vehicle charging network across Wales.

The Welsh Government targets of a net-zero position by 2030 pose real and complex challenges for WAST. In response to this, we have a key action next year 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.

	Ambitions	Deliverable	Priorities for Year 1	Benefits
	We will have the right buildings in the right place for all our staff to provide the best and safest care across Wales	We will deliver the Estates Strategic Outline Plan	Capital development planning: • Develop OBC for Swansea MRD Replacement (AWC) • Development of business case for Llanelli solution (AWC) • Development of business case for Newport solution (AWC) • Development of business case for Llandrindod Wells (AWC) • Development of business case for Bangor Fleet Workshop (AWC) • Full Business Case for the South East Fleet Workshop solution (AWC) • Consider implications of NEPTS D&C Review and alignment with SOP • Develop a permanent solution for challenges of increased numbers and poor estate condition in the north of Anglesey (Amlwch) (DC) • Develop long term solution for EMS CCC at Llangunnor (DC) Capital development implementation: • Implement a permanent solution for Ruthin working with Fire and Rescue partners (DC) • Complete the redevelopment of Vantage Point House as an Operational Hub including enhanced facilities for CCC staff • Secure additional resources for further implementation of Transition Plan arrangements (if required) • Implement a permanent solution for EMS/NEPTS in Dolgellau (DC) • Implement a medium term solution for NEPTS in Bridgend (DC) • Implement a solution for NEPTS in Crosshands (DC)	Confirmed solutions for current estate challenges, providing fit for purpose, modern buildings for our staff. Reduced maintenance and energy costs in newer, carbon neutral buildings Sufficient capacity for the size of the workforce in operationally suitable locations
	We will continue preparing the Trust to be carbon neutral by 2030	We will implement the Environmental and Sustainability Strategy	• Implement our Carbon Reduction Plan looking forward to 2025-2030 • Further progression of the decarbonisation agenda • Develop an Electric Vehicle Strategy including a charging network • Modernise our fleet including the increase in the number of Hybrid vehicles and roll out of vehicle solar panels. • Access further funding to support decarbonisation of the estate and our travel which will enable us to implement a Sustainable Travel Plan • Develop work packages arising from the condition surveys • Development of an Infrastructure and Sustainability Strategic Outline Process and recruitment to support this.	Reduction in carbon emissions has wide ranging benefits to the climate emergency and wider population health
	We will ensure that we have the right vehicles in the right place so that Ambulance Care and EMS are able to respond in a timely way	Deliver the Fleet SOP	• Deliver the vehicle replacement scheme as per the 2022/23 Business Justification Case (BJC)	Modern, fit for purpose and reliable vehicles which incorporate up to date technology and clinical equipment

6.4 Partnerships and Engagement

It has been clear for many years that no single organisation can operate in isolation within the NHS and this has been made even more obvious over the last two years, where working collaboratively, particularly during the early days of the pandemic, was critical. As we now move forward, there are a number of areas where we want to capitalise on existing, and build renewed relationships, to support our ambitious programme of transformation which will see the Welsh Ambulance Service "invert the triangles" of its delivery.

This will mean a sharpened focus on working with organisations within and beyond the NHS on managing many more patients in the community, with referral access to a range of health and care services provided by both statutory services (NHS and local government), as well as the Third Sector.

It will also mean using our most skilled clinical staff in new and different ways, whether that be via remote clinical triage, including the use of video, or at scene, managing more complex patients or those with particular needs, such as mental health, more effectively often involving a number of professionals from different partner organisations.

Our work with Regional Partnership Boards will look at how we are able to work more effectively on a regional footprint to establish proofs of concept. For example, initial work is currently being scoped with local authorities in the Aneurin Bevan University Health Board area to look at which services are currently available, how our colleagues could use them better. The health board will also be involved in this work, particularly in respect of identifying any relevant gaps in health and social care provision which, if filled, could reduce conveyance, and improve patient experience and outcomes.

In terms of stakeholders, we will consolidate and improve our relationships with partners in higher and further education, reflecting our commitment to being a learning organisation and in line with the organisation's current submission to Welsh Government to be accredited as a "university trust".

While formal confirmation of university trust status (UTS) is awaited, initial feedback has been positive and our recently established Academic Partnership Committee will now drive development and delivery of our plans, in line with our

submitted priorities, regardless of outcome of that submission. The UTS priorities as submitted to Welsh Government comprise:

Priority One: Digitisation enabling better outcomes (see section 5.2 and 6.2)

a. Deployment of our digitised patient record system (ePCR) resulting in reduced reliance on paper records and improved capability to share secure information with other healthcare providers.
b. Improved access to integrated intelligent information, enhancing opportunity for research/clinical audit working with academic partners to understand patient profile and outcomes
c. Explore development and deployment of artificial intelligence and machine learning to reduce clinical risk and improve optimisation of operations.
d. Introduction of video triage in the remote clinical assessment environment (111/999 Clinical Support Desk) to assist in assessing patients, resulting in improved patient management and system benefit. Partnering opportunity with industry and academia to integrate systems and identify patient and system-level impacts to evaluate benefit and continue to refine and develop accordingly

Priority Two: Advanced practice and specialist working, consult and close and service transformation, including research (see section 5.3):

a. Significantly enhance quota of clinicians working at advanced practice level (with ongoing professional development), both in community and clinical contact centre environments, requiring extensive continued engagement with academic partners, including for example curriculum development and opportunity for PhD level study and beyond.
b. In addition to advanced practice, further development of clinicians working in specialist roles, to further enhance the Trust's current portfolio that includes paramedics specialising in trauma and critical care as well as the Trust's new palliative care paramedics.
c. Mobilise and grow research capacity & capability in our workforce and develop research leaders for the future.
d. Development of the "consult and close" clinical triage approach within clinical contact centres, with appropriate opportunities for academic review of audit data and resultant research into patient experience and outcome to inform future steps
e. Reduced conveyance as a result of a) and b) above, with an opportunity to work with academic partners on ongoing data collection, review and interrogation as part of action research in the live environment

Priority Three: Decarbonisation, fleet modernisation and sustainability (see section 6.3)

Decarbonisation and Sustainability

In 2022-23 : We will continue to work with others to identify options for collaboration on decarbonisation projects and to share information and best practice

a. Work with academic and commercial partners on options in relation to further decarbonisation of fleet and estate, including alternative fuel vehicles etc
b. Work with academic and commercial partners on further approaches to sustainable working practices, reduced consumption, eco building design etc.

7.0 Our Fundamentals

7.1 Quality Driven, Clinically Led, Value Focused

The NHS Quality and Safety Framework was published on 17 September 2021. The framework provides guidance and direction for all NHS organisations with a focus on having a strong quality management system in place at all levels, in turn reducing variation in quality. It also serves to provide a stepping stone to the new legal duties of quality and candour expected to be enforced from April 2023 as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Our revised Quality Strategy, ratified in April 2021 at Quality, Experience and Safety Committee (QuESt) sets out how WAST will comply with the Act. Aiming for a culture of candour across our workforce, creating an environment that is transparent, honest, and open to learning which enables citizens across Wales to have a voice, underpinned by a

culture of quality and quality improvement. We continue to listen to our communities through a continuous engagement model and this will be crucial to informing and shaping our future strategic ambitions.

Our Quality and Clinical Strategies outline the Trust's strategic direction towards an integrated quality driven, clinically led, value-based organisation. The general theme is towards integration I.e. a move away from departmental responses to a whole organisation/whole system approach to planning and delivery which drives improved performance, outcomes and benefits and deliver upon our statutory duties.

In 2022/23 a key response to our statutory requirements will be the agreement and on-going delivery of an Integrated Quality & Performance Framework (in effect the quality management & control system), supported by two new key Trust wide groups:

- Integrated Quality & Performance Management Steering Group; and
- A pilot Integrated Governance Group

The Trust has made significant strides over the last five years in improving its approach to both quality and performance management, with a good grip on both issues. The Framework will formalise these improvements by writing them up, an "as is", and prioritise areas for further improvement, that will be discharged through the Integrated Quality & Performance Management Steering Group.

We have now developed our "Working Safely" Health & Safety Transformation Plan to support and develop a culture of safe working across the Trust. Key roles to support this transformation programme have been appointed to and this year the Working Safely programme will deliver significant improvements in Health and Safety, Occupational Health and Well-being.

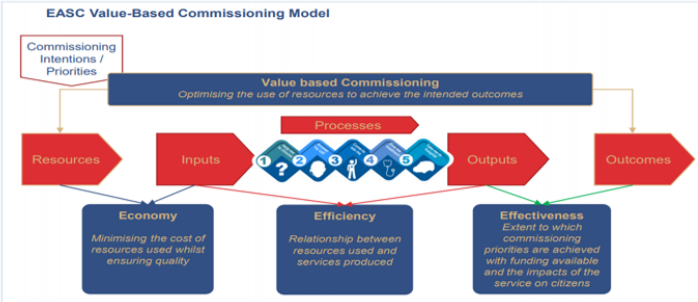
Both our Clinical and Quality Strategies play an important role to lead our ambitions to shift left in the patient pathway. We are creating and building on a culture of strong clinical leadership, strengthened partnerships and engagement with key clinical leaders and teams within health boards and Welsh Government, and smarter ways of working that allow us to embrace technology and develop our clinical offering to deliver on our ambition for an integrated system of care across all our service offers. This will be supported by developing our value based healthcare offer within the urgent and emergency care sector.

Internally, a key enabler to this has been the establishment of the Clinical Quality Governance Group, jointly led by our Director of Paramedicine, Medical Director and Director of Quality and Nursing.

DN - do we need to expand in light of AACE roundtable discussion on public health interventions

This year, we will review our existing Public Health Plan. This will be influenced by the context of the pandemic and its effect on public health (because of the virus itself, the impact of the lockdown of society and the harm of behaviours as a result). We will work in partnership with colleagues in PHW to understand our priorities and where we can have the most impact on population health.

We will also continue our development of Value Based Healthcare within the Trust. In 2021/22 we developed a collaborative approach to Value Based Commissioning with the NCCU, with the aim of further developing our internal approach within WAST. Whilst some of the work on developing tools, techniques and training was paused during the Omicron wave, our general ethos and approach to Value remains integral within the quality and performance management framework and our balanced scorecard approach to benefits



realisation and performance management. We will further embed a culture of Value through:

- Ensuring alignment with the Quality and Performance Management framework so that Value is not seen as an "add on" but an integral part of how we understand the impact of the services we provide;
- The implementation of the Patient Level Information Costing System (PLICS) tool to understand where variation exists across the services we provide;
- Embedding value based techniques into evaluation of key service investments and revenue business cases;
- Delivering training across the organisation to support a Value based approach.

Risk management is an integral part of the Trust's governance arrangements, and the Trust Board has a responsibility to ensure that the principles of good governance are underpinned by such frameworks for risk and assurance, performance, and quality improvement to provide safe and effective care for patients and staff and ensure the safety of the environment around them.

A risk management transformation programme has been developed to support this which will further strengthen and positively impact the development of the Trust's future strategic ambition and provide clarity on the risks that would prevent us from achieving our organisational objectives.

A revised risk management strategy and framework will be developed with a focus on strengthening the articulation and management of risks.

	Ambitions	Deliverable	Priorities for Year 1	Benefits
	A "Working Safely" culture will be inherent across the organisation and evident in our quality control systems	We will secure and implement Quality Management and control systems	• Embed the Trust Quality Management System (QMS), evaluate and mature • Evaluate the Trust Quality Governance Sub-structure to our Quality, Experience and Safety Committee (QuESt) • Implement the "Working Safely" Health and Safety Transformation Plan, incorporating Health, Safety & Wellbeing and Infection Prevention & Control	• Q&PMF agreed and embedded • NRIs - National Reportable Incidents reduction • Improvement in concerns responded to within 30 days (Target 75%)
	We will listen to people, work with communities and respond to them with candour to help shape services we provide	We will transform the way we work and engage with people	• Commence the Production of Quarterly Reports to QuESt on our engagement with communities • Commence the production of biannual reports to Welsh Government	• Engaged with WG and communities
	We will support our communities through our thousands of daily contacts to improve health and wellbeing and through programmes of engagement and education	We will revisit and implement the Public Health Plan	• Review and redraft the Public Health Plan in light of COVID and the health inequalities that have arisen as a result. • Scope the opportunity to work in partnership with PHW and Velindre Trust on a joint appointment to lead the plan. • Scope utilising the 111 website for public health messaging in partnership with PHW	• Needs discussion with QSPE
	Clinical leadership and evidence based practice will underpin our long term strategic ambitions	We will implement the Clinical Strategy to support developments across our service ambitions	• Review the strategy to incorporate activity related to "inverting the triangle" and Clinical Leadership • Continue the delivery of the Clinical Strategy through the Clinical Transformation Programme Board	• Improved clinical leadership
	Value will be at the heart of everything we do	We will deliver a value-based approach	• Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources • Improvement in ability to identify areas of unwarranted variation in service delivery across Wales, utilising PLICS	• Reduction in variation
	We will develop and deliver a strategic risk management framework as a key enabler of our long term strategy and decision making	We will deliver strong risk management processes and embed a Trust-wide wide risk culture that underpins the principles of good governance	• Implement the new Once for Wales Datix Risk Module • Undertake a detailed review of each Corporate Risk strengthening the articulation and management • Development of a Risk Management Policy • Refresh of the Risk Management Strategy and procedures • Board education on risk management and development of Risk Appetite Statements • Develop a new BAF • Develop and deliver a programme of training and education for the whole organisation	• Well articulated risks that support effective decision making • A positive risk culture with clarity on roles, responsibilities and overall risk management • Improved decision making • A well-informed workforce

8.0 Our Workforce Plan

8.1 Current workforce profile

WAST currently employs approximately 4,000 people (December 2021). The largest staff group is Additional Clinical Services at 52%, which includes our ACAs/UCAs, EMTs, and Call Operators, followed by our Allied Health Professional staff group at 26%, which includes our paramedics. This is an increase of 5.6% (211 FTE) in post compared to December 2020.

48% of our workforce are female, which is an increase of 2% since December 2020. 21% of the workforce are part-time, which is a 1% reduction compared to the previous year. 21% of our workforce are aged 56 or over, suggesting an ageing workforce profile. Our hard to recruit roles for 2021/22 will be Trainee Emergency Medical Technicians, Paramedics, 111 Clinical Advisors (nurses) and Digital Specialists.

8.2 Our Plan

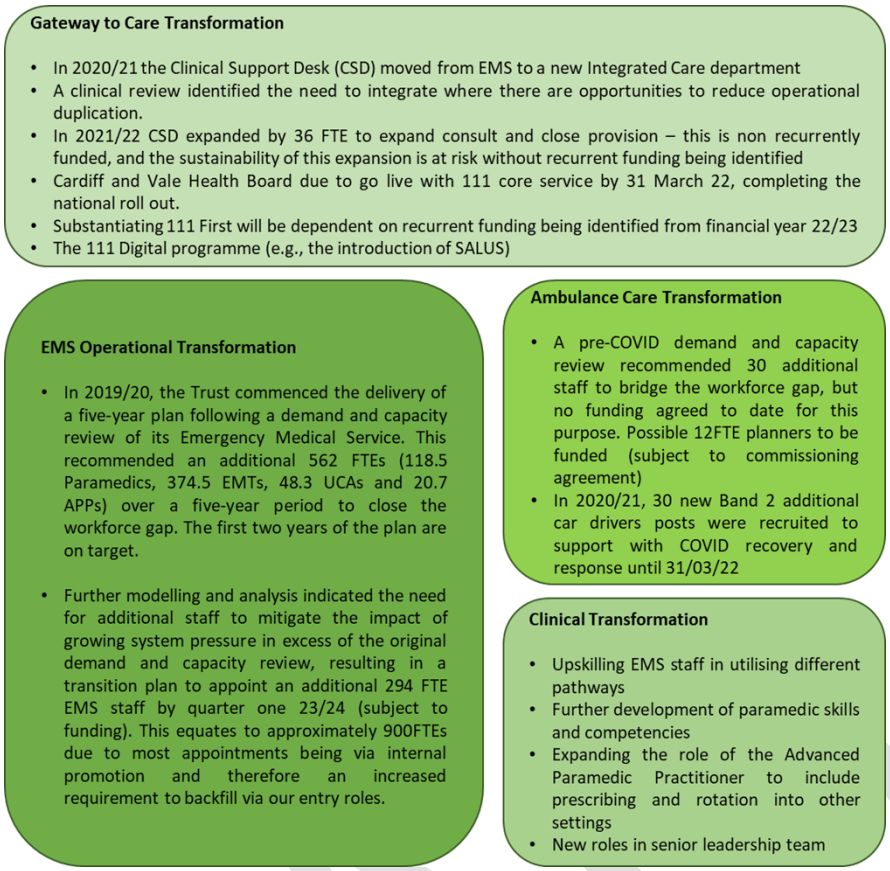
WAST's vision and aspiration to expand services to reduce demand on the wider health and social care system is underpinned by an ambitious workforce transformation programme. This programme creates a demanding workforce plan which will be challenging to fulfil as well as having a range of identified workforce challenges which will need to be addressed. Where there are Workforce and OD solutions to these challenges these are recognised in the service priorities.

Workforce Challenges

- Delivering a robust workforce transformation plan to deliver on the Trust's strategic ambition incorporating sufficient education commissioning numbers, workforce redesign, service expansion and redistribution activities.
- Creating a culture where workforce transformation becomes the norm and is underpinned by supportive and enabling workforce policies and processes.
- Supporting our existing Emergency Medical Service staff to have the right skills and behaviours to deliver our expanding remote consult and close services and face to face see and treat services in the community (e.g. developing advanced paramedics with prescribing skills).
- Sourcing a supply of additional EMS staff to meet increased demand on our existing conveyance services, which is particularly challenging this year for our paramedic workforce due to it being the fallow year of their education programme.
- Attracting applicants for entry level roles into the EMS service where a C1 category is held on their driving licence, given the costs and requirements associated with obtaining this.
- Focussing on the wellbeing and retention of our staff given the pressures experienced due to increased pressures in the health and social care system.
- Improving resource availability by reducing sickness and abstractions.
- Expanding and maintaining the 111 First service, if funded. This is currently a nurse led service who are in low supply across the health and social care system.
- Meeting the demand for our non-emergency transport services as the Trust continues to support Health Boards with the effects of the pandemic and beyond.
- Equipping staff to utilise new digital technologies.

Transformation Programmes – Workforce Plans

The Trust has four programmes delivering transformative change across the services areas of EMS Operational and Clinical response, our Gateway to Care services (comprising NHS 111 Wales and CSD) and Ambulance Care (comprising NEPTS, Urgent Care Service and transfer & discharge services):



Education Commissioning Requirements

Our education commissioning submission continues to reflect our assumptions regarding the anticipated long term effect of COVID-19 and our aging workforce profile, likely resulting in a higher turnover rate and greater number of internal movements and reductions in working hours. Final numbers will be confirmed in mid-February when Health Boards have shared their paramedic requirements with WAST.

Notes to Accompany Minimum Dataset Workforce Numbers:

- **Nursing & Midwifery projections:** incorporates additional nurses required to complete the national roll out of 111 First plus mental health clinicians for the Clinical Support Desk (CSD).
- **Allied Health professional projections:** includes the new Practice Educator team for the CSD and the newly funded paramedic and senior paramedic posts to support the delivery of year 2 of the EMS demand and capacity review. It excludes the 36 newly funded CCC clinicians for CSD as these were filled using existing paramedics and backfilled with 36 additional EMTs.
- **Additional Clinical Services projections:** incorporates additional call handlers required to complete the national roll out of 111 First, the temporary (12m) funding for 32.15FTE 999 call handlers to support increased demand, additional ACA2 and EMT roles to support the delivery of year 2 of the EMS demand and capacity review and 36 newly funded EMT posts to backfill the 36 FTE paramedics moving across to CSD. Assumes the 80 funded posts for the Mobile testing Units (MTUs) will cease as of year 1, Q2. No additionality agreed for Ambulance Care ACS posts.
- **Admin and clerical projections:** includes 12 newly funded team leader roles for Ambulance Care to support the movement of UCAs from EMS to Ambulance Care. Includes 2 A&C roles for CSD and 19 corporate roles from CASC monies (all other CASC roles on hold so have been omitted).

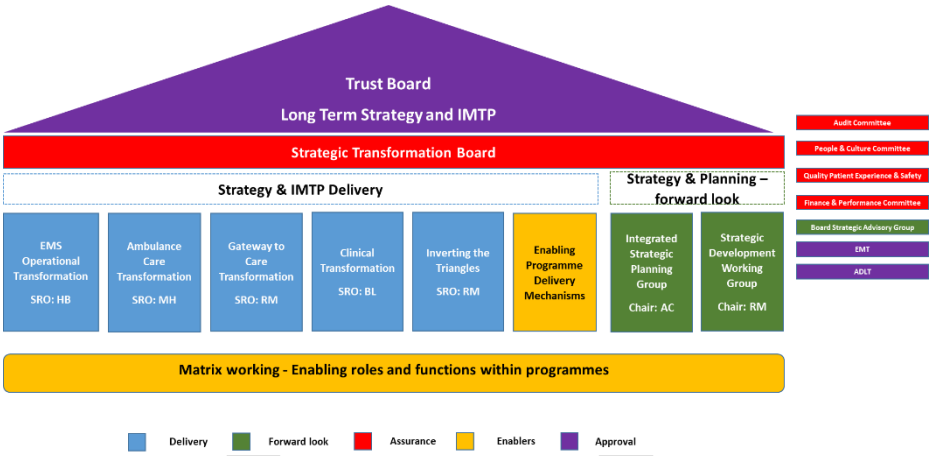
9.0 Our Financial Plan

NK– to be updated in February once plan takes shape (need to know what is happening on Transition Plan)

10.0 Delivering Our Plan

10.1 Managing transformation

The Trust Board remains the overarching accountable committee for delivery of the Trust's IMTP and long-term strategic plans, with individual sub-committees maintaining oversight and scrutiny of specific deliverables. In 2022 a new programme board will be established (identified in the delivery structure as "Inverting the Triangles") to take forward the further development of our strategy.



Assurance is provided through the **Board Assurance Framework (BAF)** and further work will take place in 2022/23 to ensure the BAF reflects the refinement of our strategic objectives and assures the Board around mitigations to the key strategic risks held on the corporate risk register. Thereby the BAF ensures that our approach to managing risk aligns with our long-term strategy, delivered through the IMTP. To further support the Trust Board to retain an overarching view of IMTP delivery, the **Strategic Transformation Board (STB)** chaired by the Chief Executive, will continue to provide monitoring, oversight and governance over the implementation of the deliverables in this IMTP.

STB has a portfolio management approach and overview to enable and govern IMTP delivery through core service transformation and enabling programmes, underpinned with proportionate programme and project documentation. These programmes were established in 2021 and have embedded themselves as the delivery vehicles for change and transformation.

We will re-commence work which was paused during the pandemic to develop portfolio, programme and project management software that will link with **Microsoft 365 and Power Business Intelligence (BI)** to support the strategic and programme level oversight of our IMTP delivery.

The **Transformation Support Office** will continue to support the strategic transformation agenda across the organisation, developing the organisation's capacity and capability to manage large complex programmes internally and across the system. We will synergise our quality improvement and transformation resources and approach under the STB to ensure our strategy development and transformation agenda is underpinned by a value based, data driven, evidence based, and patient focussed quality improvement methodology.

In 2021, we reviewed our programme and project management framework to have a pragmatic and uniform approach to applying **MSP®** (Managing Successful Programmes) and **PRINCE2®** (Projects In Controlled Environments) methodologies and closely linking in with approach set out in the Quality and Performance Management Framework as set out above and in **section 7.1**. This work will also focus on further developing a robust value-based benefit realisation methodology.

WIIN Rhwydwaith Gwella ac Arloesi WAST Improvement & Innovation Network

The way in which we can seamlessly link improvement activity through research and innovation activity, particularly through our networks, notably **WIIN**, to the transformative programmes of work overseen by STB will enable the scale up of improvements seen in local and regional initiatives to support the challenges in and delivery of this IMTP and EASC's commissioning intentions.

10.2 Risks to delivery

The **scale of change** required to deliver on this plan and to achieve our ambition is significant, particularly for our people across the service. Whilst, as described above, we will be putting in place a robust **programme management approach** to support the transformation programme, there will nevertheless be risks to delivery which we will need to identify, manage, and mitigate**.**

Managing risk is a key organisational responsibility and remains an integral part of our governance arrangements that will further strengthen and positively impact the development of the Trust's future strategic ambition and provide clarity on the risks that would prevent us from achieving our organisational objectives.

The Trust Board receives a report on the highly scored operational risks and the Board Assurance Framework at every meeting, and the Board Committees receive reports on risks within their remit for oversight, scrutiny, and challenge. The Audit Committee has oversight of the risk systems and processes in place.

Risks to the delivery of key programmes of work within this IMTP will be monitored by individual programme boards, escalating to STB where necessary and raising to the Corporate Risk Register if Board level awareness and scrutiny is required.

The key risks to delivery of this IMTP will be:

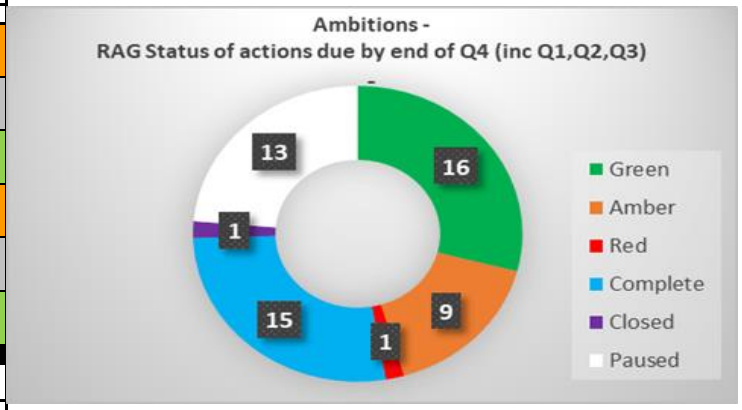
- Availability of **revenue funding** for core and transformational elements of the plan;
- The reduction in **capital available to NHS Wales**, particularly to support the transformational elements of the plan;
- **Securing stakeholder support** including internal and external partners, particularly for the EMS transition plan;
- **Ongoing impacts of COVID-19 recovery** both internally within WAST and as the Health Boards recover their activity;
- **Capacity within the organisation to deliver** the change required, within the resource envelope available;
- **Demand for our services increasing** at a greater rate than the demand and capacity forecasts;
- **Pressures on the service arising from external factors**, particularly the continuing impact of hospital handover delays;
- **Health and wellbeing of the workforce** in the face of continued pressure.

These risks will be captured on the corporate risk register, with mitigating actions and controls aligned to this IMTP and operational level plans.

11.0 Conclusion

ADD CONCLUSION ONCE ALL NARRATIVE COMPLETE - AC

Prog Ref.	Actions in 2021-22	End	Q4 Interim-Feb22 Status
	EMS Operational Transformation Programme		
EMS Operational Transformation Programme **SRO: HB**	Implement second year of EMS D&C programme including recruitment of 127 WTE to close the relief gap and rosters aligned to demand for each area	Q4	A
	Develop demand and capacity strategy for the future (Forecasting & Modelling)	Q2	P
	Develop a rural model and pilot in one area of Wales, aimed at improving red response times	Q2	G
	In partnership, implement a range of modernisation practices to increase productivity	Q3	A
	Develop plans and commence implementation of video consultation / consultant connect (or replacement)	Q3	P
	Implement concept of Cymru High Acuity Response Units (CHARU) in order to secure improvement in Return on Spontaneous Circulation (ROSC) rates	Q3	G



Prog Ref.	Actions in 2021-22	End	Q4 Status
	Ambulance Care Transformation Programme		
Ambulance Care Transformation Programme **SRO: MH**	Establish a NEPTS Transformation Programme Board	Q1	
	Review recommendations from the NEPTS Demand & Capacity Review and agree action plan with commissioners	Q4	G
	Increase the efficiency of our service, maximising use of resources to meet demand	Q4	G
	Bring all non-emergency healthcare transport services in Wales under WAST management and oversight by completing transfers from ABUHB and BCUHB	Q1	C
	Deliver business case to Welsh Government for procurement of a new CAD	Q3	P
	Identify the transport needs of non-eligible patients across Wales	Q1	C
	Work in partnership with the patient and alternative service providers to deliver solutions that meet patient transport needs	Q2	G
	Undertake a review of the transfer and discharges services in Aneurin Bevan	Q1	C
	Undertake evaluation of MTN	Q2	G
	Develop in partnership with the NCCU a sustainable model to meet the needs of the future system for Transfer and Discharge across Wales	Q3	A
	Support the NCCU in the development of the business case for the delivery of National Transfer and Discharge Services by the end of 2021	Q4	A
	Work in collaboration with Health Boards to implement improvements to booking systems which reduce aborted journeys	Q4	G
	Work with WG and NCCU to design a National Mental Health Conveyancing Service for Wales	Q4	P

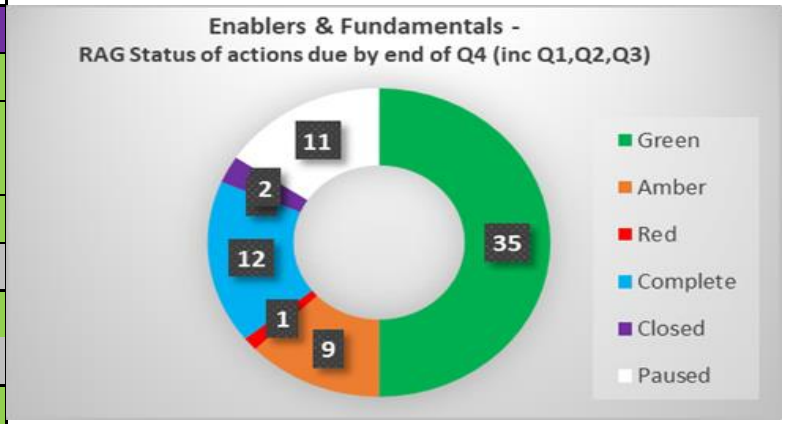
Prog Ref.	Actions in 2021-22	End	Q4 Status
	Gateway to Care Programme		
Gateway to Care Programme **SRO: RM**	Roll-out core 111 service to BCU Health Board	Q1	C
	Roll out core 111 service to C&V Health Boards	Q3	A

	Complete the roll out of Contact First across Wales, including robust governance agreements	Q2	A
	Work with health boards to improve the Directory of Service	Q4	Closed
	Pilot and implement a booking system for patients requiring an ED appointment, to improve seamless experience for patients	Q4	P
	Develop within commissioners a remote clinical support strategy and commence implementation of recommendations from the CCC Clinical Review	Q4	G
	Develop a case for change for discussion with stakeholders on the integration of clinical teams	Q2	P
	Recruit the agreed level of additional call takers and clinicians recruited to meet demand and to ensure that calls are answered promptly and call backs within agreed timeframes	Q3	A
	Recruit to operational and clinical leadership and governance structures and embed them fully	Q2	G
Prog Ref.	**Actions in 2021-22**	**End**	**Q4 Status**
	Clinical Transformation Programme		
Clinical Transformation Programme **SRO: BL & CR**	Reviewing the Clinical Strategy and incorporating learning from the Covid-19 pandemic	Q2	C
	Implementation, planning and delivery of the Clinical strategy	Q4	C
	Needs assessment for the implementation of the Clinical Strategy including Care Closer to Home and ePCR	Q3	C
	Develop with commissioners an optimising conveyance improvement plan to analyse and identify the optimal response to safely reduce hospital conveyance and increase care delivered closer to home or in the community	Q4	P
	Complete roll out of the national Respiratory pathway and refresh of the national Falls pathway	Q3	A
	Develop a forward-looking workforce plan to deliver this service, including consideration of expansion of APP workforce	Q3	P
	Consolidate the CCC rotation for the APP model and explore the most effective dispatch model	Q2	G
	Increase our Independent Prescribing capacity (min 5 new IPs funded)	Q2	C
	Evaluate and further develop the band 6 paramedic skills and competencies	Q4	C
	Establish a programme for delivery for "Care Closer to Home"	Q1	C
	Recruit clinical leadership and project management resources to support roll out of the Care Closer to Home programme across Wales	Q3	C
	Formalise our relationship with national urgent & emergency and primary care programmes and develop collaborative plans to maximise contribution WAST makes to the system	Q4	C
	Develop a specialist Mental Health See and Treat offer for consideration by commissioners	Q4	P
	Embed preferred technical platform to access senior clinical support *linked to IMTP deliverable in EMS Transformation and Innovation & Technology programme enabler	Q4	C
	Develop a business case to support Level 2 Falls Response Model across Wales	Q1	P
	Scale up and spread the use of frailty scoring across service areas including development of the education/training for internal and external audiences	Q4	G
	Review and Mature the Falls Response Model	Q4	G

	Continue evaluation of the impact of Independent prescribing	Q2	
	Deliver an evaluation /visionary document of the all Wales opportunities to improve the health and care system for Older People from a WAST & system –partner perspective	Q3	C
	Establish a user involvement infrastructure to ensure co-production in service development for Older People	Q4	P
	Develop a clinical indicator plan and audit cycle	Q2	G
	Review of clinical response model (comparison with England)	Q2	P
	Deliver new Mental Health and Dementia Plan setting out in detail how we will improve WAST services	Q2	C
	Take the first steps in implementation of 111 as access point for Mental Health crisis response	Q4	A
	Scope our pathways development work for mental health and dementia	Q4	P
	Introduce mental health practitioners, integrated across 111/999 clinical teams (subject to funding) **(clinical transformation)**	Q2	G
	Operationally implement the electronic Patient Care Record system for frontline response staff	Q3	G
Prog Ref.	**Actions in 2021-22**	**End**	**Q4 Status**
	111 Digital Programme Merged into G2C Programme		
111 Digital Programme Merged into G2C Programme SRO: AH	Establish a 111 Digital Programme, inclusive of funding request for a standalone 111.wales team to deliver; Improved Directory of Services & Improved Website with digital patient pathways.	Q4	G
	Implement the new 111 system: SALUS	Q2	R

Prog Ref.	Actions in 2021-22	End	Q4 Status
Our People **CV**	Encourage the organisation to take time to pause and support a process of healing as we recover from the pandemic response	Q1	CLOSED
	Implement Year 1 of the Wellbeing Strategy with focus on plans to support staff with long COVID and mental wellbeing	Q4	G
	Prepare ourselves to support the vaccination (COVID 19) programme delivery	Q4	G
	Engage colleagues across WAST in conversations to enable us to reset our culture, leadership and behaviours learning from the pandemic	Q4	G
	Review and refresh out Partnership Working arrangements building on the achievements of Go Together Go Far (GTGF)	Q4	G
	Increase change management capacity and skills across the Trust to support the organisation to deliver the benefits of service transformation programmes of work	Q3	P
	Deliver our strategic equality objectives to enable an inclusive culture across the organisation	Q4	G
	Scope the development of a strategic workforce plan that defines the shape of the workforce to deliver our long-term ambitions	Q4	P
	Deliver the front line and corporate workforce changes emerging from the EMS Capacity and Demand Growth / NEPTS D&C / Contact First / Mobile Testing / CCC growth / Ministerial Ambulance Availability Taskforce to deliver a modern ambulance service	Q4	G
	Shape the plan for a technology enabled workforce (as part of Strategy delivery), to include agile working model	Q4	A
	Enable and support transformational learning throughout the organisation with modern well equipped education facilities at Matrix House, Cardiff MRD and Ty Elwy	Q4	G
	Deliver the organisational change required to support the restructure of the Operations Directorate	Q2	G
	Refresh our Leadership Strategy and reset our leadership ambitions enabled through the delivery of accessible leadership resources	Q4	A
	Deliver the Duty Operations Manager development programme to support new leadership model in operations supporting our front-line colleagues	Q2	C
	Produce a succession plan for the Trust, identifying key posts and opportunities and develop and approach to identify and manage talent	Q3	A

Prog Ref.	Actions in 2021-22	End	Q4 Status
Innovation & Technology **AH**	Develop and transition towards a new operating model	Q3	G
	Develop a Strategic Outline Programme	Q3	P
	Deliver pilot activity to test new technology for each of the digital missions	Q3	G
	Deliver the electronic Patient Care Record (ePCR) solution into live service	Q4	G
	Deliver new interactive services to the 111 website via SALUS	Q3	R
	Develop and pilot video for patient and clinical interaction	Q4	G
	Deliver the new Control Room Solution as part of ESMCP	Q3	A
	Submit the full business case (FBC) for Mobile Data Vehicle Solution	Q3	C



	Roll out improved corporate communications, including Yammer	Q2	C
	Build an improved single data portal, based on user need	Q3	G
	Design and procure the WAST Local Data Resource as part of the National Data Resource	Q4	A
	Transform our interaction with data and provision of information	Q4	CLOSED
	Upgrade the 999 and 111 call platform resilience	Q3	
	Develop a service improvement plan and an infrastructure improvement plan as part of the SOP	Q4	G
	Implement the recommendations of the Target Operating Model review	Q3	G
	Pilot or extend use of video/phone consultation to improve advice	Q4	G
	OnClick Major Incident training and Everbridge communication platform rolled out	Q2	C
Prog Ref.	**Actions in 2021-22**	**End**	**Q4 Status**
Infrastructure **CT**	Commission Cardiff Make Ready Depot (MRD) facility, October/November 2021	Q3	G
	Develop OBC for Swansea MRD Replacement	Q3	A
	Develop and implement plan for our CCC pan Wales in light of the changes made as a result of the pandemic, resulting in increased 111 capability and the introduction of contact first.	Q4	G
	Full Business Case approval for the South East Fleet Workshop solution.	Q3	C
	Longer term solution for GUH transfer service commissioned including corporate administrative capacity in South East	Q3	G
	Identification of appropriate corporate facilities to support agile working	Q4	G
	Consider implications of NEPTS D&C Review and alignment with SOP	Q4	G
	Implementation of 111 solution for BC UHB (Ty Elwy)	Q1	
	Secure additional C&E resources to support delivery of significantly increased work programme	Q4	A
	Development of business case for Llanelli solution (emerging ESOP priority)	Q4	P
	Development of business case for Newport solution (emerging ESOP priority)	Q4	P
	Development of business case for Llandrindod Wells (emerging ESOP priority)	Q4	P
	Development of business case for Bangor Fleet Workshop (emerging ESOP priority)	Q4	P
	Further progression of the decarbonisation agenda and embedding this within the Trust in line with WG Decarbonisation Strategy	Q4	G
	Develop an Electric Vehicle Strategy including a charging network	Q4	G
	Deliver on our commitments to modernise our fleet including the increase in the number of Hybrid vehicles and roll out of vehicle solar panels.	Q4	G

	Access funding to commence initiatives as part of the decarbonisation of the estate and also our travel which will enable us to implement a Sustainable Travel Plan	Q4	G
	Deliver the vehicle replacement scheme as per the approved Business Justification Case	Q4	G
Prog Ref.	**Actions in 2021-22**	**End**	**Q4 Status**
Partnerships & Engagement	Develop a plan for engaging on our strategic ambition statements with system partners, with formalised links into primary care and key programmes of work around urgent and emergency care	Q3	G
	Revise the organisational Engagement Framework, testing the approach with stakeholders and the public prior to Board	Q3	G
	Consolidate existing position and endeavour to secure at least one additional RPB seat	Q4	C
	Engage with new Government and opposition party representatives post 2021 Senedd elections	Q2	C
	Support the review of national, regional and local escalation arrangements	Q2	G
	Secure recurrent funding for continuation of the Operational Delivery Unit (ODU) in support of future escalation arrangements	Q1	C
	Extend existing contracts and recruit to fill vacancies in ODU (subject to funding)	Q2	G
	Continue to deliver safe and efficient Welsh reserve MTU operations up till 31st August 2021	Q2	C
	Potentially extend the contract in agreement with the Welsh Government, Test Trace Protect (TTP) wales and Department of Health and Social Care (DHSC) if service is required beyond August 2021	Q1	C
	Further develop the capabilities of the WAST MTU service at request of the Welsh Government in agreement with the DHSC	Q4	G
	Develop an initial assessment for review by WG. Dependent on feedback, determine our position on submission of a full application for UTS in September 2021	Q4	G
Prog Ref.	**Actions in 2021-22**	**End**	**Q4 Status**
Working Safely **CR**	Develop & implement a sustainable "Working Safely" Health and Safety Transformation Plan incorporating Health and Safety and Infection Prevention and Control (IPC)	Q4	
Prog Ref.	**Actions in 2021-22**	**End**	**Q4 Status**
Fundamentals	Revise the Trust Quality Strategy to align with the Bill	Q1	C
	Develop a Quality Strategy Implementation Plan to support us to self-assess our progress with Quality Governance	Q3	C
	Develop the Trust Quality Management System (Quality Planning, Quality Improvement, Quality Control and Quality Assurance).	Q4	G
	Develop and implement a Quality Governance sub structure to our Quality, Experience and Safety Committee (QuEST)	Q4	A
	Implementation of the Once for Wales Service User Experience System	Q3	G
	Making Every Contact Count (MECC) is built into the CPD programme for Paramedics/EMTs /Nurses and NEPTS	Q4	P
	Continue to have discussions in partnership with Velindre Trust and PHW regarding a joint appointment to lead the public health plan	Q2	P
	Continue to make improvements to increase uptake of the workforce having the Influenza vaccine	Q4	A

	Lead the implementation of online symptom checkers as part of the new 111 integrated information system and widen accessibility through the 111 app	Q4	G
	Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources	Q2	P
	Improvement in ability to identify areas of unwarranted variation in service delivery across Wales	Q4	P

AGENDA ITEM No	**13**
OPEN or CLOSED	**N/A**
No of ANNEXES ATTACHED	**3**

COMMITTEE EFFECTIVENESS REVIEW 2021/22

MEETING	Finance and Performance Committee
DATE	17th March 2022
EXECUTIVE	Emrys Davies, Chair
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and prepare an annual report to the Trust Board.

2. The 2021/22 Committee effectiveness reviews provides for a number of stages before the Committee's annual report is presented to the Trust Board. The first two stages of evaluation design and process are complete, and the Committee will now review proposed amendments to the terms of reference and consider the responses to the evaluation questionnaire.

3. Amendments have been proposed to the terms of reference for the Committee's consideration, as well as changes to operating arrangements as a results of the review and the responses to the questionnaire sent to members and core attendees.

RECOMMENDATION: The Committee is requested to:

(a) Review and approve changes to terms of reference
(b) Confirm the proposed actions for issues raised in questionnaire
(c) Set priorities for the Committee for 2022/23

REPORT APPROVAL ROUTE

Executive Management Team – 9th March 2022 (by circulation)

REPORT APPENDICES

1. Annex 1 – SBAR
2. Annex 2 – Proposed changes to terms of reference (marked up)
3. Annex 3 – Proposed changes to terms of reference (clean)
4. Annex 4 – Committee questionnaire responses

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

Annex 1

COMMITTEE EFFECTIVENESS REVIEW 2021/22

SITUATION

1. The 2021/22 Committee effectiveness reviews provides for a number of stages before the Committee's annual report is presented to the Trust Board. The first two stages of evaluation design and process are complete, and the Committee will now review proposed amendments to the terms of reference and consider the responses to the evaluation questionnaire.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.

3. Standing Orders, Committee Terms of Reference, and the Code of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part. Each Committee must submit an annual report to the Board through the Chair setting out its activities during the year and including the review of its performance.

4. The 2020/21 effectiveness review for the Committee includes a review of the terms of reference and general operating arrangements, as well as a questionnaire completed by members and core attendees. Any amendments to Terms of Reference as a result of this process is thereafter recommended to the Trust Board for approval.

ASSESSMENT

5. Committees play an important role in supporting the Board fulfilling its responsibilities by:

    - Providing advice on strategic development and specific aspects of business
    - Gaining assurance on key aspects of activity in organisational performance, supporting achievement of the Trust's strategic goals
    - Carrying out specific responsibilities on the Board's behalf

6. Effective Committees provide a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues to a greater depth.

7. To ensure that Committees are in the best position possible to provide this support in a streamlined and integrated way, the approach for review of a Committee's operating arrangements is carried out annually in the following stages:

Stage	Process
Stage 1: Evaluation Design	• Questionnaires for the Board Committees are developed by the Board Secretary in consultation with the Committee Chairs and Executive Leads.
Stage 2: Evaluation Process	• Questionnaires are issued to Committee members and core attendees as set out in the Terms of Reference. • Committee Chair, Executive Lead, Governance Officer and Board Secretary review questionnaires, review Terms of Reference and propose initial amendments. • Responses are collated and this report summarises the findings and includes proposed recommendations to address issues raised.
Stage 3: Discussion and actions	• The proposed amendments to the Terms of Reference and the responses to the questionnaires are discussed by the Committee.
Stage 4: Presentation to Trust Board	• Any changes to the Terms of Reference and operating arrangements are recommended to the Trust Board together with the Committee's annual report.

8. The Committee Chair, Executive Lead, Governance Officer and Board Secretary met for stage 2 on 15th February 2022. The Terms of Reference were reviewed to ensure all matters within the remit of the Committee were clear and that these were articulated with the strategic, oversight and scrutiny role of the Committee in mind. This was also an opportunity to begin building the cycles of business of the Committee aligned to the specific areas of delegated powers. The proposed amendments to the Terms of Reference are attached at Annex 2 in a tracked changes version, and Annex 3 as a clean version.

9. Key changes include:

9.1. Delegated Powers and Authority:

(a) Language has been altered to provide clarity on the Committee's strategic, scrutiny, and oversight role and the purpose has aligned to the delegated powers.
(b) Assurance on the post-implementation review (PIR) process has been added, with the Committee reviewing PIRs from time to time.
(c) Specific oversight of estates and fleet, environmental and sustainability, digital systems and strategy, and emergency preparedness, resilience and response have been added.

9.2. Membership: The core membership has been increased to add the Director of Quality and Nursing to support the value based healthcare agenda, the Assistant Director of Workforce and Organisational Development, strengthening representation for all areas of performance on in the MIQPR, and the Director of Digital.

10. The responses to the questionnaires were also reviewed at the above meeting, and they are attached at Annex 4. Ten questionnaires were distributed to the members and core attendees of the Committee, and six responses were received, three from members and three from attendees. Key issues are set out below together with proposed actions where appropriate:

Issues raised	Commentary and proposed actions
What does this Committee do well?	• Papers are well written and presented; they allow for appropriate scrutiny and constructive challenge and provision of assurance to Board. • The Committee accurately reports progress and identifies challenges to be resolved; it manages delegated actions well to conclusion. • Deep dives are identified and explored. • Focuses on key issues, good discussion on capital planning, cash flows and forecasting, whilst widening its remit to include value based healthcare and decarbonisation. • Works well across committees. • Well chaired and inclusive; membership is the right size to ensure robust discussion; good level of consistent attendance by officers. • Transparent and open.
What should this Committee do more of?	• As performance and quality reporting continues to improve, this will provide new opportunities to monitor and challenge performance against objectives. This scrutiny will provide more opportunities to focus on specific areas for improvement. Focus in this area will allow the organisation to deliver progress in all areas. **Action:** Further improvements will be supported by the QPMF; transfer of deep dives to appropriate committees are further supported via a cross-committee action log to close referred actions. • More focus on longer term financial plan and strategy; when possible, will be good to see outcomes of PLICs and use in the VBHB agenda; even greater profile needed on environment and sustainability issues; more risked based approach to agenda setting. **Action:** Financial strategy added to terms of reference; value based healthcare agenda strengthened by the addition of the Director of Quality and Nursing to the Committee; specific duties for environmental and sustainability added to terms of reference; risk based approach to agenda will be applied in 2022/23 as the risk management framework matures.

Issues raised	Commentary and proposed actions
	• Expand the remit of the Committee to include oversight of the environmental, estates and information governance/digital agenda, as well as post-implementation reviews of business cases. **Action:** These have been added to the terms of reference (other than information governance which is in the remit of the Quality, Patient Experience and Safety Committee). • The Board may wish to consider delegating authority to Committee for approval of business cases to a level between that of the Chief Executive and the Board. **Action:** For consideration by the Board when the delegations of authority are next reviewed. • Develop a cycle of business for the Committee **Action:** This will be developed in Q1 22/23. • Better manage the balance of time spend on 'presentation of reports' allowing time for discussion. **Action:** This was the agreed approach at Board Development in October 2021. • Focus on bigger picture; for complex papers, offer briefing/conversations before meeting to increase understanding. **Action:** Executives are encouraged to speak with Non-Executive Directors ahead of meetings; Board development session principles agreed to include complex issues prior to presentation at Committee/Board.
What should this Committee do less of?	• Continue good work of concise papers making them less operational and ensuring more time is allowed for scrutiny vs presentation. • Standardised agenda items to be developed. • Late papers and presentations on the day to be avoided. • A written report should be provided to the Board. **Actions:** Above actions address these items, as will a realistic timetable for the filing of papers ahead of meetings. The Board report is prepared by the Board Secretary following the meeting.

11. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Such priorities may include a particular focus throughout the year, or in particular quarters. For example, the Committee may wish to prioritise more agenda time to new issues it is adopting in its Terms of Reference; focus on areas it may not have addressed recently due to the pandemic; or review of the Committee's risks, both operational and strategic. It is recommended that such priorities are limited to two or three, and that they are tracked quarterly through a Chair's report to ensure they are on track. It is proposed that the Committee will focus on assurance to be provided on the additions to the terms of reference i.e. estates and fleet, environmental and sustainability, digital systems and strategy, and emergency preparedness, resilience and response.

RECOMMENDATION

12. The Committee is requested to:

(a) **Review and approve changes to Terms of Reference;**
(b) **Confirm the proposed actions for issues raised in questionnaire; and**
(c) **Set priorities for the Committee for 2022/23.**

NEXT STEPS

13. Next steps includes the following:

13.1. A Committee Annual Report will be prepared for the May Trust Board setting out:

(a) Remit of the Committee
(b) Membership and attendance
(c) Effectiveness of the Committee (as a result of discussions from today's meeting)
(d) Proposed changes to the terms of reference and operating arrangements
(e) Priorities identified for the Committee for 2022/23

This report will be circulated to members by email.

13.2. A key output of the discussions with the Chair, Executive Lead, Committee members and attendees, and the self-assessment questionnaire, is a cycle of committee business/programme of work for the Committee. This cycle of business will provide certainty on papers to be developed for upcoming Committees but will also clarify the assurance requirements aligned to the responsibilities of the Committee. The cycle of business will also provide a line of sight for the assurance journey of papers prior to their presentation at committees and will support the development of a legislative and regulatory framework where that is appropriate and applicable.

13.3. The Committee has authority to establish Sub-Committees to assist it in discharging its responsibilities. A review of Sub-Committees reporting to this Committee, or any that should be established as a result of the effectiveness review, will be conducted in 2022/23.

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Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust

FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Finance and Performance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Finance and Performance Committee (the Committee) is to enable scrutiny and review of the Trust's arrangements in respect of the:

- overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;
- ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP):
- monitoring of the IMTP and ensuring achievement of key milestones;
- robustness of any cost improvement measures and delivery of key strategies and plans;
- ensure development of the long term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking; ~~and~~
- scrutinise business cases for capital and other investment
- oversight of the development and implementation of the digital, estates, fleet and environmental strategies
- emergency preparedness, resilience and response

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will specifically:

Finance

- oversee and contribute to the medium and long term financial strategy, in relation to both revenue and capital

- 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;
- 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, including the efficiency review implementation and required savings targets;
- monitor achievement and planning of both in-year and recurring cost improvement plans and efficiencies. The Committee shall review the proposals for future efficiency schemes and make recommendations to the Board as appropriate;
- ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting
- 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;
- 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.
- receive, review and ensure mitigation of financial risks of delivery of plans;
- monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation; ~~, and~~
- review performance against the relevant Welsh Government financial requirements

Performance

- review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators~~standards;~~;
- monitor and review progress against the Trust's Integrated Medium Term Plan;
- review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework;
- agree and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets;
- 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.

- 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.~~; and~~
- ~~consider and review all Corporate Risks which relate to those business areas which come under the scope of the Committee.~~

Planning

- oversee and contribute to the development of the Trust's Long Term Strategy and make recommendations to the Board;
- oversee and contribute to the development of the Trust's Integrated Medium Term Plan and make recommendations to the Board;
- ~~review proposals for corporate objectives and delivery criteria and make recommendations to the Board as appropriate;~~
- ~~develop and~~ monitor the ~~obtain assurance on the~~ effectiveness of commissioning arrangements with the Local Health Boards via the Emergency Ambulance Services Committee;
- review the Trust's strategies and plans and make recommendations to the Board as appropriate and ensure that the financial considerations complement the business plans (this includes formally receiving all business cases that require approval by the Welsh Government and making recommendations to the Board regarding their annual submission to Welsh Government); and
- review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews.

Estates and Fleet

- oversee, contribute to, and monitor the implementation of, the Estate Strategy
- oversee, contribute to, and monitor the implementation of, the Fleet Strategy
- review proposals for acquisition, disposal, and change of use of land/buildings.

Environmental and Sustainability

- oversee, contribute to, and monitor the implementation of the Environmental Strategy
- ensure compliance with environmental regulations and national targets

Digital Systems and Strategy

- oversee, contribute to, and monitor the implementation of, the Digital Strategy
- review projects and monitor implementation and delivery of benefits of major digital and information/reporting projects

Emergency Preparedness Resilience and Response

- oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and assurance that such plans are effective

Policies

- Oversight of policies within the remit of the Committee

Corporate Risks and Audit Recommendation Tracker

3.2 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Authority

3.3 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.4 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.5 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.6 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board.

Attendees

4.2 The ~~core~~ membership will be supported routinely by the ~~attendance of the~~ following core attendees:

- Executive Director of Finance and Corporate Resources (Joint Committee Lead)
- Director of Strategy, Planning and Performance (Joint Committee Lead)
- Director of Operations
- Director of Digital
- Director of Quality and Nursing
- Deputy Director of Workforce and Organisational Development
- Trade Union Partners (x 2)
- Chairs of Sub-Committees
- Board Secretary

4.3 The Chief Executive will have a permanent standing invite to attend the Committee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

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The purpose of the Finance and Performance Committee (the Committee) is to enable scrutiny and review of the Trust's arrangements in respect of the:

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2.2 ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP):
2.3 monitoring of the IMTP and ensuring achievement of key milestones;
2.4 robustness of any cost improvement measures and delivery of key strategies and plans;
2.5 ensure development of the long term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking;
2.6 scrutinise business cases for capital and other investment
2.7 oversight of the development and implementation of the digital, estates, fleet and environmental strategies
2.8 emergency preparedness, resilience and response

3. DELEGATED POWERS AND AUTHORITY

With regard to its role in providing advice and assurance to the Board, the Committee will specifically:

3.1 Finance

(a) oversee and contribute to the medium and long term financial strategy, in relation to both revenue and capital

(b) 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;
(c) 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, including the efficiency review implementation and required savings targets;
(d) monitor achievement and planning of both in-year and recurring cost improvement plans and efficiencies. The Committee shall review the proposals for future efficiency schemes and make recommendations to the Board as appropriate;
(e) ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting
(f) 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;
(g) 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.
(h) receive, review and ensure mitigation of financial risks of delivery of plans;
(i) monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation;
(j) review performance against the relevant Welsh Government financial requirements

3.2 Performance

(a) review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators;

(b) monitor and review progress against the Trust's Integrated Medium Term Plan;

(c) review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework;

(d) agree and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets;

(e) 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.

(f) 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.

3.3 Planning

(a) oversee and contribute to the development of the Trust's Long Term Strategy and make recommendations to the Board;

(b) oversee and contribute to the development of the Trust's Integrated Medium Term Plan and make recommendations to the Board;

(c) monitor the effectiveness of commissioning arrangements with the Local Health Boards via the Emergency Ambulance Services Committee;

(d) review the Trust's strategies and plans and make recommendations to the Board as appropriate and ensure that the financial considerations complement the business plans (this includes formally receiving all business cases that require approval by the Welsh Government and making recommendations to the Board regarding their annual submission to Welsh Government); and

(e) review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews.

3.4 Estates and Fleet

(a) oversee, contribute to, and monitor the implementation of, the Estate Strategy
(b) oversee, contribute to, and monitor the implementation of, the Fleet Strategy
(c) review proposals for acquisition, disposal, and change of use of land/buildings.

3.5 Environmental and Sustainability

(a) oversee, contribute to, and monitor the implementation of the Environmental Strategy
(b) ensure compliance with environmental regulations and national targets

3.6 Digital Systems and Strategy

(a) oversee, contribute to, and monitor the implementation of, the Digital Strategy
(b) review projects and monitor implementation and delivery of benefits of major digital and information/reporting projects

3.7 Emergency Preparedness Resilience and Response

oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and assurance that such plans are effective

3.8 Policies

Oversight of policies within the remit of the Committee

3.9 Corporate Risks and Audit Recommendation Tracker

The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee

also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

3.10 Authority

(a) The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.
(b) The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.
(c) The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

3.11 Sub-Committees

The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board.

Attendees

4.2 The membership will be supported routinely by the following core attendees:

- Executive Director of Finance and Corporate Resources (Joint Committee Lead)
- Director of Strategy, Planning and Performance (Joint Committee Lead)

- Director of Operations
- Director of Digital
- Director of Quality and Nursing
- Deputy Director of Workforce and Organisational Development
- Trade Union Partners (x 2)
- Chairs of Sub-Committees
- Board Secretary

4.3 The Chief Executive will have a permanent standing invite to attend the Committee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

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4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development

programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

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5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and

requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

What does this committee do well?

ID	Name	Responses
1	anonymous	Committee papers are well presented allowing Ned's to scrutinise and provide constructive challenge. This allows the committee to gain assurance for reporting to Board. The committee is effective in reporting with accurate assessments of progress and identifying challenges to be resolved. The Committee is also effective in managing delegated actions from the Board through to conclusion.
2	anonymous	Deep dives by issue as required / identified. The Committee does explore and test detail as part of commissioned deep dives. The Committee interest is broad across services, not concentrated to just EMS.
3	anonymous	Focusses on the key issues - shorter, more concise discussions and outcomes than maybe some other Committees Good focus on capital planning, cash flows and forecasting Works well across committees in instances of shared agendas and items referred Good recent widening of committee focus - VBHC, Decarb agenda Good use of performance deep dives into particular areas of concern
4	anonymous	The Committee is well structured in the assurance it required on finance and performance. It is well chaired and the membership and attendance is the right size to ensure robust discussion and to enable it to move through its agenda. Presentations are succinct and members and executives are engaged.
5	anonymous	- reports are well written, very clear and easy to understand - good level of scrutiny and debate at the meetings - good level of consistent attendance by Officers
6	anonymous	Seeking assurance on performance. Specialist input from attendees. Transparency and openness. Good chairing, inclusive approach, contribution/scrutiny encouraged.

What should this committee do more on?

ID	Name	Responses
1	anonymous	As performance and Quality reporting continues to improve, this will provide new opportunities to monitor and challenge performance against objectives. This scrutiny will provide more opportunities to focus on specific areas for improvement. Focus in this area will allow the organisation to deliver progress in all areas.
2	anonymous	.
3	anonymous	More focus on longer term financial plan and strategy - where possible in current environment When possible, will be good to see outcomes of PLICs and use in the VBHB agenda Even greater profile needed on environment and sustainability issues More risked based approach to agenda setting
4	anonymous	Consideration should be given to expand the remit of the Committee to include oversight of the environmental, estates and information governance/digital agenda, as well as post-implementation reviews of business cases. The Board may wish to consider delegating authority to F&P for approval of business cases to a level between that of the Chief Executive and the Board. A cycle of business should be developed to ensure all areas under the TORs are put before the committee.
5	anonymous	- better manage the balance of time spent on 'presentation of reports' compared with discussions/debate scrutiny of the reports/topics. More time to be spent on the latter.
6	anonymous	Focus on bigger picture - less on detail but need to be assured to achieve this. For complex papers, offer briefing/conversation before meeting to increase understanding / ensure effective scrutiny.

What should this committee do less of?

ID	Name	Responses
1	anonymous	Committee papers are becoming more concise, with more focus on key points being identifies. Good progress has been made in a short period which needs to be continues to tip the balance from presentation to scrutiny.
2	anonymous	.
3	anonymous	As it meets more frequently than some committees, potential for not all "standard" agenda items to be considered at every meeting

ID	Name	Responses
4	anonymous	Reports to the Committee should be timely and late papers and verbal or presentations on the day should be avoided as members will not have had sufficient time to consider the matter before them. The revised committee dates for 22/23 should see sufficient time between the committee meeting and the Board to allow a written report from the Chair rather than a verbal report.
5	anonymous	- generally, less detailed introduction/presentation of the reports - take the reports as read and only raise key points or any issues that have changed since the reports were disseminated.
6	anonymous	Less operational detail.

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Finance & Performance Committee
DATE	17th March 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk and Corporate Governance
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to provide the Finance & Performance Committee (FPC) with an update in respect of Corporate Risks that are relevant to the Committee's remit for review.

RECOMMENDATION:

2. **The Finance & Performance Committee is asked to receive assurances on the report and specifically:**
   - **a) Note the suspension of the Board Assurance Framework for 3 months.**
   - **b) Note the change in title of Risk 139 and the increase in score to 16.**
   - **c) Note the closure of Risk 109 from the Corporate Register.**
   - **d) Note the increase in score of Risk 458 to 16.**
   - **e) Highlight any specific aspects or concerns that need to be raised to Senior Management and/or Audit Committee.**

KEY ISSUES/IMPLICATIONS

3. The Risk Management and Board Assurance Framework (BAF) improvement programme was supported as the direction of travel at the Audit Committee in December 2021 and a progress report will be submitted for consideration at the meeting in June 2022.

4. The immediate priority is a detailed review of each of the Corporate Risks and the development, testing and implementation of the Once for Wales Risk Datix Module.

5. The Audit Committee approved a request to suspend reporting of the BAF for a period of 3 months to enable the Governance team time to develop a transitional

BAF that will be presented at the Audit Committee in June 2022 and the Trust Board in July 2022.

6. A programme of work has commenced to strengthen the articulation of the Trust's existing and any new Corporate Risks including title and descriptions, the controls, assurances and any additional actions required with the priority focus being on the Trust's highest scoring risks.

7. Two temporary Risk Officers have been appointed until the 31st March 2022 to support the Corporate Governance team with these priorities. The substantive post will be advertised for appointment to commence 1st April 2022.

8. The EMT received formal, monthly feedback from ADLT on activity relating to the Corporate Risks.

REPORT APPROVAL ROUTE

9. The report has been considered by:
   - ADLT – 7th March 2022
   - EMT – 9th March 2022

REPORT APPENDICIES

10. An SBAR report is attached to this Executive Summary.

11. A short summary table describing each of the 8 Corporate Risks assigned to FPC for oversight is contained in Annex 1.

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

WELSH AMBULANCE SERVICES NHS TRUST
FINANCE & PERFORMANCE COMMITTEE
COMMITTEE ASSURANCE REPORT

SITUATION

1 The purpose of this report is to provide the Finance & Performance Committee (FPC) with an update in respect of Corporate Risks that are relevant to the Committee's remit for review.

2 An extract from the Corporate Risk Register (CRR) is detailed in Annex 1 as a short summary report.

BACKGROUND

3 The Risk Management and Board Assurance Framework Transformation Programme was supported as the direction of travel at the Audit Committee in December 2021 and has been included in the IMTP. A progress report will be submitted to the Audit Committee meeting in June 2022.

4 The immediate priority was for a detailed review of the Trust's 5 highest scoring risks to be undertaken with the remaining 11 Corporate Risks to follow.

5 A programme of work has commenced to strengthen the articulation of each corporate risk and any new risks including title, summary descriptions, controls, assurances and any gaps or additional actions required.

6 The ADLT continue to review the risk assessments on all new risks in addition to reviewing changes to existing risks and mitigating actions, reporting activity to the Executive Management Team (EMT), each of the Committees and Trust Board.

ASSESSMENT

Corporate Risks

7 There are 8 of 15 Corporate Risks currently assigned to FPC which are described in the summary table in Annex 1 as at 7th March 2022; these have been extracted from the Datix E-Risk module.

8 Risk 100 - *Failure to collaborate and engage with EASC on developing ambitions and plans for WAST* is undergoing a full review following discussions at the Finance & Performance Committee in January 2022 and ADLT in February 2022.

9 Risk 109 - *Resource availability (revenue) to deliver the organisation's IMTP* was approved for closure by the EMT and report to Audit Committee in March 2022 as this element is included in Risk 458 which is *A confirmed commitment from EASC and/or Welsh Government required regarding funding for recurrent costs of commissioning*. Risk 458 in itself, was approved by EMT to have its

risk score increased from a 12 (3x4) to 16 (4x4). This increase in score has been made to reflect the current funding discussions with Commissioners for the 2022/23 financial year which are leading to an increased likelihood of the organisation having to submit an unbalanced 2022/23 financial plan due to a lack of recurrent funding support.

10 Risk 139 is under review; however, the new title is described as the *Failure to deliver our Statutory Financial Duties in accordance with legislation.* The score has increased to 16 (4x4) from 12 (3x4). The previous title was *Non Delivery of Financial Balance.* The summary description and full risk review will be reported to the Trust Board report in March 2022.

11 No risks have been de-escalated to Directorate Registers or escalated to the Corporate Register during this period.

Board Assurance Framework

12 The Audit Committee approved a request to suspend reporting of the BAF for a period of 3 months to enable the Governance team to develop a transitional BAF that will be presented at the Audit Committee in June 2022 and the Trust Board in July 2022.

13 This will provide the Governance Team time to invest in developing a transitional BAF which clearly sets out the work that is currently underway to rearticulate the corporate risks as well as the relevant and current controls, assurances and actions that will mitigate the risks to their target.

14 By way of assurance, a high level report will be provided to the Trust Board and each scrutiny Committee during May 2022 on each of the corporate risks with a particular focus on the developing controls and assurances of the Trust's 5 highest scoring risks.

RECOMMENDED:

15 The Finance & Performance Committee is asked to receive assurances on the report and specifically:

a) Note the suspension of the Board Assurance Framework for 3 months.
b) Note the change in title of Risk 139 and the increase in score to 16.
c) Note the closure of Risk 109 from the Corporate Register.
d) Note the increase in score of Risk 458 to 16.
e) Highlight any specific aspects or concerns that need to be raised to Senior Management and/or Audit Committee.

f) Appendix 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER: Summary					
RISK ID	**RISK**	**RISK CATEGORY**	**DIRECTORATE**	**CURRENT RISK SCORE**	**COMMITTEEE**
139	Failure to Delivery our Statutory Financial Duties in accordance with legislation	Statutory Duties	Finance and Corporate Resources	**16 (4x4)**	Finance and Performance Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	**16 (4x4)**	Finance and Performance Committee
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH	Resource Availability	Finance & Corporate Resources	**16 (4x4)**	Finance and Performance
458	A confirmed commitment from EASC and/or Welsh Government required regarding funding for recurrent costs of commissioning	Service Delivery	Finance and Corporate Resources	**16 (4x4)**	Finance and Performance Committee
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs.	Service Delivery	Operations Directorate	**15 (3x5)**	Finance & Performance Committee
100	Failure to collaborate and engage with EASC on developing ambitions and plans for WAST.	Service Developments	Planning and Performance	**12 (3x4)**	Finance and Performance Committee
283	EMS Demand and Capacity Review Implementation Programme	Service Delivery	Planning and Performance	**12 (3x4)**	Finance and Performance Committee
424	Resource Availability (capital) to deliver the organisation's IMTP	Service Developments	Planning & Performance	**12 (3x4)**	Finance and Performance Committee

AGENDA ITEM No	**15**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	0

AUDIT REPORT

MEETING	Finance & Performance Committee
DATE	17th March 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk and Corporate Governance
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide the Finance & Performance Committee (FPC) with an up to date position in relation to the outstanding recommendations from Internal Audit reviews.

RECOMMENDATION:

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

KEY ISSUES/IMPLICATIONS

3. Each of the 83 internal audit recommendations have been reviewed by the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) since the last meeting to ensure that any new completion dates are assigned with realistic timescales and a strong narrative and rationale to support any extension.

REPORT APPROVAL ROUTE

4. The report has been submitted to:
   - ADLT – 21st February 2022
   - EMT – 23rd February 2022
   - Audit Committee – 3rd March 2022

REPORT APPENDICIES
5. The Audit Tracker has been circulated as a separate appendix.

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

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

SITUATION

1. The purpose of this paper is to provide the Finance & Performance Committee (FPC) with a position statement in respect of recommendations resulting from internal audit reviews that are assigned to the Committee for oversight.

BACKGROUND

2. 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 were actioned and in a timely manner.

3. This tracker provides Senior Managers with a workable tool that allows for closer scrutiny of audit recommendations and is designed to provide a more detailed focus as to the reasons why recommendations are overdue or have not progressed within the agreed timeframes. This will highlight areas that may require additional support and ensures there are clear mechanisms in place to escalate any issues.

ASSESSMENT

4. The Trust continues to face significant operational pressures resulting from the pandemic and REAP level 4 during the period and as such expects to be carrying a slightly higher number of overdue recommendations.

5. At the time of issuing the paper, there were a total of 83 current internal audit recommendations on the tracker. 32 recommendations were marked as complete at the December 2021 Audit Committee and removed from the tracker.

6. 15 recommendations were added to the tracker resulting from 3 Internal Audit Reports which were presented to the Audit Committee in December 2021. 5 of these recommendations were assigned to FPC and were from Reasonable Assurance rated reports.

7. The status of each of the current internal audit recommendations is described in the table below.

Status	Total Number of Recommendations on the tracker	Those directly relevant to FPC	High Priority FPC	Medium Priority FPC	Low Priority FPC
Overdue	31	26	4	13	9
Not yet due*	31	21	5	8	8
Complete	21	11	0	3	8
Total	83	58	9	24	25

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

8. Of the 4 high priority recommendations showing as overdue these relate to the 20/21 Clinical Contact Centres Performance Management Reasonable Assurance review which are due to be completed between April and July 2022.

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

Financial Year	Total Number of Recommendations on the tracker	Those directly relevant to FPC	Complete FPC	Overdue FPC	Not Yet Due FPC
2018/19	4	0	0	0	0
2019/20	4	2	0	2	0
2020/21	32	30	2	23	5
2021/22	43	26	9	1	16
Total	83	58	11	26	21

10. Of the 26 recommendations that are showing as overdue, these relate to the following reports:

- 19/20 Information Systems Security Leavers Reasonable Assurance Follow Up Review
- 20/21 Fleet Disposal - Reasonable
- 20/21 Clinical Contacts Centre Performance Management - Reasonable
- 20/21 111 Service Governance Arrangements - Reasonable
- 20/21 NEPTS Journey Booking - Reasonable
- 20/21 IM&T Control Risk Assessment - Not Rated
- 21/22 Financial Planning & Budgetary Control – Reasonable

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

Assurance Ratings	Total No. of Recommendations on the tracker	Those directly relevant to FPC	High Priority FPC	Medium Priority FPC	Low Priority FPC
Limited	10	3	1	2	0
Reasonable	60	43	8	22	13
Substantial	1	0	0	0	0
Not Rated	12	12	0	0	12
Total	83	58	9	24	25

12. Of the 3 Limited Assurance recommendations these are not yet due until April 2022.

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

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

RECOMMENDED:

14. The Finance & Performance Committee is asked to:

a) Note and consider the contents of the report,

b) Consider the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to FPC, and

c) Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.

AGENDA ITEM No	**16**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

Decarbonisation and Sustainability update – including formal approval of Trust's Decarbonisation Action Plan

MEETING	Finance & Performance Committee
DATE	17th March 2022
EXECUTIVE	Chris Turley - Executive Director of Finance and Corporate Resources
AUTHOR	Nicola Stephens - Estates Officer Environmental Specialist Jo Williams, Head of Capital Development
CONTACT	Nicola.stephens@wales.nhs.uk

EXECUTIVE SUMMARY

- To update the Committee on progress with the decarbonisation and sustainability agenda
- To formally present the WAST Decarbonisation Action Plan for approval by Finance and Performance Committee, in advance of including the action plan link to WG in support of the IMTP 22/25 submission, as required.

Recommendation – Committee asked to note this update and approve the Action Plan

KEY ISSUES/IMPLICATIONS

This paper provides an update on the following:

- Welsh Government (WG) NHS Wales decarbonisation strategic delivery plan 2021-2030
- Development of the WAST Action Plan including Strategic Outline Programme development and resources
- Current energy and future decarbonisation projects
- Fleet

REPORT APPROVAL ROUTE

Previous F&PCs – including previous drafts of Action Plan
EMT – March 2022
F&P – 17th March 2022 – for noting and approval of Action Plan

REPORT APPENDICES
Appendix 1: WAST Decarbonisation Action Plan - Circulated by e mail separately

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

FINANACE & PERFORMANCE COMMITTEE

DECARBONISATION AND SUSTAINABILITY UPDATE – MARCH 2022

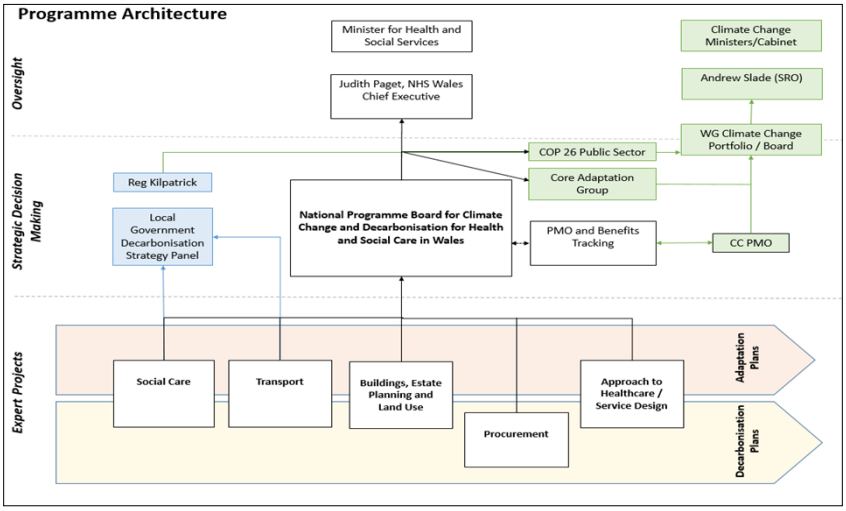
SITUATION

1. This paper provides an overview of progress against the decarbonisation and sustainability agenda work currently ongoing across the Trust. The paper includes the WAST Decarbonisation Action Plan for approval by the Committee.

BACKGROUND

2. Members of the Finance and Performance Committee have received regular updates on progress with the Trust decarbonisation work, and this paper follows on from the detailed update provided in January 2022.

3. As noted in the previous paper, WAST are fully participating in a range of activities underway via the National Programme for Climate Change and Decarbonisation for Health and Social Care. The structure is outlined again for information below.



ASSESSMENT

Decarbonisation Action Plan

4. The WAST response to the Welsh Government (WG) NHS Wales decarbonisation strategic delivery plan 2021-2030 is reflected in the WAST Action Plan which is included as **Appendix 1** to this paper. Written by the Carbon Trust and ratified by Welsh Government the *Decarbonisation Delivery Plan 2021-2030* is a Welsh Government directive with 46 ambitious initiatives and target. The reporting structure is linked to the Trust's IMTP, EFPMS and annual sustainability reporting.

5. It is significant that the Welsh Government have specifically requested a link to this Action Plan alongside the submission of the 2022/25 Trust IMTP. As a consequence of work done on the Action Plan to date, it has now been possible to embed the decarbonisation elements into the IMTP and the slide below demonstrates key actions incorporated through the document.

Decarbonisation and Sustainability

Gateway to Care – 111 and CSD	In 2022-25 : We will continue to support patients by using various forms of digital technology, aiding the reduction of transportation emissions.
Emergency Medical Service Operational and Clinical Transformation	In 2022-25 : We will continue to support patients in their own home. A transition to ULEV fleet will see Clinical professionals travelling in low emission vehicles driving less miles and supporting alterative care pathways
Ambulance Care Transformation	In 2022-23 : We will explore transition to ULEV fleet , plus supported by health board partners reduce aborted journeys
Emergency Preparedness, Resilience and Response (EPRR) & Specialist Operations	In 2022-23 : We will support decarbonisation project teams to ensure resilience measures are embedded into fleet and infrastructure action plans.
Our Enablers	In 2022-23 : We will explore a long term agile working plan which will reduce commuting emissions , we will also support Estates with a 'nature connection' wellbeing concept.
Innovation and Technology	In 2022-23 : Technological solutions will see a significant reduction in paper use, with the addition of upgrading systems to more efficient alternatives, inline to support fleet transition to EV
Research and Innovation	In 2022-23 : We will look at the feasibility of reducing our use of Entonox and replacing it with a medical gas that have a lower GWP.
Partnership and the wider system	In 2022-23 : We will continue to work with others to identify options for collaboration on decarbonisation projects and to share information and best practice
Our Fundamentals	In 2022-23 : We will integrate decarbonisation and sustainability throughout the Trust, contributing to a safer local and global outcome, both for humanity and biodiversity.
Our Financial Plan	In 2022-23 : We will identify available route maps for finance to achieve decarbonisation outcomes. Working with NWSSP Procurement to ensure value for money and decarbonisation sit hand in hand.

6. The Committee is asked to note the significant volume of work the Action Plan will generate for the Trust, and the complexity and breadth of actions contained within it; this action plan will have an implication for every area of the Trust. The ownership across all parts of the Trust is noted and will need to be reinforced and considered further during the coming months, especially in the context of a constrained financial position. The Committee is asked to further note that these constraints may impact on the pace and/or scale at which progress can be made and prioritisation of activity may be required as annual plans are developed in support of the action plan delivery, and within the context of the wider capital programme and Estates SOP delivery. It is unlikely that this Trust will be any different to the rest of NHS Wales in this regard.

7. Decarbonisation of NHS Wales has been structured into six main activity streams:
    - Carbon Management
    - Buildings
    - Transport
    - Procurement
    - Estates Planning and Use
    - Approach to Healthcare.

8. WAST not only has to comply with over 130 NHS wide strategic actions it also has 24 specific actions for completion within very tight timelines. This includes

a large scale EV infrastructure network and transition to ULEV vehicles, where technology allows and within what will be affordable.

9. As noted within the previous update, this action plan reflects the ongoing development work involved in the Decarbonisation and Sustainability SOP, and the development of this is dependent on resources. In line with wider Trust methodology, a programme and project management approach will be developed, but it is acknowledged that financial resource will need to support this in 2022/23 and on a recurrent basis given the centrality of the climate change agenda within Welsh Government policy, and given its strategic importance to the Trust. Should such resources not be available, it is likely to have a significant impact on at the very least the pace at which some of these developments and targets can be met, whilst accepting all that can be done within existing resources will need to be so.

Current and Future Projects

10. Work continues on current projects underway and targeted for completion by the end of the financial year or shortly after. At the Flintshire AAC site the project looks to develop 2 hectares of land for planting trees, plus the installation of a substantial PV array, battery storage and installation of an air source heat pump. Work on other sites is focussing on installation of PV array at existing stations.

11. It should be noted that, in line with wider reductions to available Welsh Government funding, the EFAB funding made available within 2021/22 for specific infrastructure and decarbonisation projects will not be available within 2022/23 and therefore all NHS organisations will need to consider how they continue to meet their duty to reduce carbon emissions, and to improve existing infrastructure, within a constrained resource position.

Fleet

12. Fleet transition to ULEV vehicles has commenced with the purchase of three full E.V 3.5 tonne workshop vans and fifteen plug in hybrid RRV's, due for delivery before the end of this financial year accelerating the deliverables of the 2022/23 Fleet BJC. In addition to this, the Trust has purchased three sub 3.5 tonne EAs within this year, for further design and commissioning in 2022/23, which further demonstrates the Trust's commitment to reducing emissions wherever possible, by looking toward innovative solutions in line with wider Trust challenges and strategic direction.

RECOMMENDATION

13. The Finance and Performance Committee is asked to:

- **NOTE** this update; and
- **APPROVE** the WAST Action Plan for onward submission to Welsh Government in March 2022 alongside the Trust IMTP 2022/25, as required by WG.

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

Fire Safety Policy

MEETING	Finance Performance Committee
DATE	17th March 2022
EXECUTIVE	Chris Turley, Executive Director of Finance & Corporate Resources
AUTHOR	Head of Estates and Facilities
CONTACT	Derek Johns email: derek.johns@wales.nhs.uk

EXECUTIVE SUMMARY

The Trust Fire Safety Policy (2017) has been reviewed, updated and amended where necessary further to an internal audit on fire safety during 2021.

This policy has been through the relevant stages of the policy review process and agreed by the Policy Review Group, the Trade Union Group and the Executive Management Team.

KEY ISSUES/IMPLICATIONS

Key issues which are to be brought to the attention of the Committee/Board are as follows:

- an internal audit during 2021 examined the 2017 fire safety policy and highlighted the policy was out of date

- the fire safety policy 2017 has been reviewed and amended in consultation with the Trust's specialist fire safety advisor and trade union lead

- the review highlighted "roles and responsibilities" were out of date due to organisational change taking place within the Estates Department. The "roles and responsibilities" have been revised to reflect the new Estates structure being rolled out

- in line with discussions held at EMT and SOT, a new roll of Fire Incident Co-ordinator has been introduced. The Fire Incident Co-ordinator will assume the role and will be the most senior person in charge and present at the time of an incident occurring. The LFIC's is required to:

    - take initial control of the incident
    - direct the local response
    - ensure the fire alarm system has been activated and that staff in the area are aware of the incident
    - initiate the local fire emergency action plan
    - determine whether evacuation is necessary and commence the evacuation plan if appropriate
    - call the fire service if required
    - ensure the incident is reported via Datix

The amendment and adoption of this policy will demonstrate Trust commitment to providing a safe and secure environment for its staff, visitors, tenants and any other persons who may visit Trust premises including contractors and will assist the Trust Board with discharging its statutory responsibilities under The Regulatory Reform (Fire Safety) Order 2005 (RRO) as amended by the Fire Safety Act 2021 and the Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR).

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Trade Union Partners	01/03/22	Recommend for approval
EMT	02/03/22	Recommend for approval
Finance & Performance Committee	17/03/22	To approve the Policy

REPORT APPENDICES
Appendix 1 – Fire Safety Policy

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

Annex 1 – Policy Lead Checklist

Policy Lead Checklist – Command Policy

		Yes/No/ Unsure	Comments
1.	**Trade Union Partners**		
	Has the Trade Union Chair/Secretary been contacted?	Yes	
	Has the Trade Union Chair/Secretary acknowledged your request for a nominated Trade Union Lead?	Yes	
2.	**Documentation**		
	Has the Policy Registration Form (PRF) been fully completed and submitted to Governance Team for processing?	Yes	
	Has the unique policy number been clearly stated on the policy?	Yes	
	Has the version number been included?	Yes	
	Is it clearly stated which approved documents this version supersedes?	Yes	
	Has the classification of document been clearly stated?	Yes	
	Has the accompanying SBAR been completed to accompany the policy through the process?	Yes	
	Is it clearly stated who the Policy Lead is?	Yes	
	Are the reasons for development/review of the policy clearly stated in the SBAR/PRF?	Yes	
	Has the policy been registered on the Trust's central policy register database?	Yes	
3.	**Layout**		
	Has the correct policy template been utilised?	Yes	
	Have the formatting guidelines been followed?	Yes	
	Is there a contents page included?	Yes	
	Have page numbers been included?	Yes	
	Are the Appendices detailed at the end of the document?	NA	
4.	**Title**		
	Is the title of the policy clear and unambiguous?	Yes	
5.	**Introduction**		
	Does the introduction clearly state what the policy about?	Yes	
	Is it clear why the policy is needed?	Yes	
	Have the reasons, history and intent that lead to the creation of the policy been included?	Yes	

		Yes/No/ Unsure	Comments
6.	**Policy Statement**		
	Is the commitment of WAST clearly stated?	Yes	
	Does it include a statement of intent?	Yes	
	Does it include what is the desired outcome/motivating factors are?	Yes	
7.	**Scope**		
	Is the scope of the document clear?	Yes	
	Is it clear to whom the policy applies?	Yes	
	Is it clear which service area, professional groups or individuals are affected by the policy?	Yes	
8.	**Aim**		
	Is the aim clearly stated?	Yes	
	Does it detail what the policy should achieve?	Yes	
9.	**Objectives**		
	Does the policy clearly identify how the aim of the policy will be achieved?	Yes	
10.	**Content**		
	Are the key terms used in the policy?	Yes	
	Is the language clear and concise?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
11.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
12.	**Engagement**		
	Has the policy been developed in partnership with relevant staff groups, services and departments?	Yes	
13.	**Approval**		
	Does the policy identify which committee/group will approve it?	Yes	
14.	**Flow Chart Policy Process**		
	Has the process contained in the *Policy for the Development, Review and Approval of Policies* been followed?	Yes	
15.	**Approval Route**		
	Has the policy been submitted to either the Employment Policy Sub Group or Policy Group for guidance and consideration?	Yes	

		Yes/No/ Unsure	Comments
16.	**Consultation**		
	Has the policy been subject to a Trust wide consultation period – guided by the Policy Groups?	No	
17.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how the document will be implemented and distributed?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
18.	**Training**		
	Have the training requirements been clearly identified?	Yes	
	Is there a clear timeline for training?	Yes	
	Have training resources required been clearly specified?	Yes	
	Has a clear training plan been outlined in the document?	Yes	
	Have the appropriate representatives been engaged with and informed of training needs as a result of the policy being implemented?	Yes	
19.	**Document Control**		
	Does the document identify where it will be held and how a copy can be obtained?	Yes	
20.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPI's to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
	Has an audit tool been built into the policy document?	Yes	
21.	**Dates**		
	Has the implementation date been included?	Yes	
	Is the review date specified?	Yes	
	Is the frequency of review identified?	Yes	
22.	**Overall Responsibility for the Document**		
	Is it clear who is responsible for the document?	Yes	
	Is it explicit who is responsible for managing and reviewing the policy?	Yes	
	Is it clear who will be responsible for co-ordinating the dissemination and implementation of the document?	Yes	
	Are the staff responsible for enforcing the policy clearly identified?	Yes	

		Yes/No/ Unsure	Comments
	Is there a clear contact identified (the person to whom questions about the policy should be directed?	Yes	
23.	**Legislation and Regulations**		
	Does the document clearly state the relevant legislation or regulatory obligations considered in the development of the policy?	Yes	
	Does the policy detail the related organisational policies or other documents that it should be read in conjunction with?	Yes	
24.	**Impact Assessments**		
	Has an EqIA been carried out?	Yes	
	Has the outcome been recorded in the Policy and the SBAR?		
	Have the Welsh Language standards been taken into account?	Yes	Currently part of EqIA process
	Has an Environment assessment been carried out?	No	Not required
	Has the policy been considered in relation to Counter Fraud?	No	Not required
25.	**Once Approved**		
	Has the Governance Team been notified of approval and the policy returned to the Governance Team for uploading to the Trust central library and Policy and Procedures Intranet Page?	TBC	
26.	**Policy Review**		
	Is the person responsible for the review of the document aware of the review date?	TBC	

Annex 2 – EQIA

EQUALITY IMPACT ASSESSMENT FORMS

PARTS A and B: SCREENING AND OUTCOME REPORT

Introduction:
These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

1 a policy, protocol, guideline or other written control document;
1 a strategy or other planning document e.g. your annual operating plan;
2 any change to the way we deliver services e.g. a service review;
3 a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

This is not optional: Equality Impact Assessment is a specific legal requirement on public sector organisations under equalities legislation and failure to comply could result in a legal challenge to a decision or strategy. More importantly, equality impact assessment helps to inform better decision-making and policy development leading to improved services for patients. **This form should not be completed by an individual alone, but should form part of a working group approach.**

The Forms:
You must complete:

1 **Part A** – this is the Initial Screening that is always undertaken and consists of Forms 1 to 3; these forms are designed to enable you to make an initial assessment of the potential impact of what you are doing, and decide whether or not you will need to proceed to a Full Impact Assessment (Part C);

AND

2 **Part B** – this is the Outcome Report and Action Plan (Form 4) you will need to complete whether or not you proceed to a Full Impact Assessment;

Together, these forms will help to provide evidence of your Impact Assessment and how you have shown “due regard” to the duties.
You may also need to complete **Part C** (see separate Form) – if parts A and B indicate you need to undertake a Full Impact Assessment. This enables you to fully consider all the evidence that is available (including engagement with the people affected by your document or proposals) to tell you whether your document or proposal will affect people differently. It also gives you the opportunity to consider what changes you may need to make to eliminate or mitigate any adverse or negative impact you have identified.

Remember that these forms may be subject to external scrutiny e.g. under a Freedom of Information request.
Once completed, the EqIA Forms should accompany your document or proposal when it is submitted to the appropriate body for approval.

Part A

Form 1: Preparation

1.	What are you equality impact assessing? What is the title of the document you are writing or the service review you are undertaking?	Fire Safety Policy	
2.	Provide a brief description, including the aims and objectives of what you are assessing.	Suitability of Fire Policy. In terms of equality and human rights principles	
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Derek Johns	
4.	Who is involved in undertaking this EQIA. Please list all names and Titles/Roles	Name	Title/Role
		Derek Johns	National Estates Manager
5.	Is the Policy related to, or influenced by, other Policies/areas of work?	Health & Safety Policy	
6.	Who are the key Stakeholders i.e who will be affected by your document or proposals?	All staff, visitors and contractors	
7.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	Communication and training	

Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights

Characteristic/ actor to be considered	Potential Impact by Group. Is it:-		Please detail any - Reports, Statistics, Websites, Links etc that you have used to inform your assessment and/or - Any information gained during engagement with staff or service users and/or - Any other information that has informed your assessment of potential impact
	Positive (+) Negative (**-**) Neutral (**N**) No Impact/Not applicable (**N/a**)	Scale High Negative Medium Negative Low Negative Neutral Low Positive Medium Positive High Positive	
Age	N/A		
Disability	+	High Positive	Policy makes provision for fire safety management and disabilities
Gender Reassignment	N/A		
Race / Ethnicity	N/A		
Religion or Belief	N/A		
Sex	N/A		
Sexual Orientation	N/A		
Pregnancy and Maternity (applies for employees)	N/A		
Marriage and Civil Partnership (applies for employees)	N/A		
Welsh Language	N/A		

Human Rights	N/A		

Guidance on completing Form 2: For each of the characteristics listed, and considering the aims and objectives you detailed in Q2 on Form 1, you need to consider whether your document or proposal likely to affect people differently, and if so, will this be in a positive or negative way? For example, you need to decide:

1 will it affect men and women differently?
2 will it affect disabled and non-disabled people differently?
3 will it affect people in different age groups differently? - and so on covering all the protected characteristics.

Use the table below to indicate the scale of any impact identified. The factors used to determine an overall assessment for each characteristic should include consideration of scale and proportionality as well as potential impact.

Table A

High negative
Medium negative
Low negative
Neutral
Low positive
Medium positive
High positive
No impact/Not applicable

Form 3: Assessing Impact Against the General Equality Duty

As a public sector organisation, we are bound by the three elements of the "General Duty". This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:-

1 Eliminate unlawful discrimination, harassment and victimisation;
2 Advance equality of opportunity; and
3 Foster good relations between different groups

1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise	**N/A**
2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	**N/A**
3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)	**N/A**

Part B:

Form 4 (i): Outcome Report

Organisation:	Welsh Ambulance Services NHS Trust	
1. What is being assessed?	Fire Safety Policy	
2. Brief Aims and Objectives	Suitability of Fire Safety policy in terms of human rights.	
3a. Could the impact of your decision/policy be discriminatory under equality legislation?		No
3b. Could any of the protected groups be negatively affected?		No
3c. Is your decision or policy of high significance – consider the scale and		No

potential impact across WAST including costs/savings, the numbers of people affected and any other factors?			
Low impact	Yes		No
	Record Reasons for Decision i.e. what did the assessment of scale on Form 2 indicate in terms of positive and negative impact for each characteristic?		
N/A	Yes	No	N/A
	Record Details:		
	Yes	No	
	How is it being monitored?	Periodic reviews	
	Who is responsible?	Derek Johns, National Estates Manager	
	What information is being used?	E.g. will you be using existing reports/data or do you need to gather your own information? Fire Safety Group	
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	At the same time the policy is reviewed.	
7. Where will your decision or policy be forwarded for approval?	New policy procedure for policies		

8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	Utilised the policy on new policies	
	Name	Title/Role
9. Name/role of person responsible for this Impact Assessment	Derek Johns	National Estates Manager
10. Name/role of person approving this Impact Assessment	Richard Davies	Assistant Director of Capital & Estates

Please Note: The Action Plan below forms an integral part of this Outcome Report

Form 4 (ii): Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	N/A		

2. What changes are you proposing to make (or have already made) to your document or proposal as a result of the EqIA?	N/A		
3a. Where negative impact(s) on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?	N/A		
3b. Where negative impact(s) on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.	N/A		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	N/A		

Note: If your decision noted above is that you will need to move to a full impact assessment then you should refer to the full impact assessment forms **Part C**

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

GIG CYMRU NHS WALES

Fire Safety Policy

Policy Number:	018	**Version No:**	2.2	**Supersedes:**	1.2
Date of Approval:		**Review Date:**	3 years from date of approval	**Impact Assessments Completed:**	
Classification of Document:	Corporate	**Type of Document:**	Policy	**Approved by:**	
Brief Summary of Document:	Management of Fire Safety in Trust premises.				
Scope:	The scope of the fire safety policy provides clear direction, guidance and advice to all Trust employees, visitors and contractors on the management arrangements for Fire Safety in Trust premises.				
To be read in conjunction with:	Health & Safety Policy				
Owning Committee	Finance & Performance Committee				
Policy Lead: **Trade Union Lead:**	Derek Johns Paul Aston Jones	**Job Title:**	National Estates Manager Trade Union Partner		
Executive Director:	Chris Turley	**Job Title:**	Executive Director of Finance & Corporate Resources		

Version Control Sheet

Version	Date	Author	Summary of Changes
1.2	12/09/17	Derek Johns	EPGN fully reviewed and amended taking into account organisational change and feedback received from internal audit report dated 28/08/21.
2.0	27/09/21	Derek Johns	Revised draft with reasonable amendments
2.1	20/02/22	Julie Boalch	Template and formatting changes
2.2	23/02/22	Derek Johns	FINAL DRAFT
Keywords			

Policy Approval Route

Where	When	Why
Trade Union Lead – Paul Aston Jones / Paul Seppman		Development of revised draft
Fire Safety Group	24/11/21	Approved
National Health & Safety Committee	06/01/22	Recommend for approval
Policy Group	25/01/22	Recommend for approval
Trade Union Partners Cell	01/03/22	Recommend for approval
Finance & Performance Committee	17/03/22	For approval and adoption

Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Corporate Governance Manager

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1. INTRODUCTION

This policy sets out the commitment of the Trust to provide a safe and secure environment for its staff, visitors, tenants and any other persons who may visit Trust premises including contractors.

2. POLICY STATEMENT

The Trust is committed to maintaining high standards of Fire Safety in order to minimise the risk of fire and potential personal injury or loss of life through the effects of fire, smoke and associated fire hazards in all Trust buildings and vehicles used by Operations.

The Trust Board confirms its full commitment to the effective management of fire safety and recognises its statutory duties under The Regulatory Reform (Fire Safety) Order 2005 (RRO) as amended by the Fire Safety Act 2021 and the Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR).

As best practice, the Trust will follow guidance (as appropriate to the risk) contained within the Department of Health Firecode and associated Health Technical Memorandums (HTM's)

3. SCOPE

The scope of this Fire Safety policy is to provide clear direction, guidance and advice to Trust employees, its visitors and contractors on the management arrangements for Fire Safety in Trust premises. This policy will ensure:

- personal safety in the event of fire for those working in or visiting Trust premises
- that appropriate procedures are followed in the event of fire
- reduced disruption to the Trust's operational services in the event of fire
- reduced damage to the structure and contents of the building in the event of fire
- compliance with national and local fire safety legislation
- the reduced likelihood of a fire starting
- reduced false alarms
- early reinstatement of normal practices following a fire incident

In addition, the Trust will meet its statutory obligations if the practices and procedures contained within this policy are followed.

This policy is applicable to all Trust staff, visitors, contractors and applies to all premises or parts of premises owned or occupied by the Trust.

4. AIM

The Welsh Ambulance Services (NHS) Trust (WAST) aims to secure high standards of fire safety throughout all premises for which it has responsibility by minimising the incidence of fire throughout all activities provided by the Trust and where fire occurs, to minimise the impact of such occurrence on life safety, the delivery of patient care, the environment and property.

5. OBJECTIVES

The Trust Board expects those tasked with managing fire safety to:

- Diligently discharge their fire safety responsibilities as befits their position
- Have in place a clearly defined management structure for the delivery, control and monitoring of fire safety measures
- Have in place a programme for the assessment and review of fire risks
- Develop and implement appropriate protocols, procedures, action plans and control measure to mitigate fire risks, comply with relevant legislation and where practicable, codes of practice and guidance
- Develop and disseminate appropriate fire emergency action plans pertinent to departments/buildings/area to ensure the safety of occupants, protect the delivery of service and as far as reasonably practicable, defend the property and environment
- Develop and implement a programme of appropriate fire safety training for all relevant staff
- Develop and implement monitoring and reporting mechanisms appropriate to the management of fire safety

6. LEGISLATIVE RESPONSIBILITIES

The statutory framework for Fire Safety in the Trust is as follows:

6.1. Fire Safety Order

The Regulatory Reform (Fire Safety) Order 2005 came into effect in October 2006. It is the principle legislative control regarding fire safety and requires the Trust to conduct a detailed fire risk assessment and implement general fire precautions to ensure the safety from fire of patients, staff, and other visitors to the Trust's premises. The Order also imposes duties on employees, who must co-operate with the Trust to ensure the workplace is safe from fire and its effects and must not do anything that will place themselves or other people at risk. The Fire Safety Act 2021 - which amends the RRO 2005, is likely to come into force during Spring of 2022.

6.2. Dangerous Substances and Explosive Atmospheres Regulations 2002

DSEAR is a set of regulations concerned with protection against risks from fire, explosion and similar events arising from dangerous substances used or which may be present in the workplace. The Regulations give a detailed definition of 'dangerous substance' - which should be referred to for more information.

6.3. HTM 05-01 Firecode - Managing Healthcare Fire Safety - Welsh Edition 2006

The Trust will - as far as is reasonably practicable and appropriate, comply with fire safety requirements contained in *HTM 05-01 Managing Healthcare Fire Safety* and other associated fire safety related HTM's published by NWSSP - SES on behalf of the Welsh Assembly Government.

7. FIRE RISK ASSESSMENT

Fire risk assessments have been completed in all Trust premises. Fire Risk Assessments will be reviewed periodically in conjunction with the Specialist Fire Safety Advisor, particularly when functional change or fire incidents have occurred. Fire risk assessments will be reviewed every 5 years in the absence of significant change. Details of the fire risk assessments have been recorded electronically on spreadsheet. Fire precaution measures have been recorded on building drawings held in electronic format by the Estates Department. A fire safety drawing(s) is pinned to the notice board adjacent to reception at all Trust locations. The details recorded under the Fire Risk Assessments are:

- each property receives an overall fire risk grade between 1 and 5. (1 being a very low fire risk, 5 being substantial)
- brief construction details for each property are recorded, as is the presence of an electro-mechanical fire alarm system and emergency lighting
- the significant findings of each assessment are recorded. Most are framed as remedial instructions. The recommendations are coded by type so it is possible to see all of the findings relating to specific areas of fire safety, for example, those relating to structural concerns or fire alarm systems
- the doors within each property that should offer some degree of fire resistance and be so maintained are listed, described, and indicated satisfactory or otherwise
- photographs of the property – a general external photograph and photographs illustrating findings – are to be linked to the spreadsheet and provided separately

Work / actions arising under the Fire Risk Assessment process have been incorporated into a site Fire Safety Action Plan.

Fire precautions work at any location is managed by the Estates Department and categorised as statutory work. Each individual item of work is risk assessed and prioritised in accordance with NHS guidance on establishing and managing backlog maintenance. The budget costs for statutory work is reported to WG under the Estates and Facilities Performance Management System annual return.

7.1. Classification of Trust Premises – Fire Safety Risk Assessment

Trust premises have been classified for Fire Safety purposes into the following classifications based on their function or use:

Table 1: CLASSIFICATION OF TRUST FUNCTIONS OR USER	
Function	*Classification*
Control Rooms	Grade A: High Importance
Workshops	Grade B: High Risk
Large Ambulance Stations/HQs/Admin Buildings	Grade C: Medium Risk
Small Ambulance Stations	Grade D: Low Risk

Table 2 - below, *Level of Understanding Required by Task and Function*, shows the levels of understanding required for particular fire safety management tasks for the different types of functions under the Trust's control.

Table 2: LEVEL OF UNDERSTANDING REQUIRED BY TASK AND FUNCTION				
Management task	**Control Rooms**	**Workshops**	**Large Ambulance Stations HQs**	**Small Ambulance Stations**
Fire training	H	H	M	L
Security	H	M	M	L
Control of works	H	H	M	L
Communications	H	H	M	L
Maintaining fire systems	H	H	M	L
Fire and rescue service liaison	H	M	M	L
Testing of management systems	H	H	M	L
Risk management	H	H	M	L
Fire load management	M	H	L	L

The definitions of high, medium and low in the management levels are:

H - high – a high level of understanding of each management task, along with the appropriate authority to take management decisions and authorise use of resources (including financial);

M - medium – a reasonable understanding of the management tasks, with appropriate authority to instigate interim corrective arrangements;

L - low – a basic understanding of the management tasks, but having the knowledge to understand individual limitations and to know where additional assistance might be sought.

The management levels of a particular building may be increased over that shown in the table where certain features of the building imply a higher fire risk than normal, for example, an older building with poor structural fire precautions relative to modern standards.

7.2. Overall Fire Safety Assessment - Trust Premises

Each of the matters comprising the audit checklist is considered in context to determine an overall fire risk grade. The potential for ignition grade is first determined, then the potential hazard grade. The overall fire risk grade is a combination of the two. (The risk matrix used is based on the general health and safety risk indicator used in BS8800: 1996).

The *Potential for Ignition Grade* is considered to be:

Minimal	**Controlled**	Uncontrolled

The *Combustibility of the Contents* is considered to be *average*, and the *fire precautions* are considered to be *acceptable*. Thus the *Potential Hazard Grade* is considered to be:

Trivial	Tolerable	**Moderate**	Substantial	Intolerable

The Overall Fire Risk Grade is considered to be:

	Minimal	Controlled	Uncontrolled	
Trivial	Tolerable	Moderate	Substantial	Intolerable
		Moderate		

7.3. Further Reduction of Risk

The Fire Safety Manager should seek to maintain the overall fire risk grade to **tolerable**.

7.4. Radar Diagram

The Radar Diagram (Table 3 – below) is designed to show the relative standard of the various aspects of fire safety forming part of the fire safety audit. The scale indicates, in the opinion of the assessor, the level of provision of the individual elements, 100 signifying an excellent level of provision and zero.

It is simply another way of looking at the areas in which improvements are necessary and may assist in the prioritisation of action. A score of 80 is considered very good and little benefit would be gained in trying to make improvements in areas scoring so highly.

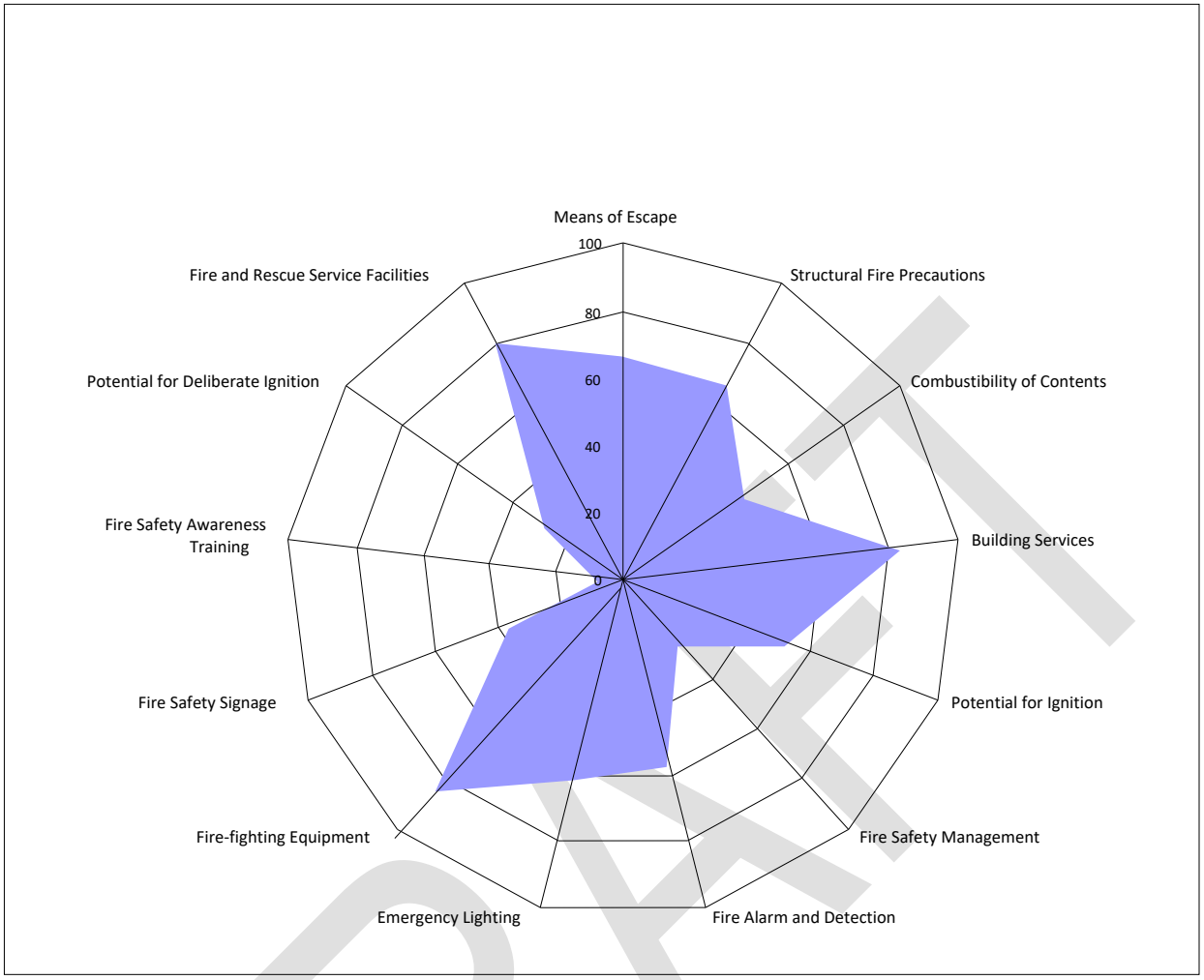

Table 3: RADAR Diagram - Overall Fire Risk Assessment Performance for the Trust

The Fire Safety Manager will develop action plans to improve the Trust's overall Fire Safety performance. Action plans will target and prioritise the following areas:

- Potential for Deliberate Ignition
- Combustibility of Contents
- Potential for Ignition
- Fire Safety Management
- Fire Alarm and Detection
- Emergency Lighting
- Fire Safety Signage
- Means of Escape
- Structural Fire Precautions

8. FIRE WARNING – FIRE ALARM AND FIRE DETECTION SYSTEMS

8.1. Fire Alarms

The need for adequate warning of an outbreak of fire is important in all Trust premises. Fire must be identified before it can spread to prevent escape routes being used safely.

Generally, the risk of fire in Trust premises is low and greater control is possible. Many of the ambulance stations are small and there is a reasonable degree of internal sub-division with non-combustible partitions. In these cases, a shout of “fire” will suffice.

The greatest risk of ignition and spread occurs in the ambulance garage bays which are separated from the rest of the accommodation by fire resisting partitions and self-closing fire doors.

The provision of Fire Alarms in Trust premises will be in accordance with the following table:

Table 4:Fire Alarm Provision in WAST Premises	
Building Size	*Fire Alarm Requirement*
Buildings less than 350m2 (floor area)	A system of management control is required Smoke alarms are required
Buildings larger than 350m2 (floor area) including all workshops, control centres and HQ buildings	Electromechanical fire alarm system incorporating call points and warning sounders is required

8.2. Automatic Fire Detection

In addition to the fire alarm there may be a need to provide automatic fire detection. In larger premises, a fire may start in an unoccupied (or unsupervised) area and the fire may not be noticed – by which time escape routes might be compromised. Automatic fire detection is also beneficial to give early warning in dead end and inner room situations. The need for and extent of automatic fire detection has been determined by risk assessment.

The provision of Fire Alarms in Trust premises will be in accordance with the following table:

Table 5:Automatic Fire Detection in Trust Premises	
(a)	In unoccupied areas where a fire could start and develop unnoticed, to protect escape routes in larger premises, and to protect inner room or dead end situations.
(b)	In premises provided with an electromechanical alarm system, detectors will normally be linked to the alarm system, although in some cases use may be made of self-contained detectors.
(c)	Where there is no electromechanical system, use will be made of self-contained detectors.

8.3. Premises Where People Sleep

The over-night sleeping risk has been removed from Trust premises with the closure of the sleeping accommodation at Cefn Coed, Swansea. The Cefn Coed premises are also now scheduled for disposal. There is no sleeping risk in Trust premises.

8.4. ICT Equipment Rooms

ICT equipment rooms are considered critical in supporting Trust operations. ICT equipment in server rooms together with UPS's and battery storage rooms will be provided with Fire Alarm, Automatic Fire Detection and where appropriate to the risk, Fire Suppression systems. Consideration will be given to linking outputs to a building management system.

9. FIRE SAFETY PRACTICES AND PROCEDURE

9.1. Evacuation Strategy

The evacuation strategy is to progressively evacuate all occupants of the building away from the fire to a fire assembly point located outside the building. One exception to this evacuation strategy is the Control Centre for the South East Region at Vantage Point House, Cwmbran where one hour fire rated structural fire precautions allow control staff to maintain their position for up to one hour after the activation of the fire alarm.

9.2. Evacuation Procedure

Each building is legally required to have a written evacuation procedure on display in the front entrance of the building near to the entrance or reception. The basic instructions for evacuation should also be detailed on Fire Action Notices displayed within the escape routes. Line managers will explain the evacuation procedures to new staff as soon as they start work.

These Evacuation procedures will provide information on:

- how to raise the alarm if a fire is discovered
- what action to take on hearing the alarm i.e. escape via the closest exit to a place of safety away from the building
- do not stop to collect personal belongings
- close windows and doors wherever possible to contain the spread of fire
- call the Fire & Rescue Service, giving full postal address
- do not tackle the fire if it is not safe to do so
- in the event of fire do not use the lifts
- do not put yourself at risk, exit the building immediately, but wherever possible assist colleagues and others to evacuate to a place of safety
- meet at the assembly point where the fire wardens and/or Fire Service can see you

- do not re-enter the building until the Fire Service or Deputy Fire Safety Manager give the all clear

9.3. Personal Emergency Evacuation Plan (PEEP)

Line managers are responsible for ensuring a written Personal Emergency Evacuation Plan (PEEP) is in place for staff and visitors who may require assistance during an evacuation of the building. Managers should assess their workplace and establish a PEEP with the Deputy Fire Safety Manager for any person who requires additional measures or assistance when required to leave the building in the event of an emergency such as a fire. Guidance for managers who may need to write a PEEP is available from the Estates Department.

9.4. Evacuation Drills

The effectiveness of the evacuation procedure must be tested through drill exercises. Fire drills will be undertaken periodically and will be risk assessed to ensure staff at greatest risk are exposed to more frequent fire drill procedures. Depending on the size and complexity of the building, the drills can include the whole building, part of the building or individual areas. This will ensure staff can become competent about evacuating their area. Fire drills should include on occasions, a scenario of a blocked exit so that staff learn to consider alternative routes. Fire drills should be arranged for different times of the day so that all staff receive training. Fire Wardens should observe the drill and record findings in the log book.

9.5. Fire Fighting Equipment

The *Regulatory Reform (Fire Safety) Order 2005* contains requirements for employers to provide fire-fighting equipment in the interests of safeguarding persons. The effective use of fire-fighting equipment is likely to result in less damage to Trust property in the event of fire. Fire-fighting equipment provided can be used by staff if it is safe to do so and staff have received training.

9.6. Fire Extinguishers & Fire Blankets

FFE will be provided as identified in the Risk Assessment

9.7. Fire Safety Signs and Notices

Signage will be used in Trust premises to assist building users to identify escape routes and to find firefighting equipment. Signage will be in accordance with the Health & Safety (Signs and Signals) Regulations 1996.

9.8. Smoking

A No Smoking Policy is in place in all Trust premises which includes the grounds of the site - in the interests of health and fire prevention. Managers will challenge any person

found smoking on Trust premises and draw to their attention the Trust No Smoking policy.

9.9. Portable Heaters

Portable heaters will only be used as contingency heating in the event of the failure of fixed heating systems. The use of temporary portable heating must be notified to the Estates Helpdesk.

9.10. Portable Electrical Appliances

All portable electrical appliances brought on to Trust premises by staff must be portable appliance tested.

9.11. Furniture & Furnishings including White Goods

Furniture, furnishings and white goods brought on to Trust premises by staff must meet fire regulations and fire standards. If in doubt, staff must not bring furniture, furnishings or white goods on to Trust premises.

9.12. Housekeeping

Managers are responsible for maintaining acceptable levels of housekeeping within the areas of premises under their management control.

9.13. Oxygen Cylinders

Oxygen Cylinders are in everyday use in Trust premises. Care should be taken when using and storing oxygen cylinders. Staff use of medical gases should follow manufacturers and supplier guidance

9.14. Permit to Work

The Trust operates a Permit to Work system to control high risk or specialised work activities. A Permit to Work certificate - issued by a competent Authorised Person, is required by Contractors or any other person prior to commencing any hot work.

9.15. Reporting of Fires and Unwanted Fire Signals

Any member of staff who observes an incident or identifies an area of concern has the responsibility to report and manage that incident unless that responsibility is taken over by a more senior or more competent person (eg Police Officer).

Staff should be aware of and be prepared to act on the following examples of incidents: *fires; attempted fires; suspicious behaviour; unidentified or uncooperative strangers; build-up of flammable materials (waste, linen, litter etc.) and insecure/unlocked doors to fire hazard areas and specialist rooms*.

All fire incidents, including false alarms must be reported as soon as is practical using the Trust incident reporting procedure - Datix.

All Fire Incidents will be investigated. Findings arising from fire investigations will be presented to the Fire Safety Group.

Unwanted fire signals cause disruption to service provision and concern from staff and visitors. ALL False alarms must be reported as incidents and be investigated to reduce the likelihood of repeat occurrences.

9.16. Maintenance

Equipment installed or fitted in Trust premises provided for Fire Safety purposes will be maintained in accordance with British Standards.

10. RECORDS MANAGEMENT

Fire management records are categorised as follows:

a) Fire Engineering Installations

Records of maintenance work on Fire engineering installations including fire alarms and smoke detection systems will be held electronically and centrally using the Estates Portal on the Trust intranet site:

http://citrix.ambulance.wales.nhs.uk/Citrix/XenApp/auth/login.aspx

b) Records of fire tests, drill and false alarms etc will be held in the Fire Log Book located at all Trust premises and be reported to the Estates Helpdesk

c) Contractors undertaking work on Fire engineering installation must record details in the Fire Logbook located at all Trust premises

The fire logbook needs to be accessible to the local Fire Authority for inspection purposes and contractors to record actions.

11. EQUALITY

Part A and B of the Equality Impact Assessment (EqIA) forms have been completed to provide evidence that this policy does not affect any groups or people differently. It was not necessary to carry out a full EqIA having recorded a neutral impact. A copy of the completed EqIA forms can be obtained from the National Estates Manager if required.

12. TRAINING AND IMPLEMENTATION

12.1. General

Fire safety training is essential for all staff and is a legal requirement under the *Regulatory Reform (Fire Safety) Order 2005***.**

All staff

All staff will receive induction training at commencement of employment and will be required to undertake the NHS fire safety module as part of their statutory mandatory training. Where staff are working in areas where there are specific risks or hazards such as Fleet workshops, the induction training will be supplemented by job-specific instruction as soon as their employment commences.

Fire Wardens

The Estates Department will liaise with Operations to nominate Fire Wardens at each building. The Estates Department will operate an annual programme of fire warden training courses as necessary to maintain the overall numbers of trained fire wardens. This will be a minimum of one fire warden for smaller premises increasing in number to suit more complex and higher staffed premises.

Local Fire Incident Co-ordinator (LFIC)

The most senior person in charge of an area and present at the time that an incident occurs will assume the role of Local Fire Incident Co-ordinator. The Estates Department will liaise with Operations to identify and maintain a list of staff who will undertake the role of LFIC at each building. LFIC's will typically be DOM's, SP's, Operational Managers (NEPTS) and Locality Managers who have the necessary operational training to manage incidents.

12.2. Training Delivery

Training will be delivered in accordance with the Staff Training Delivery Plan agreed by the Fire Safety Group.

12.3. Fire Safety Training – Aims

The aims of Fire Safety Training are –

- to ensure staff take constant care and implement agreed procedures to reduce the risk of a fire starting to a minimum
- to ensure staff take constant care and implement agreed procedures to maintain the fire precautions
- to ensure staff are aware of when it would be appropriate to take fire-fighting action and that they would use fire-fighting equipment effectively should they decide to take such action
- to ensure the most effective evacuation action is taken
- to ensure that in the event of fire, the Trust emergency plan is effectively implemented

13. AUDIT AND MONITORING

The Trust Board will monitor this policy through:

- Periodic review of fire and false alarm incident reports
- Periodic review of fire training records
- Periodic review of fire service notices and communications
- Fire Safety audit reports
- Periodic third party fire safety audits

Implementation
Following authorisation by Trust Board, this Policy will be held electronically and centrally using:

SharePoint > Finance and Corporate Resources > Estates

In addition, it will be published on the Trust intranet site.

14. RESPONSIBILITIES – ORGANISATIONAL CHANGE

14.1. Chief Executive

The Chief Executive will on behalf of the Trust Board:

- Be responsible for ensuring fire safety legislation is complied with and where appropriate, this policy is implemented at all premises owned, occupied or under the control of the Trust.
- Ensure that all agreements for care and other services by third parties include sufficient contractual arrangements to ensure sufficient compliance with this Trust's fire safety policy.
- Discharge the day to day operational responsibility for fire safety through the Board level Director with fire safety responsibility.

14.2. The Trust Board

The Trust Board will:

- Discharge its responsibilities as a provider of healthcare to ensure that suitable and sufficient governance arrangements are in place to manage fire related matters
- Provide appropriate levels of investment in the estates and personnel to facilitate the implementation of suitable fire safety precautions
- Facilitate the development of partnership initiatives with stakeholders and other appropriate bodies in the provision of fire safety where reasonably practicable

14.3. Executive Director of Finance and Corporate Resources

The Executive Director of Finance and Corporate Resources is responsible for ensuring:

- fire safety issues are highlighted at Board level
- allocation of funding and programmes of work relating to fire safety under the business planning process
- assisting the Chief Executive with Fire Safety matters
- the Trust has a clearly defined fire safety policy and relevant supporting protocols and procedures
- all work that has implications for fire precautions in new and existing buildings is carried out to a satisfactory technical standard and conforms to all prevailing statutory and mandatory fire safety requirements
- all proposals for new buildings and alterations to existing buildings are referred to the Fire Safety Manager before building control approval is sought.
- All passive and active fire safety measures and equipment are maintained and tested in accordance with the latest relevant legislation/standards, and that comprehensive records are kept
- co-operation between other employers where two or more share the organisations premises
- through senior management and line management structures that full staff participation in fire training and fire evacuation drill is maintained
- agreed programmes of investment in fire precautions are properly accounted for in the Trust's annual business plan
- an annual audit of the fire safety and fire safety management is undertaken and outcomes are communicated to the Trust Board
- fully support the Fire Safety Manager
- in line with delegated authority, the Director of Finance devolves day to day fire safety duties to the Fire Safety Manager

14.4. Specialist Fire Safety Advisor

The Trust will appoint an independent fire safety consultancy to act as Trust Fire Safety Adviser. The fire safety adviser will provide consultancy and technical support regarding fire safety legislation and best practice for the Fire Safety Manager.

14.5. Fire Safety Manager

The Fire Safety Manager is the Assistant Director Capital & Estates and will be responsible for ensuring:

- management arrangements support the day to day implementation of the fire safety policy
- reporting of non-compliance with legislation, policies and procedures to the Director of Finance
- obtaining expert advice on fire legislation

- obtaining expert technical advice on the application and interpretation of fire safety guidance including Firecode
- raising awareness of all fire safety features and their purpose throughout the Trust
- the development, implementation, monitoring and review of the Trust's fire safety management system
- the development, implementation and review of the organisation's fire safety policy and protocols
- fire risk assessments are undertaken, recorded, reviewed and suitable actions plans devised
- that risk identified in fire risk assessments are included in the organisation's risk register
- the operational management of fire safety risks identified by risk assessments
- the development, implementation and review of the Trust's fire emergency action plan
- the production of an annual fire safety report and submission to Trust Board using the Trust formal assurance framework
- requirements related to fire procedures for less able staff and visitors are in place
- the development, delivery and audit of an effective fire safety training programme
- reporting of fire incidents in accordance with Trust policy
- monitoring, reporting and initiating measures to reduce false alarms and unwanted fire signals
- liaison with external enforcing authorities
- liaison with Trust managers and the Specialist Fire Safety Advisor
- monitoring the inspection of maintenance of fire safety systems to ensure it is carried out
- providing a link to the Trust committees
- ensuring an appropriate level of management is available
- The FSM will undertake the role of chair for Fire Safety Group

14.6. Head of Estates & Facilities & Estates Manager

The Head of Estates & Facilities and the Estates Manager are nominated to act as the Deputy Fire Safety Manager and will undertake the responsibilities of the Fire Safety Manager for the day to day application of this policy.

14.7. Local Fire Incident Co-ordinators

The most senior person in charge of an area and present at the time that an incident occurs should assume the role of Local Fire Incident Co-ordinator. The LFIC's is required to:

- take initial control of the incident
- direct the local response
- ensure the fire alarm system has been activated and that staff in the area are aware of the incident
- initiate the local fire emergency action plan

- determine whether evacuation is necessary and commence the evacuation plan if appropriate
- call the fire service if required
- ensure the incident is reported via Datix

14.8. Fire Wardens

The fire warden will be the “eyes and ears” in the area who will report any issues identified to departmental managers. The fire warden should:

- act as the focal point for fire safety issues for local staff
- organise and assist in the fire safety regime within local areas
- communicate local fire safety issues to management
- assist with coordination of the response to an incident within buildings
- assist in organising periodic fire drills
- making sure record keeping is up to date

14.9. Health & Safety Managers

Health & Safety Managers are responsible for auditing the operation and application of this policy with support from qualified and accredited local health and safety representatives.

14.10. All staff, contractors and visitors

Every member of staff has a responsibility under the Fire Safety Order to:

- comply with fire safety protocols and procedures
- participate in statutory mandatory fire safety training and fire evacuation exercises
- report deficiencies in fire precautions to managers and fire wardens
- report fire incidents and false alarms
- ensure the promotion of fire safety at all times to help reduce the occurrence of fire and unwanted fire alarm signals
- set high standards of fire safety by personal example

14.11. The Fire Safety Group

The Fire Safety Group will review all Fire Safety matters. The composition of the Fire Safety Group will be set out in the Terms of Reference. The Fire safety Group will meet quarterly.