

Bundle Finance and Performance OPEN 19 March 2024

Agenda attachments

- ITEM 0 Open FPC Agenda –19 March 2024
- 0 09:30 – OPENING ITEMS
- 1 Chair’s welcome, apologies, and confirmation of quorum
- 2 Board Member Register of Interests
Board Member Register of Interests
- 3 Minutes of Last Meeting – 15 January 2024
15 January 2024
ITEM 3 Open FPC Minutes – 15 January 2024
- 4 Action Log and Matters Arising
ITEM 4 FPC Open Action Log – March 2024
- 5 09:35 – Operations Quarterly Update
Note that this report was received at January’s Committee.
ITEM 5 Operations Quarterly Report for Committees 23–24 Q3
- 5.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 6 09:55 – Integrated Medium–Term Plan (IMTP) 2023 – 2026 – Q3 Delivery & Assurance
Published on 13 March 2024.
ITEM 6 IMTP Q3Q4 Delivery & Assurance
ITEM 6a Appendix 2 IMTP Delivery Assurance Report Feb24
- 7 10:10 – Integrated Medium–Term Plan (IMTP) 2024–27 – Final Version [Inc. Financial Plan]
Published on 15 March 2024.
ITEM 7 IMTP 2024–27 SBAR FPC March 2024
ITEM 7 Annex 1 WAST IMTP 2024–27 FPC March 2024
ITEM 7 Appendix 1 to Annex 1 – Challenges and Opportunities Shaping our IMTP draft for
ITEM 7 Annex 2a MINISTERIAL TEMPLATE 24–27 111 Pathways
ITEM 7 Annex 2b MINISTERIAL TEMPLATE 24–27 999 Pathways
ITEM 7 Annex 2c MINISTERIAL TEMPLATE 24–27 Goal 2
ITEM 7 Annex 2d MINISTERIAL TEMPLATE 24–27 Goal 3
ITEM 7 Annex 2e MINISTERIAL TEMPLATE 24–27 Goal 4
ITEM 7 Annex 2f MINISTERIAL TEMPLATE 24–27 Goal 5_6
ITEM 7 Annex 2g MINISTERIAL TEMPLATE 24–27 Planned Care NEPTS
ITEM 7 Annex 2h MINISTERIAL TEMPLATE 24–27 Mental Health
ITEM 7.3 Financial plan 2024–25
- 8 10:30 – Initial 2024/25 Revenue Budget
ITEM 8 WAST Initial 2024–25 Revenue Budget
- 9 10:45 – Financial Position for Month 11 [Presentation]
- 10 10:55 – Financial Sustainability Programme Position Paper
ITEM 10 Financial Sustainability Programme Position Paper
- 10.1 11:10 – COMFORT BREAK
- 11 11:25 – Monthly Integrated Quality and Performance Report
January – February 2024
ITEM 11 MIQPR SBAR FPC January–February 2024
ITEM 11a Annex 1 MIQPR FPC January February 2024
- 12 11:40 – Strategic Demand and Capacity Review [Verbal]
- 13 11:50 – Value Based Healthcare Report
Published on 13 March 2024.
ITEM 13 Value Based Healthcare Position Report
- 14 12:05 – Committee Effectiveness Review and Annual Return
– *Results Discussion*
– *Annual Return*
– *ToR Changes*
ITEM 14 FPC SBAR on Committee Effectiveness 2023–24
ITEM 14.1 FPC 2023–24 Survey Results
ITEM 14.2 FPC Annual Return 2023–24 DRAFT

- ITEM 14.3 Finance and Performance Committee TORs 2024–25 DRAFT for discussion
- 15 12:15 – Waste Management Update
ITEM 15 Waste Management Update
ITEM 15a Annex 1 – New-waste-disposal-procedures
ITEM 15b Annex 2 – Supplemental Waste Information
- 16 12:25 – Risk Management and Board Assurance Framework
ITEM 16 Executive Summary Risk Management Report FPC 190324
- 17 12:35 – Internal Audits
17.1 Decarbonisation
17.2 Vehicle Replacement Programme
17.3 Strategy Development
17.4 ICT Contract Management
ITEM 17.1 WAST_2324-02_Decarbonisation_Final Internal Audit Report
ITEM 17.2 WAST-SSU-2324-01 Vehicle Replacement Programme Final Audit Report
ITEM 17.3 WAST-2324-06 – Strategy Development_Final Internal Audit Report
ITEM 17.4 WAST_2324-15_ICT Contract Management Final report
- 18 12:45 – Digital Reporting
ITEM 18 Digital Reporting Mar 2024 – Cover Paper
ITEM 18a Digital Reporting Mar 24_ Open FPC
- 18.1 CONSENT ITEMS:
The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.
- 19 Cycle of Business Monitoring Report
ITEM 19 Finance and Performance Committee Priorities and Cycle Monitoring Report
ITEM 19 Annex 1 – FPC Monitoring Report
- 19.1 12:55 – CLOSING ITEMS
- 20 Reflection & Summary of Decisions and Actions
- 21 Any Other Business
- 22 Date and Time of Next Meeting; 14 May 2024 – 09:30



MEETING OF THE OPEN FINANCE AND PERFORMANCE COMMITTEE
Held on 19 March 2024 from 09:30 to 13:00 (Includes Comfort Break)

Meeting held virtually via Microsoft Teams

Break between Open and Closed Meetings – 20 Minutes

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Joga Singh	Verbal	5 Mins
2.	Board Member Register of Interests	To Declare Conflicts	Joga Singh	Verbal	
3.	Minutes of last Meeting 15 January 2024	Approval	Joga Singh	Paper	
4.	4.1 Action Log and Matters Arising	Review	Joga Singh	Paper	
5.	Operations Quarterly Update	Assurance	Lee Brooks	Paper	20 Mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
6.	Integrated Medium-Term Plan (IMTP) 2023 – 2026 - Q3 Delivery & Assurance	Assurance	Rachel Marsh	Paper	15 Mins
7.	Integrated Medium-Term Plan (IMTP) 2024-27 – Final version - To include Financial plan	Endorsement	Rachel Marsh Chris Turley	Paper	20 Mins
8.	Initial 2024/25 Revenue Budget	Endorsement	Chris Turley	Paper	15 Mins



No.	Agenda Item	Purpose	Lead	Format	Time
9.	Financial Position for Month 11	Assurance	Chris Turley	Presentation	10 Mins
10.	Financial Sustainability Programme Position Paper	Assurance	Angela Lewis	Paper	15 Mins
COMFORT BREAK – 15 Minutes					
11.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	15 Mins
12.	Strategic Demand and Capacity Review	Assurance	Rachel Marsh	Verbal	10 Mins
13.	Value Based Healthcare Report	Assurance	Chris Turley Rachel Marsh	Paper	15 Mins
14.	Committee Effectiveness Review and Annual Return <ul style="list-style-type: none"> - Results Discussion - Annual Return - ToR Changes 	Approval	Trish Mills	Paper	10 Mins
15.	Waste Management Update	Assurance	Chris Turley	Paper	10 Mins
16.	Risk Management and Board Assurance Framework	Assurance	Julie Boalch	Paper	10 Mins
17.	Internal Audits: <ul style="list-style-type: none"> 17.1Decarbonisation 17.2Vehicle Replacement Programme 17.3Strategy Development 17.4ICT Contract Management 	Assurance	Chris Turley Chris Turley Rachel Marsh Jonny Sammut	Papers	10 Mins



No.	Agenda Item	Purpose	Lead	Format	Time
18.	Digital Reporting	Assurance	Jonny Sammut	Paper	10 Mins

CONSENT ITEMS

The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.

19.	Cycle of Business Monitoring Report	Information	Trish Mills	Paper	-
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CLOSING ITEMS

20.	Reflection & Summary of Decisions and Actions	Discussion	Joga Singh	Verbal	5 Mins
21.	Any Other Business	Discussion	Joga Singh	Verbal	
22.	Date and Time of Next Meeting; 14 May 2024 - 09:30	Information	Joga Singh	Verbal	

Lead Presenters

Name	Position
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Angela Lewis	Director of People and Culture
Joga Singh	Chair and Non-Executive Director
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources

UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 15 JANUARY 2024 VIA TEAMS

Meeting started at 09:30

PRESENT:

Joga Singh	Non-Executive Director and Chair of Committee
Professor Kevin Davies	Vice Chair of the Board and Non-Executive Director
Bethan Evans	Non-Executive Director
Martin Turner	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Colin Dennis	Chair of the Trust Board
Jonathan Edwards	Assistant Director of Operations – Resourcing and EMS Coordination (Deputising for Lee Brooks)
Emma Giles	Audit Wales
Navin Kalia	Assistant Director of Finance and Corporate Resources
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit NWSSP
Rachel Marsh	Executive Director of Strategy, Planning and Performance (Left meeting at 11am returned at 11:30am)
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES:

Lee Brooks	Executive Director of Operations
Damon Turner	Trade Union Partner

01/24 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's Register of Interests. He added that the agenda order was being adjusted to prioritise the presentation of items from Rachel Marsh who needed to leave during the meeting.

Apologies

Apologies were recorded for Lee Brooks and Damon Turner.

Minutes

The minutes of the open session held on 13 November 2023 were considered by the Committee and confirmed as a correct record.

Action Log

The Action log was considered, and the following actions were recorded as follows:

Action Number: 71/23 – To provide an update on the Financial Plan for 2024/25 with a report presenting the approach and assumptions for budget setting for 2024/25. This specific action was marked as closed as it was being addressed under minute number 09/24.

Committee Highlight Report – 13 November 2023

The Committee highlight report from the 13 November 2023 Committee meeting was presented for the Committee's attention.

RESOLVED: The

- (1) Minutes of the meeting held on 13 November 2023 were confirmed as a correct record;**
- (2) Action log was considered and updated as described; and**
- (3) Committee highlight report dated 13 November 2023 was presented for information.**

02/24 OPERATIONS QUARTERLY UPDATE

Jonathan Edwards presented the report and drew the Committee's attention to the following points:

The work on the Manchester Arena Inquiry (MAI) recommendations has now been ongoing for six months, and a mid-year review was completed in December. This reviewed progress and scope and subsequently recategorised some of the recommendations, all of which have been approved through the Senior Leadership Team governance process as supported by the Executive Leadership Team. It was noted that 27 of the 68 recommendations were complete with several others nearing completion. Work was now focussed on the completion of the assessment of the Trust's capacity to respond to an incident and the subsequent outline resource case to the Commissioner which specifically connects to one of the recommendations. One of the recommendations from the MAI was the introduction of two new triage tools for mass casualty incidents. Ten Second Triage (TST) is designed to be used by anyone responding to a major incident to provide care to casualties prior to the arrival of clinicians on scene, and the Major Incident Triage Tool (MITT) is for use by NHS Responders at scene. Work has been ongoing to introduce this new tool within the Trust with the UK Ambulance Services go-live date set for 1 April 2024.

During Quarter 3, a number of key plans have been refreshed or rewritten as part of the annual review process. These included:

The **Resource Escalation Action Plan (REAP)**. This plan provides the ability to manage the Trust's response in situations where demand or other significant factors within the service see an increase, and any challenge to the capacity to manage these demands. The **Incident Response Plan (IRP)**. Following several incidents, changes to key pieces of national guidance, and the release of the Manchester Arena Inquiry reports alongside learning from internal debriefs, the IRP underwent a significant rewrite rather than a simple refresh. It was approved by the ELT and will be presented to the F&P Committee in its usual annual assurance.

The **Clinical Safety Plan (CSP)**; the CSP provides a framework for the Trust to respond to situations where the demand for emergency services is greater than the available resources. This update was a relatively minor update reflecting evolutionary change to CSP with a wider review planned for 2024. A more thorough review of the CSP will be undertaken to consider earlier clinical review to the Clinical Service Desk to manage the calls more effectively.

EMS Coordination and Reconfiguration, initial work was carried out to progress the boundaries recommendation in early 2023 and it became clear that Project Board were keen to refresh the data to ensure that the original (2017) paper and therefore data remained valid in the current context. As a result, further modelling was carried out by Operational Research in Health (ORH) in September 2023 that considered more recent and up to date data (Sept 2022 to May 2023). The revised Demand and Capacity recommendations (Sept 2023) were considered as part of the wider EMS Coordination Reconfiguration Project and an initial paper has set out a proposed structure that will provide a leadership structure that is fit for purpose but will also address the two outstanding recommendations from the original ORH Report in 2017.

On 9 October 2023, the inaugural Bryn Tirion Project Board was held to explore options available to relocate staff from the Bryn Tirion site. It has been broadly accepted that the site is not fit for purpose and as a consequence, funding had been set aside from this year's Discretionary Capital budget to relocate staff to a more suitable premises. At the Project Board on the 16 November 2023 an options appraisal of three options for potential new locations was undertaken, with Ty Elwy being selected as the preferred relocation site. It is acknowledged that the actual relocation of staff from Bryn Tirion is unlikely to happen before June / July 2024 as there is work required to ensure the space set aside in Ty Elwy meets the specific requirements.

Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. 19,119 hours were lost in July, 19,240 in August, 19,602 in September, 23,222 in October, 20,126 in November, and 22,756 hours in December. In addition to the multiple challenges, the Trust declared a Business Continuity Incident (BCI) and moved to Resource Escalation Action Plan (REAP) 4 in early January for a relatively short period, as a result of the significant and continued pressures.

Comments:

The Committee acknowledged the ongoing system pressures and challenges recognising the efforts of all staff in addressing and their endeavours in relieving these issues.

Members were eager to know if any lessons were learned from the recent visit by the Joint Emergency Services Interoperability Programme (JESIP) and whether there had been any repercussions on the Trust's finance, performance, and interoperability across the other emergency services. Jonathan Edwards explained that any feedback would be contained in a report yet to be published, and this will identify any key lessons learned from a multi-agency approach. Details, once known, will be provided in an update to the Committee.

The Committee sought additional details on the functionality and effectiveness of the Community Welfare Responders (CWR). Liam Williams clarified that the role of the CWR would be below a Community First Responder (CFR) with an emphasis on diagnostic feedback rather than full CFR functionality. CWRs undergo training similar to CFRs, notably though the CWR does not conduct assessments independently; instead, feedback is provided to clinicians at the Clinical Support Desk for further action.

A pilot programme involving CFRs has been underway to explore the effectiveness of the new role. Liam Williams added that the Trust has engaged with Age Alliance who have expressed their enthusiasm for supporting the CWR. The intention is to create a community-oriented initiative with volunteers providing a friendly presence as well as conducting basic clinical observations.

Members noted the positive achievements contained in the report such as progress with the MAI recommendations and improvements in Welsh language performance. Notwithstanding this, two concerns were raised, further information relating to the paramedic recruitment challenges in Powys and the ambitious goal of increasing the number of volunteer car drivers. Clarification was therefore sought on the level of risk in Powys and the feasibility of achieving the volunteer car driver target. Jonathan Edwards was optimistic that the target of 51 additional volunteer car drivers would be achieved by the end of February and agreed to provide further details regarding this during the meeting. In terms of the resourcing of newly qualified paramedics in Powys, although the risk involved has been flagged, it has not manifested itself as a significant concern for the Senior Leadership Team (SLT) at this point. Continuous monitoring will be necessary to address any potential challenges as they arise.

The Committee sought assurance that the ongoing system pressures, coupled with overtime controls in EMS, were not exacerbating the Trust's capacity and ability to respond to emergency requests. Concerns were raised about the potential implications of reducing overtime availability amid persistent system pressures. Jonathan Edwards reminded the Committee that the overtime controls were initially implemented as part of the Trust's savings plan to meet financial obligations. However, with additional funding becoming available since November, there is now flexibility to increase the overtime budget. The Trust ensured there was sufficient and safe ambulance coverage but recognised the need of implementing overtime constraints to meet financial obligations. In addition to the comments made by Jonathan Edwards, Rachel Marsh added that currently staff numbers were very strong with around 97% in post. As well as focusing on managing overtime, the Trust continues to reduce sickness levels. She added that the Trust's resource allocation aligns with commissioning expectations, and commissioners are content with the level of resources dedicated to fulfilling the commissioned responsibilities.

RESOLVED: The update was noted.

03/24 INTEGRATED MEDIUM TERM-PLAN (IMTP) 2023- 2026 – Q3 DELIVERY AND ASSURANCE

Rachel Marsh presented the report, which included an overview of programmes which had been given a red, amber, or green (RAG) status. It was hoped that the Committee had the opportunity to review the reports and the detailed appendices. The mix of red, amber, and green indicated there was lots of ongoing work and overall, the achievements aligned with the goals for the year.

In preparation for next year, and as highlighted in the Trust's Structured Assessment, the IMTP deliverables with expected outcomes will be linked to the MIQPR. This will ensure a more comprehensive assessment of the initiatives and metrics undertaken going forward.

Comments:

Members sought an update on the ambulance care eligibility criteria. Rachel Marsh advised that further information would be available following the Strategic Transformation

Board meeting on 15 January 2024 and this would be provided to Members. Jonathan Edwards added that the aim was to balance the numbers by promptly resolving eligible cases initially. Maintaining the balance was crucial, considering there were patients who may not be eligible but still required transportation to appointments and had no other means of getting there, particularly those in more rural areas. He further stated that stricter application of the eligibility criteria would be applied for the current resources to meet the demand more effectively.

The Committee were interested in the likelihood of progress regarding the specific action relating to the quality management system, despite the ongoing system pressures. Liam Williams said that progress was being made although there was room for improvement. The formation of the Quality Management Framework Group was playing a crucial role in enhancing the pace and quality of advancements. Work was underway to enhance alignment and coordination at system level. This involved aligning various initiatives within the Trust like service, quality, and operational improvements to better interface with Health Boards. Implementing this consistent methodology will enhance tracking of performance and highlight any variations amongst Health Boards.

RESOLVED: That the Finance & Performance Committee:

- (1) Noted the overall delivery of the IMTP detailed in this paper: and**
- (2) Noted the update against the ministerial priorities that are relevant to WAST in Appendix 1.**

04/24

INTEGRATED MEDIUM-TERM PLAN (IMTP) 2024-27 – PROGRESS IN DEVELOPING THE PLAN

Rachel Marsh presented the report and drew the Committee's attention to the following: That further to the last Committee update, planning guidance had now been received from Welsh Government which sets out the Trust's and other Health Boards Ministerial priorities.

The Minister has been clear within the Value & Sustainability agenda her expectation that for 2024-25 there must be a consistent and significant impact in the following areas on both a local and national basis:

- Continued progress in reducing the reliance on high-cost agency staff.
- Ensuring strengthened 'Once for Wales' arrangements to key workforce enablers such as recruitment, and digital.
- Maximising opportunities for regional working.
- Redistributing resources to community and primary care where appropriate and
- maximising the opportunities offered by key policies such as Further Faster.
- Reducing unwarranted variation and low value interventions.
- Increasing administrative efficiency, to enable a reduction in administrative and
- management costs as a proportion of the spend base

The Minister expected that plans demonstrated clear milestones, actions, risks and outcomes set out in a set of consistent templates issued to all NHS organisations across the following areas:

- Enhancing care in the community, with a focus on reducing delayed pathways of care.
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.
- Planned Care and Cancer, with a focus on reducing the longest waits.
- Mental Health, including Child and Adolescent Mental Health Services (CAMHS), with a focus on delivery of the national programme.

The Trust is actively developing the plan through engaging with various stakeholders including the public, patients, Trade Union colleagues and commissioners and key partners to identify any emerging priorities. Moreover, the process has involved staff discussions at Chief Executive roadshows throughout the year.

Commissioning intentions for the 111 service and EMS have been received. The Trust was looking to ask for further challenge from the Commissioners which they have agreed to reflect upon and will consider redrafting the intentions going forward. Rachel outlined the key governance routes and timelines of the plan as detailed in the report noting that final submission to Welsh Government (WG) was on 28 March 2024.

Financial Plan and Key Budget Setting Assumptions

Chris Turley presented the financial aspect of the report and drew attention to the following:

1. The NHS Wales Health Board Allocation Letter for the 2024/25 financial year was issued by the Minister for Health and Social Services in Wales on 21 December 2023, providing some key insights to the levels of funding our Commissioners will be receiving in the coming financial year. Whilst we are not directly funded through this allocation, being a commissioned organisation our funding is then agreed via (currently) the Emergency Ambulance Services Committee (EASC); it does provide some key assumptions for our 2024/25 financial plan.
2. The main headlines within the Health Board (HB) allocations were as follows:
 - a. An additional £330m being allocated to HBs for 2024/25, on top of that recurrently provided part way through the 2023/24 financial year;
 - b. This includes the recurrent impact of current year forecast energy costs being fully funded. This does include an amount for WAST of c£450k;
 - c. On top of this the recurrent costs of the 2023/24 pay award, plus that to be agreed for 2024/25, plus the recently announced changes to the minimum and real living wage (RLW) values will be separately and fully funded to all NHS Wales organisations;

- d. This all results in a residual general uplift for inflationary and other cost pressures for 2024/25 of 3.67%;
- e. An expected minimum of 2% cost avoidance / containment and savings plan across all NHS Wales organisations.

One of the key things to note is that the Trust ensures that the uplift as mentioned is passed on to the Trust by the Commissioners in full and applies to all the funding streams. Work will now continue over the coming weeks to translate the expected impact of the HB funding allocations on that expected to be applied to our financial plan, including:

- a. Ensuring that, as previously indicated and in line with previous financial years, the general uplift for 2024/25, now agreed at 3.67% is fully passed on to us by Commissioners. To help with this the covering narrative which accompanied the allocation tables states *"Health Boards and the Welsh Health Specialised Services Committee are expected to pass on an appropriate level of funding for relevant non-pay inflationary cost increases in the Healthcare Agreements for services provided by other Boards and NHS Trusts, equivalent to the additional funding provided to commissioners"*;
- b. Ensuring such uplifts are applied to all of the Trust's funding streams, including those for NEPTS and 111;
- c. Ensuring that identified within the HB allocations as energy funding for WAST is similarly passed on in full, and
- d. Ensuring in year that the actual costs incurred for pay awards and RLW impacts is funded in full.

Whilst the likely settlement and funding increase for the coming financial year is therefore greater than may have been expected, no financial plan is risk free and there inevitably remains several risks and challenges that will need to be worked through over the coming weeks in order to finalise the financial plan and budget for 2024/25.

There is a finance touchpoint meeting with WG and HB colleagues on 2 February 2024 and should the Trust consider itself to not be in a position to balance for 2024/25 then the Trust must write to WG via an Accountable Officer letter by 16 February to explain the position. Chris Turley added there was a clear expectation for the Trust and other NHS Wales organisations to present a balanced financial plan for next year. Despite the uplifts, some work remains to achieve this goal.

Comments:

The Committee sought clarity on the percentage of feedback from received from staff following the engagement sessions. Rachel Marsh explained there were several mechanisms for staff to provide feedback including MS Forms, and whilst the one used in the report provided relatively low numbers (MS Forms) other mechanisms such as roadshows, provided higher numbers.

Members were keen to understand, as the Trust was funded via a commissioning framework, whether there would be an impact on the Trust if this framework changed.

Rachel Marsh explained that EASC will continue to develop the plan for next year, however from 1 April 2024, a new Joint Commissioning Committee will come in to effect. As yet there is no further information on the structure of this committee.

The Committee queried if there had been any progress on broadening the groups engaged with by the Patient Experience and Community Involvement (PECI) Team as part of the engagement and consultation for the new IMTP. Rachel Marsh explained that the Trust was in the process of widening the groups being contacted through the Civica platform.

In terms of feedback from the targeted engagement that had been undertaken with patients and the public, Members asked for an update and what the targeted engagement related to. Rachel Marsh explained that the Trust was looking to use Civica as the platform to increase feedback from a larger percentage and patient and the public who use the trust's services. Liam Williams added that there was an issue in terms of Information Governance with the Civica platform which was being addressed and once resolved will improve the overall process.

RESOLVED: The Committee

- (1) Noted the overall progress in developing the IMTP;**
- (2) Noted the financial and budget setting assumptions following issuing of the Health Board allocation letters for 2024/25;**
- (3) Noted the approach and timelines set out in the report; and**
- (4) Advised of any further assurance required during the final stages of the planning cycle.**

05/24 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

The Monthly Integrated Quality and Performance Report (MIQPR) for November 2023 was presented by Rachel Marsh who drew the Committee's attention to the following points:

111 call answering was improving, with the call abandonment target of <5% being achieved again in November 2023 (3.9%) and 61.6% of calls being answered within 60 seconds, although this still remains significantly below target (95%). Negotiations with Commissioners have indicated that funding is available for 198 call handlers this year and recruitment has been underway to secure this number, but there remain a number of vacancies.

With regards to Demand Management the increase in Clinical Support Desk (CSD) capacity has meant that the Trust has been able to increase its consult and close rate over the last 12 months, however, it has declined in recent months, with an upturn to 14% in November (IMTP ambition 17% by quarter 4). The Trust has been asked by senior external stakeholders what it can focus through the winter, with the Trust identifying the 17%

ambition as key, along with ambulance production (linked to targeted overtime and reduced abstractions).

In terms of the December data, Rachel Marsh updated the Committee through a PowerPoint presentation and raised the following.

Demand for 111 as expected has increased and had an impact on performance with the calls abandonment rate going above 5% for the first time in a number of months. The numbers of patient calls answered within 60 seconds had decreased but were much better than this time last year. In terms of response times from clinicians, due to demand, call back times in the two lower priority groups did not meet the target.

With regards to the 8 minutes red performance this was slightly under 50% and similarly there was a slight dip in the Red 9 and 10-minute performance targets.

22,756 hours were lost in December due to hospital handover delays which was an increase from November. In terms of the amber 1 median times, again these had increased slightly in December as a result of both the increases in demand and hospital handover times.

Comments:

The Committee acknowledged that whilst the Red immediate release requests had improved, there was still a concern with the significant number of amber 1 requests being declined by Health Boards.

Members sought an update on the progress of the planned supportive action to address concerns about the welfare of the Putting Things Right (PTR) team. Liam Williams added that with the challenging nature and the high volume of work, the team was still experiencing significant duress. The Organisational Change Policy (OCP) was now complete, with some staff applying for promotion opportunities.

The Trust was focussing on recruiting more staff to work for the team at all levels which would lessen the burden on the team currently. The goal was to have two senior roles in the PTR team filled by March 2024. In terms of the CCC colleagues, changes were being made which would align to the quality work.

RESOLVED: The Committee considered the November 2023 Integrated Quality and Performance Report and actions being taken and determined that it report provided sufficient assurance and noted the update on the December position.

06/24 FINANCIAL POSITION FOR MONTH NINE

Chris Turley provided the Committee with a PowerPoint presentation on the financial position for month nine. Of note for the Committee's attention the following points were mentioned:

- The month nine reports were submitted to Welsh Government (WG) on Friday 12 January 2024.

- The cumulative year to date revenue financial position was an underspend against budget of £0.108m.
- The Income and Expenditure forecast for 2023/24 was one of breakeven.
- The Capital plan was being progressed and current planned expenditure of £21.1m was forecast to be fully spent by the end of the financial year.
- In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £5.181m have been achieved against a target of £4.574m.
- Public Sector Payment Policy was on track with performance, against a target of 95%, of 96.2% for the number, and 98.5% of the value of non-NHS invoices paid within 30 days.

In terms of key assumptions/risks which underpinned the year-to-date financial performance, these were as follows:

- The level of funding for the additional 100 front line Whole Time Equivalents (WTE) was now in line with that being received.
- Full delivery of c£6m identified savings now assumed and forecast to deliver this as a minimum in 2023/24.
- Full impact of the residual pay award for 2022/23 and 2023/24 and any recurrent impact for 2023/24 of the 2022/23 elements were assumed to be fully funded by WG.
- Updated estimates submitted for some technical items – impairments and depreciation. The key here being that WG were sighted on any variations as quickly as possible.
- Airwave contract extension fully funded in year (capital requirement). Work was ongoing to confirm how the funding will flow in this area, from a WG perspective.

There are a number of risks that have materialised and have had to be managed in year in relation to the current financial climate, these include a risk associated with energy and vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included for these, this has however been reduced in month to £0.200m. Also included in line with the current financial climate is a risk associated with non-pay inflation, whilst budgets have been set on the latest intelligence, there remains a risk associated with inflation going higher than original predictions, this has again however been reduced in month to £0.400m.

In terms of the savings performance, the Committee were provided with details of the current schemes. Savings to date had been overachieved by £607k.

With regards to capital, the Trust was online to deliver its capital plan for this year. At Month nine, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2023/24 is £21.139m. This includes £16.818m of All Wales Approved schemes and £4.321m for Discretionary schemes.

Whilst the above values are now fully committed to Month nine, the Trust has expended £6.481m against the current All Wales capital scheme full year budget of £16.818m and £3.471m against the discretionary budget of £4.321m.

Some of the variation in in-year spend for a small number of approved schemes will have an impact on next year's capital programmes in order to ensure these approved schemes can be completed as early in 2024/25 as possible. In particular this includes:

- North CCC works;
- Llangunnor CCC;
- The new Dolgellau ambulance station.

The 2024/25 Fleet Business Justification case was submitted in November asking for just short of £25m for over 150 new vehicles; this was still subject to WG scrutiny and an outcome was expected soon. However recent indications have anticipated that this level of funding will not be agreed in full.

Chris Turley further added that WG colleagues have circulated an e mail across NHS Wales to consider what could be spent quickly in a capital sense between now and the end of March 2024, should money be available with however no guarantees that it would be.

Comments:

The Committee acknowledged the Trust's outstanding financial performance over the years, giving credit to the finance team and managers for their hard work in identifying and delivering savings schemes, especially those requiring immediate action within the year.

Members inquired about the Trust's preference for purchasing vehicles over leasing and sought an explanation for this decision. Chris Turley explained that leasing was indeed an option, and the Trust does currently lease a small number of vehicles on a shorter-term basis. Going forward, the Trust may consider more leasing, however this is not always an option for all vehicle types.

Historically, from a WG perspective, vehicle replacements were through a capital programme rather than revenue costs. One of the challenges going forward is due to the size of the fleet and the ability of the trust to replace and modernise vehicles bearing in mind the need to improve decarbonisation.

RESOLVED: The month nine financial update was noted.

07/24 FINANCIAL SUSTAINABILITY PROGRAMME

Angela Lewis presented the Committee with an update on the Financial Sustainability Programme (FSP) which set out the current position as at the end of Q3 2023/24. The Committee's attention was drawn to the following areas: Several short-term savings opportunities and schemes were coming to fruition and these included efficiencies on fuel costs and consumable waste.

Service and Provision Reviews: This area looks to provide an evidence-base for long-term efficiency across the organisation by undertaking an audit of Administrative and Support Staff provision, and an audit of service provision across the organisation which will establish the basis for an annual review process. The 22 actions as a result of these reviews were being progressed via the Assistant Director Leadership Team (ADLT). The service review will be reported on by mid-April and this was crucial in identifying any gaps and highlighting areas where the Trust may be exceeding its service expectations.

Income Generation: On 6 December 2023, a session was conducted during the Executive Team Away Day, which included a proposal paper outlining four potential commercial options, and a case study presented by North East (NE) Ambulance Service. The case study shared insights into the NE Ambulance Services commercialisation journey and in response the ELT has asked that additional expertise be sought to assess potential markets and options. The aim being to assess the viability of advancing income generation with a more commercial mindset.

Comments:

Members suggested that spectacular success in income generation for a commissioned organisation like the Trust may pose a risk to the commissioning process by potentially affecting funding arrangements. Rachel Marsh acknowledged there would be a slight risk associated with income generation but believed that Commissioners would see income generation as a positive move in helping the Trust, particularly in the absence of any additional funding from Health Boards.

RESOLVED: That the Committee noted the update.

08/24 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE

Chris Turley presented the report as read and highlighted the following points for the Committee's attention:

Regular review continues on the action plan in response to the generic all NHS Wales report Internal Audit which took place during October 2022. A second Internal Audit started on the 06/07/2023 and the draft report has been received by the Trust. Comments and further documentation are being provided back to the audit team currently in support of the draft review exercise. It is anticipated that the final audit report will be received by the Audit Committee at its 1 March 2024 meeting.

Capital Investment – Estates and Facilities Advisory Board (EFAB) Funding: Delivery is ongoing against a range of WG Estates Funding Advisory Board (EFAB) schemes for

2023/24 and planning has commenced for 2024/25 schemes. As previously noted, the Trust was awarded a proportionally significant amount of the total funding available, with a 30% contribution by WAST within the Capital Expenditure Limit. Schemes range across decarbonisation and infrastructure and an update by scheme is provided below:

- a. AFSRC Wrexham – Decarbonisation: a tender specification for a scheme including PV arrays is now out to tender and closes on 8th December. Previous discussions had also referenced the ability to bid for Asset Collaboration Funding for this scheme given the shared site nature with North Wales Fire Service. Further consideration will be given to this once the costs are received.
- b. Blaenau Ffestiniog Decarbonisation: this scheme is now underway, with a contractor appointed and pre-start meetings having taken place on site.
- c. Cardiff Ambulance Station Decarbonisation: a tender specification for this scheme including PV array is now out to tender and closes in late December.
- d. Glynneath – infrastructure and decarbonisation: a tender specification for this scheme including re-roofing and PV array is out to tender and closes in late December.
- e. Bryncethin – infrastructure: this re-roofing scheme is out to tender and closes in late December.

Chris Turley added that financial constraints will pose challenges in the Trust implementing further initiatives in the Decarbonisation Action Plan (DAP).

RESOLVED: The Committee noted the update.

09/24

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Julie Boalch explained that the purpose of the report was to provide assurance in respect of the management of the Trust's principal risks, specifically the eight risks that are relevant to Committee's remit for oversight and additionally the Trust's two highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight. The following highlights from the report were brought to the Committee's attention:

In terms of the Trust's two highest scoring risks, 223 (The Trust's inability to reach patients in the community causing patient harm and death) and 224 (Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service), these were constantly being reviewed by the risk leads to ensure there was synergy between the two risks and that the actions from the avoidable harm paper were reflected.

Furthermore, the Trust was seeking consultant advice to assist in the Trust being able to apply the risk appetite methodology for a more efficient internal risk management approach. Risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation). This risk has successfully reached its target score of eight, down from 16 in the reporting period. While it will persist at an elevated level in the current financial

climate, it will be consistently monitored on the Corporate Risk Register (CRR) and subject to regular reviews as scheduled.

Risk 594 (The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death). This risk has increased in score from 15 to 20, primarily as a result of Health Boards where plans for releasing ambulances in mass casualty exercises were untested. Additionally, it takes into account the fact that the Trust was unable to meet a recommendation from the Manchester Arena Inquiry (MAI) which attributed to ambulances being delayed outside hospitals and Health Boards unable or unwilling to release them.

Risk 424 (Prioritisation or Availability of Resources to Deliver the Trust's IMTP). The title has been amended to factor in revenue, capital and staff capacity related to the IMTP. Ongoing efforts during this reporting period will address these changes.

Comments:

The Committee sought clarification whether the Trust would face a penalty should it be in breach of risk 594, breach how does that risk. Trish Mills confirmed there was no financial penalty for any breaches of the Civil Contingencies Act in terms of risk 594. Jonathan Edwards confirmed that this risk has been raised at Chief Executive level at each Health Board and has been agreed to be incorporated into their policies. The Executive Director of Operations will be emphasising to Health Boards the importance of including the requirement to release ambulances into their internal policies.

The Committee queried why risk 594 was not given a higher score from the current score of 20, as the outcome of the risk was similar to risks 223 and 224 which were given scores of 25. Trish Mills explained that the scoring matrix identified risk 594 as the likelihood being that it will probably happen/recur but would not be a persisting issue as opposed to risks 223 and 224 which will undoubtedly happen/recur, maybe frequently. She added that the Board would still have sight of risks that scored 20. Liam Williams added that in the event of a major incident there is an expectation that the Trust would receive a more effective response from Health Boards in releasing ambulances compared to when operating under normal system pressures.

In terms of risk 223 and specifically in relation to access to Same Day emergency Care (SDEC) for paramedic referral, the Committee noted noting that less than 1% of paramedic referrals were accepted, which seemed very stark. Rachel Marsh clarified that it was not 1% of referrals but 1% of demand. Current modelling suggests that projected demand suitable for SDEC was 4% when in actual fact it was less than 1%.

RESOLVED: The considered the contents of the report and:

- (1) Noted the reduction in risk score of Risk 139 to the target score of 8:**
- (2) Noted the increase in risk score of Risk 594 from 15 to 20; and**

(3) Noted the amendment to the title of Risk 424.

10/24 AUDIT RECOMMENDATION TRACKER

Trish Mills presented the report which provided the Committee with the current position in respect of the management actions for audits within the purview of the Committee.

The Audit Tracker has been updated in Quarter three following its complete revision in Quarter two again there has been excellent engagement from Directorates. Around 17% of audit recommendations are presented as closed in quarter in this report and there are actions with a change in date proposed, many of which are due to be closed in Quarter four or Quarter one of 2024/25.

Discussions have also taken place on historical actions and those where management actions may need to be amended in view of the current operating context. There has been some traction with these, and discussions will continue into Q4 with a view to closing down or revising as many as possible.

Good progress was being made on Tracker 3.0 with Digital Health and Care Wales (DHCW). The positive engagement also with Internal Audit colleagues, especially regarding historical actions is a valuable part of the overall process.

There were two Internal Audit reports being presented to the Committee for their consideration:

1. Estates Condition Internal Audit

Chris Turley explained that the report had been discussed in some detail at the last Audit Committee meeting whereby assurance was gained that the recommendations within it had been accepted by management and that progress on the actions were on track. There were some actions that were not wholly under the Trust's control and once those elements that are within the Trust's control that part of the action will be closed off from the Trust's perspective.

2. WAST 111 Commissioning Final Advisory Report

Rachel Marsh explained that the advisory audit, which did not include a score rating, examined the Trust's commissioning arrangements for 111. The Trust has control over certain aspects as a provider, but there are other elements which are affected by the mechanisms and processes implemented by Commissioners. The actions and recommendations have been agreed by management.

RESOLVED: The Committee:

- (1) Received and reviewed any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these were: -**

- **Estates Assurance – Estates Condition;**
- **111 Service Commissioning Arrangements (advisory);**

(2) Noted the management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).

11/24 DIGITAL REPORTING: 1 APRIL 2023 TO 30 NOVEMBER 2023

Jonny Sammut provided the following key highlights for the Committee's attention:

Mobile Data Vehicle Solution (MDVS) rollout for EMS is on track and approximately 25% complete, with the NEPTS pilot commencing in January (slightly later than planned).

Automation was not separately funded in 2023/24, and as such, progress has been limited to smaller requests. However, it is likely that a more detailed plan along with dedicated resources, will feature in the 2024/25 WAST plan, allowing for faster paced progress. A further update will be provided to the Committee at its March Meeting.

The Data Linkage project has progressed following receipt of a letter from Welsh Government stating support for the sharing of information between Health Boards and Trusts and DHCW. The first WAST use case for the National Data Resource (NDR) is the Out-of-Hospital Cardiac Arrest dataset which will be consumed via the NDR analytics platform by the NHS Wales Executive on behalf of the Cardiac Network.

The 999 Upgrade, as agreed, is now scheduled for late February 2023 and on track for this revised plan.

The Digital Experience initiative has made small improvements this year (slower pace is largely linked to the lack of resourcing support for automation), however, will be considered as part of the Digital Plan Refresh and likely feature more heavily and realistically in the 2024/25 IMTP.

The Digital Plan refresh is expected by end of Q4 2023/24. This will refresh the existing Digital Plan and align it with the Digital Strategy and this will enhance the Trust's digital initiatives for more effective outcomes.

Staffing/resourcing continues to be under pressure, particularly in the areas of Information Governance, Records Services, analytics, web development and ICT engineering. This results in risk to existing/planned projects as new in-year tasks materialise.

Additionally, the closure of 111 Integrated Information Solution (IIS) programme (aka SALUS) and initiation of the CAS replacement project has adjusted Q4 Digital priorities.

There has been some significant progress being made responses to request for information.

RESOLVED: The Finance & Performance Committee noted the contents of the accompanying report and the trends in metrics presented.

12/24 FIRE SAFETY COMPLIANCE – JANUARY 2024

Chris Turley explained that the report provided the Committee with an update on the work being undertaken in support of ensuring and significantly improving fire safety compliance across the Trust's estate, including since the appointment of a more dedicated facilities team, focussing specifically on this. It is the first of what will now be planned to be annual reports on such matters to Committee.

This report has been developed in part as a result of previous internal audit reviews and recommendations to provide a minimum of an annual update of compliance to the appropriate fire group and onward to the Committee, for which such issues are devolved from the Trust Board.

For the Committee's attention the following points were raised:

Emergency lighting is provided to illuminate evacuation routes should the main building lighting fail. Chubb Fire are our appointed contractor to maintain the Emergency Lighting systems throughout Wales at all premises, where it falls within our statutory obligation to maintain. It is noted that in the past remedial works for some of our premises had not previously been fully completed, leaving, at some times in the past, up to 2/3rds of sites without fully adequate provision of emergency lighting. However, as of November 2023, it is pleasing to report that all the remedial works have been completed across all sites.

Fire risk assessments have been carried out to assist the site 'Responsible Person' of the Trust's statutory obligations. It also seeks to address relevant issues relating to business, property and environmental protection.

Fire Marshalls: A suitable number of persons should be trained in order to ensure that adequate cover is provided in the event of an evacuation for "every operational hour" and available 24 hours a day. A full list of trained site-specific Fire Marshal's should be prominently displayed on site. As has been noted previously however given the spread, size, occupancy, and type of some of the Trust's buildings this is always going to be challenge to evidence 100% coverage at all times (and in some instances there is little or no need for such coverage in this way). Whilst there was good coverage of fire marshals in the higher risk sites, the Trust will be ensuring that there was coverage of the lower risk sites when required.

Comments

The Committee agreed and recognised the progress being made in fire safety compliance and were mindful that the work completed had not been a strain on the Trust's finances.

RESOLVED: The Committee:

(1) NOTED contents of the report;

(2) NOTED the update and progress made since the appointment of a more dedicated facilities team to progress with the improvement of fire safety compliance across all WAST sites;

(3) NOTED the appointment of a new Fire safety advisor, namely Anolex Fire, and

(4) NOTED the changes made to the training of fire marshals through Thomas Carroll Management Services.

13/24 CYCLE OF BUSINESS MONITORING REPORT AND REVIEW OF COMMITTEE PRIORITIES

The report was noted for information.

RESOLVED: The Committee noted the report.

14/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

The Committee recognised this was the last meeting that Martin Turner would attend and a note of thanks was recorded for his contribution throughout.

Martin Turner recalled some of his experiences during his time with the Trust and noted the positive progress that had been made in the organisation. He thanked the Chair and other Members for their support.

The Chair thanked the Committee for being flexible with the changes to the agenda.

15/24 ANY OTHER BUSINESS

None

Meeting concluded at 12:35

Date of Next Meeting: 19 March 2024.

ACTION LOG - CURRENT
FINANCE AND PERFORMANCE COMMITTEE

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
Minute: 02/24	15 January 2024	Operations Update	Joint Emergency Services Interoperability Programme (JESIP) Assurance Visit. Lessons learned from the JESIP visit to the Trust in November 2023 to be included in the next update report.	Jonathan Edwards Lee Brooks	19 March 2024	<p><u>Update for 19 March 2024</u></p> <p>The JESIP Assurance and Embedding Team visited WAST at Vantage Point House on 15.11.2023. Following the visit, a feedback report was provided before Christmas, the findings of which were largely positive and highlighted some known areas for improvements. This report has been shared with SOT for them to consider the recommendations and agree an action plan which will be presented to SLT during Q1.</p> <p>In addition to the feedback report, a date is currently being set for a South Wales JESIP Strategic leads meeting for blue light JESIP leads to discuss the reports and explore opportunities for collaboration. The report and response must first be fully considered by management and that has not yet occurred. Given the report's relevance, this will be contained in our annual EPRR report which is provided to Committee for scrutiny at the scheduled time.</p> <p>19 March: Committee to confirm whether or not this action can be closed given the position that the report detail will be included in the annual EPRR report.</p>	Open
Minute: 02/24a	15 January 2024	Operations Update	Ambulance Care - Eligibility Criteria. Further information was requested and it was agreed that following the Strategic Transformation Board meeting on 15 January 2024, more information would be known and this would be provided to Members.	Lee Brooks	19 March 2024	<p><u>Update for 19 March 2024</u></p> <p>Details were include in a report to Trust Board on 25 January 2024. Action can be CLOSED if Committee satisfied.</p>	Complete
Minute: 02/24b	15 January 2024	Operations Update	Volunteer Car Drivers. Further detail was sought by a Committee Member on the number of Volunteer Car Drivers and whether the target of 51 had been reached.	Jonathan Edwards Lee Brooks	19 March 2024	<p><u>Update for 19 March 2024</u></p> <p>The following response was given during the meeting: The Operations Directorate were confident that they will be able to achieve the additional 51 Volunteer Car Drivers by the end of February 2024. Good progress was being made and 2 courses have been held already. Action can be CLOSED if Committee satisfied.</p>	Complete
Minute 02/24c	15 January 2024	Operations Update	The Committee sought reassurance that the overtime reduction in EMS was not exacerbating the problem of system pressures and ambulance delays. Would reducing the overtime availability affect the capacity and ability to respond to emergency requests.	Jonathan Edwards Lee Brooks	19 March 2024	<p><u>Update for 19 March 2024</u></p> <p>The following information was given during the meeting: The Operations Directorate review Unit Hours Production (UHP) on a daily and weekly basis and the overtime reductions during that period were focused and more efficient in that the need for overtime was monitored and efforts were focused on maintaining a good UHP. The Committee were assured that UHP was maintained as good levels on the whole during the period. Action can be CLOSED if Committee satisfied.</p>	Complete
Minute: 09/24	15 January 2024	IMTP 2024-27 - Progress in Developing the plan	The Trust was waiting on feedback from some targeted engagement that had been undertaken with patients and the public. The Committee requested a more detailed understanding of what that targeted engagement had involved in a future update report.	Rachel Marsh	19 March 2024	<p><u>Update for 19 March 2024</u></p> <p>Verbal update to be given to the Committee.</p>	Open



OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2023-24 Q3 (October - December 2023)

National Operations & Support

IMTP

Manchester Arena Inquiry Recommendations

The work on the Manchester Arena Inquiry (MAI) recommendations has now been ongoing for 6 months, and a mid-year review was completed in December. This reviewed progress and scope and subsequently recategorized some of the recommendations, all of which have been approved through the SLT governance process as supported by the ELT. 27 of the 68 recommendations are complete with a few others nearing completion. Work is now focussed on the completion of the assessment of our capacity to respond to an incident and the subsequent outline resource case to the Commissioner which specifically connects to one of the recommendations.

The following table is a status reflection of the 68 recommendations that WAST is working on. It should be noted that the RAG coding is to aid areas for focus for the team; they are not used conventionally.

Priority	Number of Recommendations	Status
Red	7	
Amber	19	
Green	10	
Deferred	5	Other organisation dependency
Complete	27	For approval/closure

One of the recommendations from the MAI is the introduction of two new triage tools for mass casualty incidents. Ten Second Triage (TST) is designed to be used by anyone responding to a major incident to provide care to casualties prior to the arrival of clinicians on scene, and the Major Incident Triage Tool (MITT) is for use by NHS Responders at scene. Work has been ongoing to introduce this new tool within WAST with the UK Ambulance Services go-live date set for 1 April 2024.

New Marauding Terrorist Attack (MTA) Joint Operating Procedures have been rolled out through Pan Wales multiagency training courses; this has been the first-time tri-service courses have been delivered on this scale to so many emergency service personnel.

The ELT is to receive a full update on progress in its face-to-face meeting in January 2024, and work will continue to bring to the ELT the case for investment in response to recommendations for consideration in March 2024. Alongside this, it will be necessary to also provide updates to the EASC Management meeting in February 2024.

General Update

Volunteering Conferences

More than 200 volunteers attended two conferences in September and October with one held in Llandudno and one in Swansea. The agenda was varied with keynote speakers including Figen Murray OBE, the mother of one of the victims of the Manchester Arena bombing who spoke candidly about the loss of her son and public site security. Other sessions included Ten Second Triage, wellbeing, safeguarding, and first-hand accounts from our volunteers themselves. Our volunteers were also presented with awards aligned to our behaviours at a gala dinner in the evening of both conferences. We are grateful to all who participated, our speakers, our sponsor, and of course our volunteers who make these events worthwhile.

Community Welfare Responders (CWR) Pilot

Twelve of our CFR teams have been piloting the Community Welfare Responder role across Wales since 16 October 2023. At the time of creating this report it is too early to confirm success, however, early results are promising. The ambition to upscale the pilot quickly is being explored, with a focus on capacity within CSD. The pilot tests the concept of the welfare responder through existing volunteers. It remains our intent to introduce an additional volunteer role to which we will recruit new volunteers.

EPRR - Mass Casualty Exercise

A pan Wales Mass Casualty Exercise took place in September to test the All Wales Mass Casualty Arrangements. All the Health Boards participated with WAST undertaking the lead facilitator role. Learning has been identified from the exercise which will be incorporated into the All Wales Mass Casualty Arrangements. It is regretful that testing the release of ambulances from an emergency department was not included, which has been considered against our associated corporate risk.

Joint Emergency Services Interoperability Programme (JESIP) Assurance Visit

A JESIP assurance visit to Wales took place in November, with the assurance team spending time with South Wales Police, South Wales Fire and Rescue and visited WAST on 15 November. This was a pilot visit to review the feasibility of a national assurance program to include devolved nations; however, it also gave WAST the opportunity to have the Trust's compliance with JESIP assessed by the national JESIP team. A report following the visit has been received and will be reviewed for any follow up actions.

Review of Key Plans

During Quarter 3, a number of key plans have been refreshed or rewritten as part of the annual review process. These include:

1. REAP – Resource Escalation Action Plan

In November version 4.1 of the Trust's REAP plan was published. This plan provides the ability to manage our response in situations where demand or other significant factors within the service see an increase, and any challenge to the capacity to manage these demands.

2. Incident Response Plan (IRP)

In November, Version 2.0 of the IRP was released. In light of a number of incidents, changes to key pieces of national guidance, and the release of the Manchester Arena Inquiry reports alongside learning from internal debriefs, the IRP underwent a significant rewrite rather than a simple refresh. It was approved by the ELT and will be presented to the F&P Committee in its usual annual assurance.

3. Clinical Safety Plan (CSP)

In December, Version 2.2.1 of the CSP was released. The CSP provides a framework for WAST to respond to situations where the demand for emergency services is greater than the available resources. This update was a relatively minor update reflecting evolutionary change to CSP with a wider review planned for 2024.

Resourcing, EMS Coordination & Quality

Challenges

Resourcing

High abstraction rates across operational areas and governance in relation to financial savings targets have resulted in an increased workload for the Resource Team. Skill mix remains challenging in some areas particularly Powys due to the numbers of NQPs recruited into paramedic vacancies, with the team continuing to work closely with local management teams.

EMS Coordination

As winter pressures increase, the service is seeking to train and recruit 4 EMD cohorts in Q3 with a view to fully rollout by the end of the financial year. The service continues to support London Ambulance Service with call handling since July 2023. The capacity levels allowed the service to assist LAS with 5% of their calls per hour between the hours of 15:00 – 03:00 each Sunday for 12 weeks and concluded on 31/10/23. This provides income to WAST without detriment to our own service levels as these continue to be monitored closely.

Operations Quality

The outstanding tasks sitting with the Operations Quality (OQ) Concerns Team is at 168. This is down from 209 in Q2. The OQ Team continues to work closely with the Putting Things Right (PTR) Team to prioritise work to meet deadlines and requests. The additionality to the Concerns Team will be realised in January 24 as four WTE ISOs have been appointed. Concerns returns within the Tier 1 target time reduced in Oct and Nov 23 to 70.6% and 67.6% respectively, but this was due to a number being sent to OQ a number of days after they had been registered by the Trust and those awaiting consent. December 23 is in a healthier position at 81.3%, and those concerns with no consent will be investigated in time order with other concerns from Jan 24.

Coroner statement demand remains high; however, 17 coroner's statements are outstanding which is down from 24 in Q2. The majority of these statements have been written and are either in QA or with Legal Services for review. It is anticipated that the coroner statement position will continue to improve once the backlog has been fully addressed and an assurance SBAR went to SOT/SLT to update which was received well.

NRIs remain high at 33 outstanding. The International Academies of Emergency Dispatch (IAED) has audited a number of the ineffective breathing calls and plan to review the remaining before Christmas. An approach to address the learning on ineffective breathing is being developed and an SBAR is being prepared for SOT /SLT and CQGG for January 24.

IMTP

Resourcing Rostering Systems Manager

We have welcomed James Roberts to the team in the new post of Rostering Systems Manager. James who was previously an ICT SQL Systems Engineer, returns to resourcing where he began his WAST career in 2009 as a coordinator. James is a welcome addition to the team and will play a key role in system development and improvement, to streamline current manual processes, and improve capacity within the team. Over 34 workstreams have been initially identified in a comprehensive project plan, to include a review of the ESR/GRS interface, GRS Everbridge and GRS CAD.

Resourcing Policy

The relief planning pilot for 5-week roster publication went live on 25 September for rosters published to 30 October. Monitoring and evaluation will take place monthly from November, and evaluation metrics will include a comparison of UHP, abstractions and additional resources at publication (5 weeks vs 4 weeks vs actual post-production)

EMS Coordination Reconfiguration

The current IMTP (legacy) deliverable of reconfiguring EMSC has now been replaced by a proposal for a revised leadership structure, which will also incorporate the original single allocator model and dispatch boundaries recommendations.

Initial work was carried out to progress the boundaries recommendation in early 2023 and it became clear that Project Board were keen to refresh the data to ensure that the original (2017) paper and therefore data remained valid in the current context. As a result, further modelling was carried out by ORH in September 2023 that considered more recent and up to date data (Sept 2022 to May 2023). The revised D&C recommendations (Sept 2023) were considered as part of the wider EMS Coordination Reconfiguration Project and an initial paper has set out a proposed structure that will provide a leadership structure that is fit for purpose but will also address the two outstanding recommendations (noted above) from the original ORH Report in 2017.

The final paper will be submitted to colleagues and will be shared with Trade Union in partners in January and all elements will feature as part of the Organisational Change Process (OCP).

Bryn Tirion Relocation.

On the 9 October 2023, the inaugural Bryn Tirion Project Board was held to explore options available to relocate staff from the Bryn Tirion site. It has been broadly accepted that the site is not fit for purpose and as a consequence, monies have been set aside from this years' Discretionary Capital budget to relocate staff to a more suitable premises. At the Project Board on the 16 November 2023 an options appraisal of three options for potential new

locations was undertaken, with Ty Elwy being selected as the preferred relocation site. This was ratified by the Strategic Transformation Programme Board on the 27 November 2023.

It is recognised that the decision to move from Bryn Tirion to Ty Elwy, which is some 25 miles further east, is going to be challenging for some of our staff. As a result, a small space has been identified in the Snowdon House facility in Bangor to accommodate staff who would be unable to move to Ty Elwy. This does not in any way reduce the 111 desk numbers in Snowdon House but does involve some minor alterations to the internal infrastructure to release the additional capacity. An OCP process has been instigated and People Services have been engaged to support staff with identifying the main issues and 1:1 session to scope the impact on individuals.

It is acknowledged that the actual relocation of staff from Bryn Tirion is unlikely to happen before June / July 2024 as there is work required to ensure the space set aside in Ty Elwy meets the specific requirements set out by the teams and to enable the necessary technology requirements to be delivered.

General Update

Death of Michelle Perry, Emergency Dispatch Quality Improvement Manager

In November, we announced the sad death of our colleague Michelle, who died peacefully surrounded by her family. Michelle joined the Trust in 1999 having previously worked for Mid and West Wales Fire and Rescue Service. She progressed from a 999 call handler into dispatch and then into learning and development roles within EMSC before becoming an MPDS Facilitator in 2011. Michelle was much loved and respected by colleagues not only in Operations, Quality and EMS Coordination, but throughout WAST and the International Academy of Emergency Dispatch (IAED) who invited Michelle to become a member of the accreditation panel, such was her expertise. We were fortunate to benefit from Michelle's character and knowledge, and she will be sadly missed.

Culture and Behaviours

The Resource team are to be part of a culture pilot supported by People Services. A questionnaire on team behaviours will be circulated during November, followed by an Insights questionnaire during December with an ambition to facilitate a pan Wales workshop in Q4.

IAED Accreditation

The Trust was awarded reaccreditation for MPDS by the IAED at the UK Navigator Conference. The Trust is now a dual accredited organisation as it was awarded ECNS accreditation for the first time.

EMSC Staff recognition

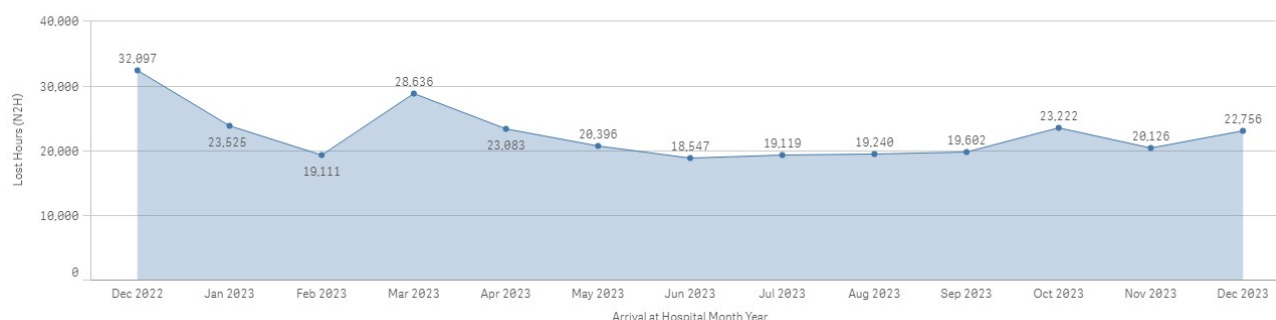
Members of EMS Coordination in the north were nominated for EMD of the year with one staff member winning, two shortlisted and seven runners up. Four members of EMS Coordination were nominated in the staff awards, all of whom were successful.

Emergency Medical Service

Challenges

Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. 19,119 hours were lost in July, 19,240 in August, 19,602 in September, 23,222 in October, 20,126 in November, and 22,756 hours in December. The detrimental impact of the resultant pressure is regularly discussed at Committee and Trust Board.

Lost Hours Trend



Overtime Controls

Financial savings is on plan, and in some areas had overachieved on modelling and assumptions. As part of this savings plan, EMS Response has continued to control the level of overtime allocation. However, the overtime allocation allowance for December allows for additional resourcing to respond to the expected increased demand in the build up to Christmas and on key dates. Original data identified predicted UHP levels as a result of implementing the savings plans. The reduced overtime allocation commenced on 1 July 2023 and the resultant UHP levels have been extremely close to the original plan predictions (for example, in October UHP modelling predicted 35% abstractions, with an end of month position of 34.77% abstractions, ranging between 30.89% - 38.49% across the Health Board areas), with monitoring through the Senior Operations team and Senior Leadership Team. Despite controls, not all available overtime has been taken up. Overtime allocations have been determined for the rest of the year and will continue to be monitored closely, redistributing money should it be unspent.

Visit from Health Minister, Eluned Morgan

In December, WAST was pleased to host a visit from Health Minister Eluned Morgan. The Minister spoke with operational crews and attended two incidents including a red release to a cardiac arrest call. Following this, the Minister visited Vantage Point House and attended EMS Coordination and CSD spoking with the CSD Service Manager and team about the work of the Clinical Support Desk, and how CSD is supporting patients who have accessed 999 with alternative appropriate opportunities to access care, safeguarding those that may have a significant wait for an ambulance response and providing remote clinical support for non-clinical staff attending scene. The Minister has thanked the Trust for hosting the visit.

IMTP

IMTP deliverables are on target with the current arrival of Big Bang NQPs making a big difference to the rural (Powys, BCU etc) vacancies and rural recruitment. Retention is often a challenge however and so it will be important to monitor transfer requests.

General Update

Winter Planning

Winter Planning progressed well with the Senior Planning Team stood up during November with a remit to oversee all winter planning arrangements, including planning for any impact of the Junior Doctor Industrial Action scheduled for January 2024.

Ambulance Care

Challenges

Net Centre

Call taking via the NET Centre continues to be a challenge. Whilst there has been a good period of stability with performance, retention of staff has had a detrimental effect on the consistency during peak periods of demand.

Demand

Demand for the service continues to increase as NHS planned care services increase activity. This is particularly the case for those patients requiring ambulance conveyance where activity levels are now in excess of those seen prior to the pandemic. It is not clear at present what is driving this shift in acuity.

Of particular note is Renal activity, which continues to trend at a level higher than the historically funded average. Like other areas of the service patients requiring ambulance conveyance seem to be increasing more rapidly, in August Renal patients requiring ambulance conveyance were higher than at any point over the last 5 years.

This is impacting on wider service delivery as the service prioritises renal transport provision. Forecasts from the Welsh Kidney Network indicate that this growth will continue by 5% per annum.

The Ambulance Care senior team are working closely with commissioners to ensure that the appropriate capacity exists to continue the good levels of performance currently seen within the renal transport service.

Volunteer Car Service Capacity

During the pandemic a considerable proportion of the Volunteer Car Service drivers were either required to or chose to stand down from active volunteering. This reduction in capacity was offset by a subsequent reduction in demand following reduced planned care activity.

However, as planned care activity increases the ability of the service to absorb additional demand, particularly for Oncology patients, is compromised.

In response, the National Volunteer team is working on increasing VCS driver numbers from 100 to 200 by the end of the financial year. Good progress with recruitment of new volunteer drivers has been made already with 10 new drivers recruited by November and 51 new drivers planned to be in place by end of February 2024.

General Update

CMP (Capacity Management Plan)

The team has reviewed the current Capacity Management Plan, which sets out how the service applies the Welsh Government WHC 2007(005) eligibility criteria for non-emergency transport and the process for managing scenarios where demand for transport exceeds available capacity.

The revised plan, which has been through a EQIA and QIA process, modifies the approach to a position where the service will only take bookings from patients that meet the criteria as per the Welsh Health Circular. Patients who do not meet the eligibility criteria will not be entitled to Non-Emergency Patient Transport and will be signposted to alternative transport solutions only. This plan has been shared with CASC and supported at the DAG meeting.

This refresh will further align the service the Welsh Health Circular, whilst also ensuring that patients that are eligible for transport, in particular those within the enhanced service category, continue to receive the best possible service.

Vehicles development

The delivery and operational roll out of the new B class MAN Ambulances commenced in November. The vehicles will be trialled by UCS colleagues in Barry, Bassaleg and the Grange transfer team. As the vehicles are a very different concept to those currently in service, a full review will be completed and will incorporate colleague feedback and data to help inform decisions on future design.

Integrated Care

Challenges

111

Welsh Language Performance

The 111 Operations team have deployed an action plan designed to improve Welsh call answer performance, specifically the percentage of callers answered in Welsh where this is their chosen language. Performance has been consistently improving and throughout Q3 has remained stable.

Dental Performance

Delivery of the 111 urgent dental care performance indicators has been previously challenged, principally due to the relatively high absence rates within the Dental Advisor Team and vacancies which had been held open in order to support the Directorate savings plan. However, urgent dental care performance is now at 90% as staffing has stabilised.

IMTP

CSD

ECNS Accreditation

The Trust received confirmation on 14 September 2023 that following a review by the Board of the International Academies of Emergency Dispatch (IAED) that the Welsh Ambulance Service was approved as an Emergency ECNS Dispatch Centre of Excellence.

Consult and Close

Work against the consult and close action plan continues. Although consult and close incidents have increased, verified incidents have also increased and therefore percentage of consult and close compliance remains around 14%. Action plan activities therefore continue with a review of triage processes which may lead to shorter triage durations, along with an increase in staffing, which together will enable more triages to take place thus increasing the percentage of consult and close towards the 17%.

General Update

111

Time to Triage

The current 'time to triage' performance is mostly within the KPI standards. However, work has been done to identify opportunities to maintain this performance during the winter season. This was discussed in the 111 Performance Review Group, and as a result, a workshop took place in October. An action plan has been developed, which is overseen by the 111 Performance Review Group.

Business Continuity Exercising

From October, a series of business continuity exercises and training sessions commenced for all 111 operational managers, including Tactical Leads, SCAs, and CHCs. This training involves the EPRR team and the Digital Directorate. Its purpose is to ensure that all 111 managers are well-versed in the 111 business continuity plans and the relevant organizational procedures.

CSD

Police Pilot

Through agreement in the Joint Emergency Services Group (JESG), a second CSD Police Pilot commenced in September 2023. An earlier pilot had low take up, so subsequently the second pilot encompasses a greater geographical area. The trial includes South Wales Police and Gwent police forces and will run for 3 months. The purpose of the trial is to

broaden the Remote Clinical Support offer to Police for circumstances where Officers on scene with a patient are waiting for an ambulance response.

Recruitment

Four clinicians joined CSD in September 2023 with a further eight in November. An additional two Mental health clinicians and a trauma desk clinician have also been recruited and the FTE is now at full capacity for the challenging winter months.

Opportunities for promotion within the team have included one PPED colleague being successful in obtaining a position as Senior Practice Educator and a full time Duty Operations Manager position which has also been filled by a member of the team.



Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	6
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

Integrated Medium-Term Plan (IMTP) 2023 – 2026 Interim Q3/Q4 Delivery & Assurance

MEETING	Finance & Performance Committee
DATE	19 March 2024
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR(S)	Alexander Crawford - Assistant Director of Planning and Transformation Deborah Kingsbury – Senior Planning & Performance Business Partner Gareth Taylor – Senior Project Manager
CONTACT	alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to provide Finance & Performance Committee with the progress and delivery of actions in the IMTP 2023-26. A full delivery and assurance report is included as an appendix to this paper, alongside a detailed assurance report in relation to the Trust Strategy Development.

RECOMMENDED:

That the Finance & Performance Committee:

1. Notes the overall delivery of the IMTP detailed in this paper.
2. Note the update against the ministerial priorities that are relevant to WAST in Appendix 1
3. Advise of any further assurance required for the Trust Board.

KEY ISSUES/IMPLICATIONS

This report was submitted to STB on the 26th of February for noting, ahead of F&P submission.

Appendix 2 is a full delivery and assurance report which includes a written update from each of the IMTP Delivery Programmes presented at Strategic Transformation Board on the 15th of January (subject to Gateway to Care additions following Programme Board):

- EMS Operations Programme
- Ambulance Care Programme
- Gateway to Care Programme
- Clinical Transformation Programme
- Financial Sustainability Workstreams

Appendix 3 provides a further update on the Trust's Strategy Development Work. As with Gateway to Care, the deadline for papers on the 5th precedes TSAG on the 10th, whereby a more comprehensive update will be provided. As such an updated version will be presented to STB on the 15th for assurance and noting.

Appendix 2 also includes updates by exception on the IMTP Enabling Programmes:

- People and Culture
- Digital
- Infrastructure
- Fundamentals (including Quality Safety & Patient Experience, and Corporate Governance)

The majority of enabling actions will be reported through the main IMTP delivery programmes and will be managed and monitored in Directorate Plans. However, where there are discrete, Directorate-led IMTP work packages, and as noted, assurance on progress against agreed milestones was provided to STB on the 26th of February.

IMTP Delivery Programmes

EMS Operations Programme

Overall RAG Status: AMBER

- The EMS Response Roster Review completed implementation last year, and the project evaluation has been drafted. First Draft to be taken to EMS Programme Board for approval on the 2nd of February 2024, and to STB at the end of February, however awaiting additional ORH information ahead of STB approval.
- The rightsizing of EMS Response is **AMBER**. The EMS Operations Programme aims to run a post-roster change relief gap temporarily as agreed by WAST CEO in consultation with TU Partners.
- The EMS Control Reconfiguration Project is currently recorded as **GREEN** across all four workstreams. New structure approved by SLT and ELT, which has taken into account some of the recommendations of the Manchester Arena Inquiry.
- CHARU work is also rated **Amber** as there continues to be a vacancy rate of 38.61FTEs. Recruitment advert went out again in December. Utilisation rates currently differing from ORH modelling, and investigation underway.

Ambulance Care Programme

Overall RAG Status: AMBER

- 1 **RED** deliverable relates to the NET Centre re-roster as current funding does not provide a new roster within current operating hours.
- Implementation of the new NEPTS roster pan-Wales remains paused, whilst funding to support is identified. 12FTEs in the NET Centre Project is also paused as no funding from commissioners to progress. **PAUSED**
- The Urgent Care Service (UCS) Demand and Capacity review is now complete and was presented to the UCS Steering Group. Recommendations approved by ELT 13/12/23, and transition planning now underway. **COMPLETE**
- Project manager appointed for the UCS Transformation Plan and a delivery group is now in place. **AMBER**
- Transfer and discharge project is currently working on options following ORH review of demand and capacity modelling having been completed, with final options being developed for sharing with Commissioners. Delayed by ongoing discussions as to the feasible options and modelling of

alternatives. However progress is being made on a new protocol within the CAD which will better identify transfers and transferring resources. **AMBER**

- Implementation plan regarding improved performance parameters for NEPTS completed with actions underway.
- The Quality Assurance agenda continues to move forward, approved by Ops SLT 12 December and CQGG on 29 Jan 24.
- Opportunities to expand the ambulance car service sought; none identified, decision to close the project noting that a case be developed should opportunities emerge at a later date. **CLOSED**
- The NEPTS Operational Improvement Plan remains **AMBER** with work ongoing to maximise discharge lounges (CTMUHB) due to CTMUHB capacity to engage.
- The roll out of the refresh of the ambulance care fleet mix is on track. **GREEN**

Gateway to Care Programme

Overall RAG Status: **GREEN/AMBER**

- Re-rostering call handlers and clinicians remains paused pending funding, and work to develop clinically confident and competent workforce remains ongoing despite elements paused due to the CAS replacement system.
- CAS replacement work on track to achieve 30th April deadline.
- Work to increase consult and close rates remains at 14% and will not achieve 17% by Year End.
- Improvements to the 111.Wales website are also currently paused due to ongoing resource envelope discussions with 111 commissioners.
- Remote clinical support strategy closure report accepted at G2C Programme Board
- 111 booking and pathway work currently **AMBER** due to interim technology led delays. Due to be aligned with CAS however still on track for delivery by Year End.
- Resource currently impacting G2C/Power BI dashboard development

Clinical Transformation Programme

Overall RAG Status: **GREEN**

- 1 **RED** relates independent prescribing due to the and a lack of supervisory support for TAPPs and APPs, as the APP Clinical Supervision infrastructure remains **AMBER** but features as a priority in next year's IMTP.
- APP Navigator and APP Dispatch Criteria workstreams currently **GREEN**
- Optimising Conveyance workstream all **GREEN** however the 6 Goals clinical elements are being monitored as continued engagement but financial constraints in HBs are impacting.
- All work within the Clinical Intelligence Assurance Group currently **GREEN**. The development of the Clinical Audit Plan has been **CLOSED** as this is now business as usual
- Older Persons and Falls workstream currently **GREEN**. Additional funding through the RPB for a night Level 1 service in ABUHB has gone live and work underway for an additional Level 2 Falls and Frailty Service also.
- Funding for Mental health response vehicle approved for AB. Some delay in go live due to availability of ABUHB mental health practitioners. The pilot has now gone live utilising WAST MHPs from CSD working on overtime. Currently **AMBER**
- Connected Support Cymru work currently experiencing challenging timescales to evaluate applications and awaiting feedback on the submitted Business Case so currently **YELLOW**

Financial Sustainability Programme - Income Generation

Overall RAG Status: GREEN/AMBER

Overall Position Against Savings Target: GREEN (Exceeding Financial Forecast)

- Met with preferred bidder to initiate commercial market analysis work on Wednesday 21st February following successful tender exercise. Work to be completed and presented to ELT 25th March, and Trust Board 28th March. Project Team initiated, scope agreed, and data gathering underway.
- Continued scoping of potential additional income schemes. New process to be implemented in 2024/25
- Commercial mindset work will align with the outcome of the commercial analysis work, while the Service Review has also provided opportunity for comment and feedback regarding the need for additional financial training.

Financial Sustainability Programme – Achieving Efficiency

Overall Project RAG Status: GREEN/AMBER

Overall Position Against Savings Target: GREEN (Exceeding Financial Forecast)

- Assurance provided on Administrative Review Action Plan via Achieving Efficiency. Formal invitation for permanent member from ADLT from April 2024. Progress on recommendation implementation being monitored via ADLT Action Plan.
- Continued scoping of potential 'small wins'. 2023/24 highlights include Consumables Waste (transitioned to directorate-led delivery following pilot), Fuel Efficiencies (continued monitoring).
- Larger programmes of work such as RPA (Robotic Process Automation) to be initiated in 2024/25 following release of funding and recruitment of developers. Programme of work to be led by Digital Directorate but reported into the Financial Sustainability Programme. Work on behaviours to be discussed at Leadership Symposium in April 2024.
- Process efficiencies to be collated ahead of end-of year report / benefits realisation.

IMTP Enabling Programmes (by exception only)

People & Culture

The People & Culture portfolio is monitored through a local Directorate Plan, with actions aligned to IMTP Objectives. The Directorate Plan has been reviewed and updates provided by exception:

CULTURE

Develop and articulate our target culture: GREEN/AMBER

On track overall, however there is an **Amber** status against rollout of EQIA training due to limited training capacity

Refresh TU partnership working arrangements: GREEN/AMBER

On track overall, and ACAS action plan has now been developed and agreed in partnership with TUPs. Implementation of the plan is underway, but timelines have been updated in the context of IA.

CAPACITY

Develop our employee offer: GREEN

Delivery against our commitment to address the 3 biggest issues facing staff (flexible working, shift overruns, and digital experience) continue to progress.

1. **Shift Overruns** – ED Holding Area Survey completed and results was presented to STB on the 26th of February 2024 – some positive signals from the survey and STB has asked the Operations teams to consider the next steps for 2024/25 in the IMTP as this remains a commitment to staff.
2. **Flexible Working Policy** – Developments around flexible working include,
 - a. Reviewing current policy.
 - b. Establishing a clear understanding of current processes and impacts of flexible working arrangements across frontline services.
 - c. Reviewing current research for frontline flexible working across NHS& Emergency services.
 - d. Engaging with the wider Ambulance Sector to understand flexible working practices across the UK.
 - e. Developing coaching / process material.
 - f. Exploring ESR functionality for requesting and recording agreed / declined flexible working requests.
 - g. Engaging with WAST colleagues to understand perceptions and views on flexible working options and evaluate after changes are implemented.
 - h. Continuing to establish a pathway of support for Carers within the organization.
3. **Digital Experience** – Work ongoing with the EqIA process, in order to make this more digitally accessible. Regarding Digital Literacy Skills, the development of accredited and non-accredited education programmes is underway, as is the implementation of LMS365. Also within this commitment is the expansion of Learning Launchpad content. There will be further work on simplified access to digital tools through the refresh of the Digital Plan set out in next years' IMTP.

CAPABILITY

Promote personal responsibility: **GREEN/AMBER**

On track overall, however, there remains a **RED** status against Apprenticeship provision, due to inability to draw down previously secured funding (income), the financial implications of which have been highlighted. These financial implications have been partially mitigated by residual funding but will be considered next financial year.

Digital

The Digital portfolio is monitored through a local Directorate Plan, with actions aligned to IMTP Objectives. The Directorate Plan has been reviewed and updates provided by exception:

National Data Resource Programme Support: **GREEN/AMBER**

All planned activities are complete, however longer-term funding has not been agreed which poses a potential risk.

Upgrade 999 Telephony Platform: **AMBER**

Voice recorder is currently being upgraded, also needs a new version of Callpilot installing and configuring that will need testing, with the aim to go live mid-April.

Digital Experience of Staff: **AMBER**

AT RISK: Meetings ongoing work on hold due to CAS replacement taking priority on resources, impacting capacity.

Operations Communication Programme: GREEN

The NEPTS National Mobilisation Application (NMA) has passed Service Acceptance testing and is deployed on 3 vehicles as part of a live pilot, with plans to increase this to 5. Conclusion of the pilot will be achieved once the Trust is adequately assured the platform is suitable for operational deployment. The MDVS project is seeking to conclude deployment across all vehicle types in Q2 2024.

Fundamentals

These portfolios are monitored through a local Directorate Plan, with actions aligned to IMTP Objectives. Directorate Plans have been reviewed and updates provided by exception:

Risk Management: AMBER

Risk Management Framework in draft – due for approval at Audit Committee March 2024 and recorded as **GREEN**, however programme of training and Board risk education rolled over into 2024/25 IMTP.

Welsh Language Policy: GREEN

Translation service is currently in operation as part of a soft launch. It is expected that a hard launch of the service will be made during March 2024. More than just words year 1 report submitted to WG. Year 2 development of a Welsh Language Workforce Strategy as part of the overall WAST Strategic Workforce Plan. To be completed by 31 March 2024. Policy in draft – this policy will focus on the positive steps the Trust can take to develop our use of Cymraeg - approval due 2024. Annual Report completed and approved at Trust Board on 28/09/23. Development of a Welsh Language Standards Compliance dashboard.

Quality Management System Implementation: AMBER

Quality Management Group regular meetings being held and attended for each service area.

QPMF Self-Assessment pilots concluded end of Q3 and review ongoing through Q4.

Also due to commence development of robust QMS. Risk to delivery remains dependant on QMF functioning with Operations engagement/risk capacity to attend. Operations have since engaged.

Communications strategy drafted to launch DoQ e-learning across Organisation. Developing packages for supervisory/leadership roles. MIQPR now available via SIREN SharePoint as phase 1 of Always on reporting. QPMF now available via SIREN SharePoint to support development of local QMS Frameworks.

Website presence for Duty of Quality now complete (bilingual) to provide point of presence for future Annual reporting externally.

REPORT APPROVAL ROUTE

STB 26th February 2024

REPORT APPENDICES

Appendix 1 – Assessment of progress against ministerial priorities

Appendix 2 – IMTP Delivery Assurance Report Feb24

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

Appendix 1- Assessment of progress against ministerial priorities

Situation

1. The purpose of Appendix 1 is to set out an assessment of delivery against the Welsh Government (WG) accountability conditions that accompanied approval of the WAST IMTP, with particular attention to delivery against Ministerial Priorities.

Background

2. WAST submitted its last IMTP (2023-26) to WG on 31st March 2023 following Board approval. Welsh Government recently approved WAST's IMTP on 12th September 2023. Following approval, the Director General issued accountability conditions on which our approval is based on 2nd October 2023 as follows:
 - Demonstrate delivery of a robust savings plan supported by an opportunities pipeline to maximise its improvement trajectory and develop robust mitigating actions to manage financial risks.
 - Demonstrate actions are being taken to mitigate expenditure in volume and inflationary growth pressures beyond funded levels, as far as possible, throughout the financial year to ensure you maintain financial balance.
 - Demonstrate actions are being taken to mitigate any residual costs in relation to the legacy of COVID.
 - Continue to make progress with the organisations' approach to allocative value and the population health resource agenda where possible.

These four financial areas will be monitored by the NHS Executive, Financial Planning and Delivery Team on a quarterly basis, and assurance on our financial position is provided to the Committee and the Board through the finance reports on these agenda. There was also a paper regarding Value Based Health Care on the Finance and Performance Committee agenda which provided assurance on our progress in this area. This paper therefore will focus on delivery against ministerial priorities.

3. Despite financial challenges for NHS Wales, WAST is expected by WG to deliver its commitments in its IMTP, particularly against the ministerial priorities that are relevant to WAST. Furthermore, it is expected that the Board scrutinises the IMTP and ensures that progress is monitored effectively over the year, in particular against the Ministerial priority templates that were submitted (these are summarised below in the table at paragraph 5).
4. WAST is also required to refresh its Minimum Data Set (MDS) on a quarterly basis as part of its internal review of plans. The requirements of paragraphs 3 and 4 are monitored by the Health and Social Services Group Planning Team. Further risks are communicated to WG through IQPD meetings and JET.

Assessment

5. The assessment against ministerial priorities is as follows:

Priority	Milestones Q4	Progress
Primary care access to services: Improved access to dental services	<ul style="list-style-type: none">• No milestones in Q4	However it should be noted that the implementation of dental services via 111 continues to be a

Priority	Milestones Q4	Progress
		six goals priority and is a featured priority within the WAST 2024-27 IMTP
Urgent & Emergency care: Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability (aligned to Goals 1, 2 &3)	<ul style="list-style-type: none"> New Integrated Information Solution (IIS) which will change in capability for our 111 teams and GP Out of Hours (GPOOH) across NHS Wales. 	The implementation of a new system will now be delivered by end of April 2024.
Urgent & Emergency care: Implementation of Same Day Emergency Care services that complies with the following:	<ul style="list-style-type: none"> Increased SDEC referrals to match the Goal 3 priority milestone for 2023/24 Opportunities for 111 developed and tested or implemented 	<p>Continued challenges in delivering SDEC pathways to ambulance services.</p> <p>A workshop is being led by WG in March 2024 to review current pathways and criteria and to consider how access can be opened up to ambulance services referrals.</p> <p>WAST is also ensuring robust data collection on SDEC as final destination in its CAD and will reiterate criteria to all staff following outcomes of the workshop in March.</p>
<p>Urgent & Emergency care: Health boards must honour commitments that have been made to reduce handover waits</p> <p><i>(NB whilst our actions and milestones for handover are reliant on a system co-ordinated response, we put forward a set of actions and milestones for ways in which WAST can support people more effectively outside of hospital)</i></p>	<ul style="list-style-type: none"> Implementation of labour line (subject to agreement and funding) 	This has not been finalised nationally, but continues to be a priority (subject to continued funding) going into 2024/25.
Cancer recovery: NEPTS oncology performance	<ul style="list-style-type: none"> Delivery of an enhanced hub working with health boards and providers of oncology services 	This is an ongoing project and milestones have rolled over into 2024/25
Mental health and CAMHS	<ul style="list-style-type: none"> No specific milestones for WAST in Q4 	The pilot for mental health response vehicle in Aneurin Bevan is ongoing and we expect the evaluation of the pilot to come through in Q1 2024/25

Recommendation

6. The Committee is asked to:

- Note the contents of this paper and the update against the ministerial priorities that are relevant to WAST.

Welsh Ambulance Services NHS Trust

IMTP Delivery Summary – By Exception



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

IMTP Delivery – IMTP Delivery Assurance Report
Version 1.0
Released: 21st February 2024

by Transformation Support Office
Heather.holden@wales.nhs.uk



IMTP Delivery Programmes

- [EMS Operations](#)
- [Ambulance Care](#)
- [Gateway to Care](#)
- [Clinical Transformation](#)
- [Financial Sustainability](#)
- [IMTP Enablers & Fundamentals](#)



Use hyperlinked section headers to navigate to each section

Use the arrows to progress through the report



EMS Operations Programme

Hugh Bennett



EMS Operations Programme

Report Month:	Current RAG	Previous RAG	STB Action Required	SRO:	Hugh Bennett
Feb-24	Amber	Amber	For Noting	Business Partner:	-
				Project Manager:	Richard Baxter
Objectives	Current Position			RAG	Work to be completed
EMS Response Roster Review	Complete part 1 evaluation: Currently waiting for ORH information, in particular, if any tweaks are recommend to the December 21 ++ keys. This will enable completion of the closure and evaluation report, which is drafted. TU partners feedback has been fed into the draft report, but it is envisaged that a meeting with them will be required before final version to STB.			A	1. Take to EMS Operational Programme Board on 15 th March 2024 for approval. 2. Take to STB in April 2024.
	Rightsizing following roster changes: Run a temporary relief gap as agreed by WAST CEO and Trade Union Partners. Due diligence of the USC scope of practice project has Identified they need to revisit these numbers. This work will be completed in February 24.			A	Final run round these numbers and then agreement on how to apply in practice.
EMSC Reconfiguration Project	EMSC Restructure: EMSC Management team met following the ORH Demand and Capacity review Sept 2023 to understand how the structure set out in a presentation to the Executive Leadership Team in November 2021 could be changed to provide a robust management structure while remaining within the existing financial envelope. Taking cognisance of some of the recommendations from the ORH report (Single allocator model, roster review and desk requirements) a new management structure was developed and submitted for comments. Further funding was made available by ELT, which ensured that the establishment of the EMSC operations remained unchanged and the new structure was signed off by SLT and ELT. This provides a robust structure that meets the need to support staff, while also providing a level of operational cover that meets the needs of the Manchester Arena Inquiry recommendations.			G	It is also envisaged that we will be in a position to resume the Project Board and working groups on the key elements in the next 2 weeks, which will form an essential component of the EMSC Reconfiguration such as Organisation Change Processes.
	EMSC Roster Review Workstream: The first phase of the Roster Review process for EMSC was completed for Emergency Medical Dispatch (Call Takers) and the second phase started in 2023, but was paused due to a withdrawal of TUPs from any Roster review processes. When the issues that led to the pause were resolved it was decided to pause the work until the ORH refresh of the 2019 work had been completed to ensure that the most recent data informed any future roster keys. This was completed in September 2023 and following a broader review of the recommendations from that report together with a EMSC Senior Management Team review of the management structure, it was agreed that this would form part of the agreed approach to EMSC reconfiguration. The working group will take into consideration the ORH Report dated September 2023 and will consult with staff on a new roster that takes into account the demand on the service.			G	It is also envisaged that we will be in a position to resume the Project Board and Working groups on the key elements in the next 2 weeks, which will form an essential component of the EMSC Reconfiguration such as Organisation Change Processes.
	Boundary Changes Workstream: The Desk / boundaries realignment featured in the original ORH demand and capacity review in 2019 and has been updated following the initial project working group discussions last year. In September 2023 ORH refreshed their 2019 work with new data points and this report will now form the basis of discussions around desk and boundary realignment to ensure that there is an equity of work across desks, but also that there a natural flow of patients to the appropriate Emergency departments. This work is a dependency within the overarching EMSC Reconfiguration work and links to both the Roster review, Single Allocator Model and Management Restructure.			G	It is also envisaged that we will be in a position to resume the Project Board and Working groups on the key elements in the next 2 weeks, which will form an essential component of the EMSC Reconfiguration such as Organisation Change Processes.
	Single Allocator Model: A recommendation from the 2019 ORH D & C review and again in 2023 was to move to a single allocator model. This has been incorporated into the new EMSC Structure signed of by SLT and ELT. This model involves working in a different way to the current model within EMSC, but the transition is envisaged to be smoother as Support Coordinators have been factored into the new structure that will Support the allocator with tasks, whilst the Allocator maintains overall responsibility for the area they are managing. As this involved a change to the status quo a Working Group under the direction of the Project has been formed and will be lead by a manager within EMSC. It should be noted that this Working group has a dependency with the Roster Review Group and the Desk / Boundaries Group.			G	It is envisaged that there will be a requirement to explore where the SAM differs from the existing model and to work with staff and TUPs to understand and operationalise the move to a Single Allocator Model. Other Ambulance Trusts are well versed in this model and there may be scope to learn from other Trusts.
Cymru High Acuity Response Unit (CHARU) Workstream	Target of 153 with 101.7 staff in post including 12.69 WTE SP contribution. Vacancy rate at 38.61 FTEs. Latest recruitment advert now closed with 11 expressions of interest. A course was initially booked in March 24, but this clashed with the Junior Doctor industrial action, so a new date is being arranged. New risk added on optimising the utilisation of CHARU against the modelled levels was reviewed on 22/01/24 with members from Operations, Clinical and Quality directorates. Two actions agreed to be taken forward. Following discussions at SLT it has been agreed that the task and finish group requires a review and possible change to a steering group to ensure that the group can continue to meet its objectives. Following EMS Operational Transformation Programme Board on 02.02.2024 it was agreed that a Closure Report will be brought to the next Programme Board 15/03/2024 and the Task and Finish Group will then transfer to a steering group and be over seen by the Senior Operations Team (SOT).			A	1. Continue to recruitment to target. 2. Completed Closure Report and Present to Programme Board on 15 th March 2024.



Ambulance Care Programme

Mark Harris



Programme Summary Q4

Report Month:	Current RAG	Previous RAG						SRO:		Mark Harris
Feb-24	Amber	Amber								
Objective			Q1	Q2	Q3	Q4	RAG	Latest Update		
NEPTS Roster Project (MH)							P			
Implement the new roster pan Wales (NEPTS)							P	• Paused, no funding to support		
NET Centre Project - AO							A			
Seek funding for 12 FTEs for planning and day control as per the NEPTS D&C							P	• No funding identified		
Re Roster NET Centre (c/f from 22/23)							R	• Current funding doesn't provide a new roster in operating hours or relief		
Urgent Care Transformation – MH							A			
Complete the UCS demand and capacity review							C			
Review the recommendations from the D&C review							C			
Develop a transformation plan for UCS							A	• Appointed a project manager and delivery group in place		
Transfer & Discharge - AC							Y			
Understand commissioning response to proposed high level concept on All Wales T&D Model							A	• Further discussions with commissioners		
Review modelling of transfer demand to determine scope of any business case							G	• Working on final options		
Work collaboratively with NCCU on any business case							NS	• Delayed awaiting final report.		
Develop an implementation plan (subject to commissioning)							NS			
Transport Solutions – MH (Interim pending new Head of Service for Ambulance Care Co-ordination)							A			
Implement refreshed performance parameters that focus on improving patient and customer experience							G			
Revising and implementing the new eligibility criteria (subject to further dialogue with Commissioners & WG)							A	• Approved by EMT on 13/12/2023 – RAG Updated		
NEPTS Plurality Model – AE (Interim)							A			
Continue to drive forward the Quality Assurance agenda							A	• Proposal approved by SLT 12.12.23.Present to CQGG on 29.01.24		
Identify opportunities to expand use of the ambulance car service							C	• Opportunities sought, none identified.		
CAD – AE (Interim)							A			
Establish cross Organisational project to consider the requirements of systems to support service delivery for patients							A	• Meeting with system leads 31/01/2024		
Completion of BJC for a new CAD system							NS			
NEPTS Operational Improvement - KH							A			
Review resource downtime (previously referred to as post-production lost hours)							C			
Work with a local hospital to maximise the usage of the discharge lounge, to reduce cancellations.							A	• Engagement with CTMUHB to improve flow.		
Finalise the National Standardised guidance and risk assessments.							C			
Continue to roll out the refresh of the ambulance care fleet mix							G	• B Class vehicle x 5 live in SE area and collecting feedback		



Gateway to Care Programme

Rachel Marsh

Gateway to Care Programme Summary



Objectives	Milestone Status				Current Position
	Q1	Q2	Q3	Q4	
Deliver a safe and high quality service, providing an excellent patient experience					
Re-roster call handlers and clinicians	G	G/A	P	P	Paused Pending funding - progress paused - project still very much required
Develop clinically confident and competent workforce	G	G	G	G	Elements of project on hold due to awaiting 111 CAS Replacement System
Access to high quality remote clinical assessment					
Identify opportunities to increase consult & close rates from the 999's	G	G	A/R	A/R	Remains at 14% - will not achieve 17% target by end of financial year
Develop a clinical specialty educational and career framework for Remote Clinical Decision-making (RCDM)	G	G	A	A	- Awaiting an update on the WAST apprenticeship - Led by People and culture team - Work still to start on the newly qualified nurse option - 'What does this look like' - Advance Practice Education – 111 & CSD Group established and required to review use of additional skill set, role design advance Practitioner B7, and HR aspect. Next steps currently being mapped out, JDs in draft and review of structures for these new roles in review.
Develop a remote clinical support strategy	G	G	C	C	Closure report accepted at G2C
Seamless transfer of callers to further specialists or face to face assessment					
Implement 999 Triage system Emergency Communication Nurse System (ECNS)	A	A	A	A	Text and email functionality outstanding; meeting w/c 03/07 to scope options for email functionality and share API with Supplier. Awaiting quote for configuration. Benefits Realisation on hold due to team capacity
Implement the new CAS 111 system	G	G	G	G	On track to achieve deadline of 30th April
Develop and expand direct booking and pathway opportunities within CSD and 111	G	G	G	A	Currently delayed due to costs of immobilising the interim technology - will be aligned to CAS Still on track for delivery by end of financial year. Press 2 mental health pathway - Funding has been agreed, awaiting on Capita to complete model.
Increasing numbers using digital frontend to meet patient's routine and urgent care needs / More people accessing 111 as their preferred port of call to meet their healthcare needs					
Deliver an improved Directory of Services	A	G	P	P	No Current funding, continuing conversations with 6 GOALS team.
Improve 111.Wales website, and enable better digital self-service	A	A	P	P	Ongoing resource envelope discussions with 111 commissioners.
Standardise information architecture and common approach to data and analytics					
Develop a data dashboard for G2C/Power Bi reporting to drive decision making through data and analytics	A	A	A	A	Currently not progressing due resource





Clinical Transformation Programme Andy

Andy Swinburn



Programme Summary

IMTP Objectives	Milestone Status				Position
	Q1	Q2	Q3	Q4	
Optimising Care Group – Advanced Clinical Practice					
Evaluate the APP Navigator and if appropriate look to expand via a spread and scale	A	G	G	G	No APP Clinical Supervision infrastructure Lack of supervisory support for TAPPs and APPs
Review the APP dispatch criteria to maximise skillset to patient need	G	G	G	G	
Develop WAST Principles of Advanced Practice document	G	R	A	A	
Evaluate the impact of the Independent Prescribing programme	R	R	R	R	
Optimising Care Group – Optimising Conveyance					
Deliver the WAST clinical elements of the 6 Goals	G	A	G	M	Continued engagement but financial constraints impacting
Digitalisation of current and future pathways and referrals	R	G	G	G	
Develop Pre-Dispatch Outcome Risk Stratification Tools linking CAD & ePCR data	R	G	G	G	
Clinical Intelligence Assurance Group					
Deliver Clinical Indicator Plan and design a suite of future Clinical Indicators	A	G	G	G	Now BAU
Develop and deliver the existing Clinical Audit plan	A	G	G	C	
Deliver a comprehensive PowerBI Dashboard providing organisational clinical assurance	G	G	G	G	
Improve the integration and linkage of WAST clinical data (ePCR)	G	G	G	G	
Older Persons & Falls					
Evaluate Powys Care Home PDSA and consider opportunities for spread and scale	A	G	G	G	SBUHB domiciliary care provider evaluation
Expand the Falls & Frailty Response (inc. Level 1 and 2) across Wales	R	R	G	G	
Mental Health & Dementia					
Pilot use of Mental Health Response Vehicles	R	A	A	A	ABUHB Pilot gone live, WAST MHPs
Write Evaluation Report of the impact of Mental Health Practitioners in Clinical Support Desk	G	G	G	G	
Establishing optimal configuration for dementia friendly ambulance environments	C	G	G	G	
Connected Support Cymru					
Collaborate with SJAC to deliver a 20-week community welfare response feasibility project	N/A	A	G	G	20 week complete, evaluation underway
Explore opportunities for further upscaling and investment	N/A	G	Y	Y	Awaiting feedback on business case
Deliver ‘testing’ phase of the Small Business Research Initiative	N/A	A	Y	Y	Challenging timescales to evaluate applications



Financial Sustainability Programme

Angie Lewis

Financial Sustainability Programme



Report Month:	Previous Milestone RAG	Current Milestone RAG	Current Financial RAG	FY23/24 Target	STB Action Required	SRO:	Angie Lewis
Feb-24	Amber	Green/ Amber	Green Exceeding Financial Forecast	Green Exceeding Financial Forecast	STB to consider importance of commercial risk appetite within WAST’s long-term strategy ahead of ELT Away Day Session 5 th of December	Workstream Chair:	Navin Kalia / Liz Rogers
						Project Manager:	Gareth Taylor
Objectives	Upcoming Key Milestones			RAG	Current Position		
Achieving Efficiency	Reviews			G	Assurance provided on Administrative Review Action Plan via Achieving Efficiency. Formal invitation for permanent member from ADLT from April 2024		
	Short Term Savings Opportunities			G	Continued scoping of potential ‘small-wins’. 2023/24 highlights include Consumables Waste (transitioned to directorate-led delivery following pilot), Fuel Efficiencies (continued monitoring)		
	Long Term Savings Opportunities			G	Larger programmes of work such as RPA to be initiated in 2024/25 following release of funding + recruitment of developers. Programme of work to be led by digital, but reported into the Financial Sustainability Programme. Work on behaviours to be discussed at Leadership Symposium in April 2024.		
	Process Efficiencies			G	Process efficiencies to be collated ahead of end-of year report / benefits realisation.		
Income Generation	Commercial Structures and Long-term Planning – <i>Scope potential dedicated structure for delivery and oversight of commercial opportunities</i>			A	Meeting with preferred bidder to initiate market analysis work on Wednesday 21 st February following successful tender exercise. Work to be completed and presented to ELT 25 th March, and Trust Board 28 th March.		
	Income Generation Schemes – <i>Identify, scope, determine viability of ideas and schemes for delivery</i>			G	Continued scoping of potential additional income schemes. New process to be implemented in 2024/25		
	Commercial and Financial Mindsets – <i>Identify, assess, and deliver opportunities for commercial and financial training and Development:</i>			A	This work will align with the outcome of the commercial analysis work, while the Service Review has also provided opportunity for comment and feedback regarding the need for additional financial training.		
Additional Progress					Forward View		
<ul style="list-style-type: none">Last reporting period has seen work on the commercial strategy. Direction required with regards to WAST’s long-term commercial ambitions. Discussion regarding relationship between income generation and long-term strategy required.2024/25 plan is in the later stages of development, with £6.4m identified cross several themes. Plan to be reported via these themes through 2024/25, with additional schemes to be reported under local schemes, and delivered via directorate-led activity.Gateway Review to be undertaken ahead of the 2024/25 Financial Yea, in preparation for a Year End “Fit for Purpose” Review in March 2025.					<ul style="list-style-type: none">Ahead of the March 2024 STB, the Financial Sustainability Programme expects to deliver the following within Income Generation,<ul style="list-style-type: none">A finalised Financial Sustainability Delivery Framework.A finalised Review of current servicesA finalised Financial Scheme Tracker for FY 2024/25A finalised review of commercial opportunities.		





IMTP Enablers & Fundamentals

- [People & Culture](#) — Angie Lewis
- [Digital](#) — Leanne Smith
- [Fundamentals](#) — Trish Mills and Liam Williams

N.B. Infrastructure is not included within this report as IMTP delivery is managed through the Capital Management Board. Verbal updates to be provided to STB by exception only. Capital Management Board papers will be routinely added to STB meeting folders for information.



Use hyperlinked section headers to navigate to each section

Use the arrows to return to the Navigation Page



People & Culture

Report Month:	STB Action Required					Executive Lead:	Angie Lewis
Feb-24	N.B. The People & Culture portfolio is monitored through a local Directorate Plan, with actions aligned to IMTP Objectives. The Directorate Plan has been reviewed and updates provided by exception.					Business Partner:	Sarah Davies
Objectives		Q1	Q2	Q3	Q4	Current Position	
Culture – Create an environment where colleagues have autonomy in their work, feel a sense of belonging, and are confident to make decisions, put forward ideas and raise concerns							
Develop and articulate our target culture	G	G/A	A		Toolkit continues to be piloted with 3 x operational teams. Learning is being shared across teams (i.e. what's worked) to inform the process and potential team based interventions. The toolkit is currently be updated in line with feedback from pilot groups and includes a review of CEWS and potential digital solutions. Feedback from survey is being used to further articulate the roll and expectations of the CCs. Targeted development, support and resources will be aligned to the role expectations and will form the basis of a programme of works for the network to carry forward into Year 2 P&C Plan. Next steps will involve development of a comms plan to re-launch of CC network from April 2024, more clearly defining role, what success looks like and measures of success.		
Sustain our focus on improving wellbeing	G	G	G		On track and on target overall.		
Increase levels of psychological safety	G	G	G		On track and on target		
Improve disciplinary and resolution processes	G	G	G		On Track and on target		
Refresh TU partnership working arrangements	A	A	A		Senior partnership session delivered and good feedback. LPF level sessions in coming weeks. Output of the sessions will be reviewed for next steps. Creating a list of activities for TUPs for shadowing requirements and will review with TUPs.		
Amplify employee voices	G	G	G		On track and on target		
Capacity – Ensure we have the right people in the right roles, at the right time, with the right skills, to enable WAST to realise its ambitious service redesign plans							
Develop our employee offer	G	G	G		On track and on target		
Improve organisational onboarding processes	NS	NS	G		On Track and on target regarding developing onboarding process.		
Improve people related policies and processes	G	G	G		On Track and on target		
Develop Strategic Workforce Plan	G	G	G		On Track and on target		
Deliver Managing Attendance Programme	G	G	G		On Track. Further work to be undertaken via Deep Dive and streamlining.		
Capability – Ensure our people are suitably skilled and qualified, can work at the highest level of their scope of practise and are comfortable to make decisions within their control.							
Build on our learning and development offer	G	G	G		On Track and on target		
Promote personal responsibility	G	G/A	A		On track overall, however there is a Red status against increasing Apprenticeship provision, due to inability to draw down previously secured funding (income), the financial implications of which have been highlighted.		
Improve talent management approach	NS	NS	N/S		Not yet started		
Enhance change capacity and expertise	G	G	G		On Track and on target		
Respond to legislative changes	G	G	G		On Track and on target		



Report Month:	STB Action Required			
Feb-24	N.B. Digital (including HI) is a critical enabler for many FY23/24 IMTP actions and is reported through relevant programme boards. An update has been provided against the digitally-led IMTP objectives.		Executive Lead:	Jonny Sammut
			Business Partner:	Rhonwen Jones
Objectives	Upcoming Key Milestones	RAG	Current Position	
National Data Resource Programme	National Data Resource (NDR) Programme Support: 1. Confirm FY23/24 funding to progress longer-term NDR activities	G/A	AT RISK: NDR work continues. Completed a round of recruitment for an NDR funded post, suspect this post will be filled in Q4 23-24. However, no indication yet of funding for next year to maintain this post and the workstreams. NDR Projects -prioritising the Out-of-Hospital Cardiac Arrest dataset as a test case for the NDR data pipelines, infrastructure and Information Governance are working closely with DHCW team to start flowing this into the NDR – February 24. This is step 1 in enabling an All Wales Cardiac Arrest Registry to be established by the Cardiac Network & NHS Executive.	
Operations Communications Programme	Mobile Data Vehicle Solution (MDVS): 1. Integration CRS/MDVS 2. Testing due to complete/pending outcome. 3. Finalise application testing and pilot for NEPTS fleet 4. Commence Mass Deployment	G	The MDVS project has begun deployment of the replacement technology into the WAST operational fleet (EMS), as of W/C 18.12.2023 176 vehicles have been installed with 1420 staff trained and self-certified. The NEPTS NMA application development has slipped by c7 weeks with live pilots now scheduled to begin W/C 05.02.2024.	
Digital Experience of our Staff	Digital Single Sign on 1. Nadex Integration User Experience Assessment 1. Supplier Microsoft (Android) 2. Supplier Apple (iPAD)	G/A	AT RISK: High Level Market engagement ongoing. Current risks around Cost/Funding to be agreed. Security risks to be mitigated against. November meeting with Supplier – Apple – Risk appetite for improving single sign on & reducing security to facilitate.	



People & Culture - Commitments

Report Month:	STB Action Required	Executive Lead:				Angie Lewis
Feb-24		Business Partner:				Sarah Davies
Commitments		Q 1	Q2	Q3	Q4	Current Position
Digital Experiences						
<ul style="list-style-type: none">EqIA: making this more digitally accessibleDigital Literacy Skills: development of accredited and non-accredited education programmesImplementation of LMS365Expansion of Learning Launchpad content		G	G	G	G	On track and on target
Shift Overruns						
ED Holding Survey completed and results to be presented to STB 26 th February 2024		A	A	A	A	
Flexible Working						
<ul style="list-style-type: none">Review current policyEstablish a clear understanding of current processes and impacts of flexible working arrangements across frontline servicesReview current research for frontline flexible working across NHS& Emergency servicesEngage with wider Ambulance Sector to understand flexible working practices across UKDevelop coaching / process materialExplore ESR functionality for requesting and recording agreed / declined flexible working requestsEngage with WAST colleagues to understand perceptions views on flexible working options and evaluate after changes are implementedContinue to establish a pathway of support for Carers within the organisation		G	G	G	G	On track and on target



Digital

Report Month:	STB Action Required			
Feb-24	N.B. Digital (including HI) is a critical enabler for many FY23/24 IMTP actions and is reported through relevant programme boards. An update has been provided against the digitally-led IMTP objectives.			Executive Lead: Jonny Sammut
				Business Partner: Rhonwen Jones
Objectives	Upcoming Key Milestones	RAG	Current Position	
National Data Resource Programme	National Data Resource (NDR) Programme Support: 1. Confirm FY23/24 funding to progress longer-term NDR activities	G/A	AT RISK: longer-term funding has not been agreed On track to complete most of the planned work within year which was funded via DHCW NDR. This includes: <ul style="list-style-type: none">Information Governance: started with the OHCA data set and are updating sharing agreements and redesigning data pipelines to enable this to flow to Warwick University and the Welsh Cardiac Network. The IG for this project will be complete by end of year.NDR data feeds: using the OHCA data set as the first use case for WAST data flowing into the National Data & Analytics Platform. Phase 1 of this work should be complete by April 2024.Cloud Migration: work is due to complete by end of March 24 where a pilot dataset will be transferred from on-prem to cloud storage, testing security, pipelines and infrastructure. The risk around long-term funding remains. We haven't yet had confirmation of the funding expected in 2024/25 and the years beyond that are unknown.	
Operations Communications Programme	Mobile Data Vehicle Solution (MDVS): 1. Integration CRS/MDVS 2. Testing due to complete/pending outcome. 3. Finalise application testing and pilot for NEPTS fleet 4. Commence Mass Deployment	G	Deployment of the MDVS solution began in October 2023 from two initial installation sites with over 366 EMS vehicles now installed and operating on the new technology. The NEPTS National Mobilisation Application (NMA) has passed Service Acceptance testing and is deployed on 3 vehicles as part of a live pilot, with plans to increase this to 5. Conclusion of the pilot will be achieved once the Trust is adequately assured the platform is suitable for operational deployment. The MDVS project is seeking to conclude deployment across all vehicle types in Q2 2024.	
999 Platform Upgrade	Upgrade 999 Telephony Platform: 1. Supplier readiness (level of confidence) to test 999 platform solution during Q2 2. Q2 - testing Jul/Aug 999 platform solution	A	Voice recorder is currently being upgraded, also needs a new version of Callpilot installing and configuring that will need testing, with the aim to go live mid-April.	
Digital Experience of our Staff	Digital Single Sign on 1. Nadex Integration User Experience Assessment 1. Supplier Microsoft (Android) 2. Supplier Apple (iPAD)	A	AT RISK: Meetings ongoing work on hold due to CAS replacement taking priority on resources, impacting capacity.	



Fundamentals

Report Month:	STB Action Required					
Feb-24	N.B. These portfolios are monitored through local Directorate Plans, with actions aligned to IMTP Objectives. Directorate Plans have been reviewed and updates provided by exception				Executive Lead(s):	Trish Mills/Liam Williams
					Business Partner(s):	Deborah Kingsbury/Rhonwen Jones
Objectives		Milestone Status				Position
		Q1	Q2	Q3	Q4	
Risk Management						
Develop and deliver a risk management framework including policy and procedures		G	G	G	G	Policy in draft – approval due at Audit Committee March 2024
Transition to a strategic BAF reflecting strategic objectives and risks		NS	NS	NS	A	Work due to commence Q3 - consultancy tender open until 8 th January. Consultant appointed and work progressing during Q4
Develop and deliver programme of training and education for the Trust		NS	NS	NS	R	Work due to commence Q3/Q4 - rolled over into 2024/25 IMTP
Deliver Board education on risk management		NS	NS	NS	R	Work due to commence Q3/Q4 - rolled over into 2024/25 IMTP
Welsh Language						
Centralised translation service		G	G	G	G	Translation service is currently in operation as part of a soft launch. It expected that a hard launch of the service will be made during March 2024.
More than just words 2022-27 action plan		G	G	G	G	More than just words year 1 report submitted to WG. Year 2 development of a Welsh Language Workforce Strategy as part of the overall WAST Strategic Workforce Plan. To be completed by 31 March 2024.
Welsh Language Policy		A	G/A	G/A	G/A	Policy in draft – this policy will focus on the positive steps the Trust can take to develop our use of Cymraeg - approval due 2024.
Delivery of the Welsh Language Standards		G	G	G	G	Annual Report completed and approved at Trust Board on 28/09/23. Development of a Welsh Language Standards Compliance dashboard.



Fundamentals

Report Month:	STB Action Required					
Jan-24	N.B. These portfolios are monitored through local Directorate Plans, with actions aligned to IMTP Objectives. Directorate Plans have been reviewed and updates provided by exception				Executive Lead(s):	Liam Williams
					Business Partner(s):	Rhonwen Jones
Objectives		Milestone Status				Position
		Q1	Q2	Q3	Q4	
Quality, Safety, & Patient Experience						
Working Safely Plan		G	C	N/A	N/A	Programme now Closed. Closure Report to be shared with members.
Quality Management System (QMS) Implementation		A	A	A	G/A	Quality Management Group regular meetings being held and attended for each service area. QPMF Self-Assessment pilots concluded - end of Q3. Review of these through Q4. Commence development of robust QMS. Risk to delivery remains dependant on QMF functioning with Ops engagement/risk capacity to attend. Ops have since engaged. Communications strategy drafted to launch DoQ e-learning across Organisation. Developing packages for supervisory/leadership roles. MIQPR now available via SIREN Sharepoint as phase 1 of Always on reporting. QPMF now available via SIREN Sharepoint to support development of local QMS Frameworks. Website presence for Duty of Quality now complete (bilingual) to provide point of presence for future Annual reporting externally.



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

AGENDA ITEM No	7
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

WAST Integrated Medium Term Plan 2024-2027

MEETING	Finance & Performance Committee
DATE	19 March 2023
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford, Assistant Director of Planning & Transformation
CONTACT	alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to update the Board of the progress in developing the 2024-2027 Integrated Medium-Term plan in the context of NHS Wales Planning Framework and the EASC Commissioning Intentions for 2023/24 and that the Committee endorses the plan, subject to minor updates ahead of Board approval on 28 March 2024.

The report will highlight the key issues in the plan and the financial plan which is set to be a break even plan for 2024/25.

It is RECOMMENDED that the Finance and Performance Committee

- **NOTES** the progress made in developing this year's IMTP;
- **ADVISE** of any further assurance required during the final stages of the planning cycle.
- **ENDORSES** the IMTP for submission to Trust Board for its meeting on 28 March 2024, subject to any final editing.

KEY ISSUES/IMPLICATIONS

It is a legal requirement that NHS Health Boards and Trusts in Wales must submit to Welsh Government an IMTP covering three years, refreshed annually. However, importantly for WAST it is also the way in which we set out the priorities over the next three years for achieving our long-term strategic objectives and deliver the transformation that needs to happen to improve our services, but closely aligned to the commissioning intentions for EMS, NEPTS and 111.

WAST's IMTP planning cycle runs from June 2023 to March 2024. Planning happens alongside delivery, making the plan a dynamic and a live document. The key to good planning is not in the final written plan but in the processes, conversations and engagement that go into developing the plan.

Welsh Government issued its Planning Guidance in letters from the Minister to Chairs and followed by more detail from the Director General to Health Board and Trust Chief Executives on 18th December 2023. Furthermore, following the 2024/25 draft budget for Welsh Government released on 19th December 2023, Health Boards have received their allocation letters for the 2024/25 financial year on 21st December 2023. Whilst this did not directly confirm funding for WAST, it was subsequently confirmed that the uplift of 3.67% would be fully passed through to WAST with the expectation that we would make at least 2% cost improvements in our plan.

The confirmation of funding allocations has helped us develop our priorities through January and February and the plan is presented to the Committee as a balanced plan, with key areas of unavoidable spend and priorities identified.

REPORT APPROVAL ROUTE

Strategic Transformation Board (draft plan) – 26 February 2024
Executive Leadership Team (draft plan) – 13 March 2024

REPORT APPENDICES

Annex 1 - IMTP as a near final draft for endorsement
Appendix 1 to Annex 1 - Challenges and Opportunities Shaping our plan (draft to be finalised for submission to Welsh Government)
Annex 2 - Ministerial Templates (draft to be finalised for Board approval)

We have not included all of the appendices listed in the IMTP as some of these are technical documents required for Welsh Government and do not require sign off by the Board. An EQIA will be available for the Board.

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	✓

Approach to Developing the 2024-27 WAST IMTP

Situation

1. The purpose of this paper is to provide Finance & Performance Committee with an update on the progress in developing the next iteration of WAST's Integrated Medium Term Plan for 2024-27 and to seek endorsement for the plan going forward for Board approval on 28 March 2024.

Background

2. It is a legal requirement that NHS Health Boards and Trusts in Wales must submit to Welsh Government an IMTP covering three years, refreshed annually. However, importantly for WAST it is also the way in which we set out the priorities over the next three years for achieving our long-term strategic objectives and deliver the transformation that needs to happen to improve our services, but closely aligned to the commissioning intentions for EMS, NEPTS and 111.
3. WAST submitted its last IMTP (2023-26) to Welsh Government (WG) on 31st March 2023 following Board approval. Welsh Government approved WAST's IMTP on 12th September 2023. Following approval, the Director General issued accountability conditions on which our approval is based as follows:
 - Demonstrate delivery of a robust savings plan supported by an opportunities pipeline to maximise its improvement trajectory and develop robust mitigating actions to manage financial risks.
 - Demonstrate actions are being taken to mitigate expenditure in volume and inflationary growth pressures beyond funded levels, as far as possible, throughout the financial year to ensure you maintain financial balance.
 - Demonstrate actions are being taken to mitigate any residual costs in relation to the legacy of COVID.

4. WAST is also expected by WG to deliver its commitments in its IMTP, particularly ministerial templates and we have undertaken a more robust approach to these templates, as these are the means by which the minister seeks assurance against her priorities.
5. WAST's IMTP planning cycle has run from June 2023 to March 2024. WG Planning Guidance for this cycle required that an accountable officer letter would need to be submitted to the Director General by 16th February 2024 **if the organisation is unable to produce a financially balanced IMTP**. The plan itself then needs to be submitted by 29th March 2024, following Trust Board approval on 25th March 2024.
6. The Trust did not need to submit an Accountable Officer letter as this plan will be submitted as a balanced three year IMTP.
7. In November the Committee was assured that the planning process would take a more holistic approach this year building the plan from floor to board in line with our Quality and Performance Management Framework organisational requirements. Planning has also taken account of the challenge from the Board to focus in on what the organisation will look like in 1 – 3 years time, in line with the further development of our Trust long term strategy and the articulation of the ambitions set out in the strategy and to focus on what 'good' might look like in three years time.
8. As an 'integrated plan, the planning approach has taken account of the workforce, fleet, estate, digital and financial resources required to deliver the IMTP. At the same time it takes account of the system wide developments which impact on WAST's ability to deliver services to the quality patients should expect, the influence WAST can have on the system and performance standards we hope to achieve through our own plan.
9. WG Planning Guidance was issued by the Minister in letters to NHS Chairs and further supported by a letter from the Director General to Chief Executives on 18th December 2023. The requirement is to submit clear narrative plans set over three years, showing clear progression over those three years, together with templates setting out how organisations are delivering against the minister's key priorities for the NHS and aligned to a Minimum Dataset (activity and performance trajectories, workforce plans and financial plan). These priorities are:
 - i. Enhancing care in the community, with a focus on reducing delayed pathways of care
 - ii. Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.
 - iii. Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.
 - iv. Planned Care and Cancer, with a focus on reducing the longest waits.
 - v. Mental Health, including CAMHS, with a focus on delivery of the national programme.
10. We have addressed priorities ii to v as being relevant to WAST, although many of the actions across 2 and 3 would be relevant to priority i.

11. Our IMTP is developed at the same time as Commissioner plans and commissioning intentions, as well as key priorities for the Minister. Welsh Government will continue to scrutinise the extent to which the assumptions that underpin our planning (activity, income etc.) align with those of Commissioners, key partners and the Ministerial priorities for NHS Wales.

Value and Sustainability

12. The minister has been clear within the Value & Sustainability agenda her expectation that for 2024-25 there must be a consistent and significant impact in the following areas on both a local and national basis:

- **Continued progress in reducing the reliance on high-cost agency staff** – this is not largely an issue for WAST but our mechanisms for procurement of third sector providers is based on secure the best value for the system;
- **Ensuring strengthened 'Once for Wales' arrangements to key workforce enablers** such as recruitment, and digital – a key enabler for this is the work we are doing in support of the ESR replacement system, which is set out in the plan
- **Maximising opportunities for regional working** – we have a clear commitment in the plan to support health boards in their regionalisation agenda
- **Redistributing resources to community and primary care where appropriate** and maximising the opportunities offered by key policies such as Further Faster – our plan is built on being able to provide an urgent and emergency response in the community which is the right care and advice for that patient, predicated on trying to treat them at home or as near to home as possible without conveyance to an ED. We also set out how we will work in partnership through our membership of Regional Partnership Boards which is where Further Faster will be most effectively delivered
- **Reducing unwarranted variation and low value interventions** – our plan sets out our approach to value based healthcare and quality improvement which focusses heavily on the reduction in unwarranted variation
- **Increasing administrative efficiency**, to enable a reduction in administrative and management costs as a proportion of the spend base – our Financial Sustainability Programme set out in last years plan and continued in this year's plan addresses the need to focus on more efficient working processes across the Trust.

13. Whilst this will inevitably present challenges for the Trust, it also presents opportunities, particularly in the resource focus around primary and community care and WAST's strategic offers to the system. A key area of challenge will be digital enablers and our ability to deliver transformation in this space due to both financial and workforce constraints.

11.3 Further developments and enabler in the NHS in 2024

There are a range of national developments that will impact across the NHS in 2024 that we took into account when developing the IMTP:

- A Healthier Wales Accountability Review.
- The new NHS Wales Joint Commissioning Committee.
- The continued work of Value and Sustainability Board.
- Phase two of the NHS Executive and the further development of strategic, clinical and operational networks

Furthermore new legislation will be coming into force and/or requires strengthening:

- Social Partnership and Public Procurement (Wales) Act 2023 – complements the Wellbeing of Future Generations (Wales) Act 2015 and will require NHS bodies to refresh their wellbeing goals in light of the new requirements – as a potential named body under the WBFGA, WAST will need to be clear on its wellbeing goals.
- The Health Service Procurement (Wales) Bill is intended to gain royal assent in December 2023 and for associated regulations and statutory guidance to be laid in summer 2024. This legislation will give organisations such as the NHS and local authorities the ability to implement more flexible procurement practices when sourcing services provided as part of the health service in Wales.
- Strengthening our compliance with the Duties of Quality and Candour, ensuring our plans set out how we will deliver improvement in the safety and quality of services.

14. The aims for achieving a Board Approved Plan in readiness for 2024-2027 are as follows:

- Refresh of the current 3-year IMTP with a focus on how we are working towards our strategy, whilst also maintaining control of our spend;
- To be clearer about our milestones across the whole period in years 1,2 and 3 – this is the direction set by the Board and WG;
- Ensure the IMTP meets the needs of patients, colleagues and the wider public and our people;
- That it showcases our commitment to delivering our statutory obligations and commissioning intent.

15. The approach to developing the IMTP this year as with previous years has been through phases, or workstreams. The key workstreams are as follows:

- **Engagement** – with our people, public and patients, trade unions, commissioners, and key partners;
- **Gathering intelligence** – through our performance data, NHS Wales data and information, risks, understanding the strategic and socio-economic context we are working in
- **Developing and agreeing priorities**, using a business case approval process as required

- **Integrated technical planning**, which considers fleet, estate, digital, workforce and financial consequences of our IMTP
- **Writing the plan**
- **Governance, assurance and approval**

16. We have engaged fully on this plan, and Appendix 1 of the IMTP in particular shows how we have taken into account the views of our patients and the public as well as engagement opportunities with our people. We have held planning events across our programmes, with our directorates, at senior leadership sessions and with the Board, as well as collaborative planning with our commissioners. In January and February this culminated in final discussions about our key priorities to inform both our revenue and capital financial plans and workforce and enabling plans over the next three years.

Assessment

17. The following paragraphs set out the process and progress to date in developing the next iteration of the WAST IMTP, by workstream.

Engagement

18. Since the last update to the Committee in January we have collated the feedback from our latest planning events and Board development sessions where we focussed more closely on the priorities we need to deliver within the IMTP. We also focussed our attention on 'what good looks like' so that there are meaningful measures of success built into the plan to allow us to measure how we are achieving our strategic goals.

19. We continued to engage with our **Commissioners** through the usual 111 and EASC commissioning meetings as well as informal meetings with the CASC and his team. We received 111 and updated and final EMS and NEPTS commissioning intentions.

20. As well as direct engagement with staff we maintain open engagement on the IMTP through WASPT and its Corporate Partnership Forum sub-group. **Trade Unions** (TUs) are also part of Board Development sessions and the building up of the plan through our programmes.

21. We maintain engagement with **partners** across the health and care system and information flows through a framework approach into Integrated Strategic Planning group (ISPG) and STB. This includes our joint engagement sessions with Digital Health & Care Wales (DHCW) and Health Education and Improvement (HEIW). We are now also represented on all Regional Partnership Boards (or subgroups).

Gathering Intelligence

22. We compiled a data pack which is a 'compendium' of key challenges and opportunities as an Appendix to the IMTP and this has informed how we have developed the plan, particularly in ensuring we address the feedback from our

patients and our people, but also taking account of key areas of performance improvement required and risks that need to be addressed.

Developing and agreeing priorities

23. We held a prioritisation session on 14 February 2024 with assistants directors and execs where we focussed on revenue priorities where there are unavoidable costs attached, as well as priorities for delivery within our existing resources. We also focussed on priorities for capital funding in 2024/25. We then had a Board Development session on 22 February 2024 at which we discussed the final priorities and how they would impact patients, our people, the system and the quality of services we provide over the next three years (i.e. 'what will good look like?').
24. We presented the plan at EASC Management Group (made up of senior members of health boards and chaired by the CASC) on 7 March 2024. There was broad agreement with the priorities set out in the plan. The plan was also taken to 111 Commissioning Board on 13 March 2024 where it was also endorsed. The plan will be taken to full EASC/WHSSC joint committee on 19 March 2024 for their endorsement.

Integrated Technical Planning

25. The Integrated Technical Planning Group which reports into ISPG (which is responsible for overseeing IMTP development) has continued to meet throughout the year and will provide the technical planning which considers our priorities in the context of fleet, estates and digital requirements. It also informs our workforce and financial planning (both revenue and capital). The agenda for the meetings has now been extended to ensure we have clear focus on the IMTP at every session between now and the end of March.

Financial Plan and key Budget setting assumptions

26. The detail of the financial plan will be set out in the agenda item on Budget Setting. This plan will only provide for a balanced revenue financial outturn for the Trust for the 2024/25 financial year based on the following key financial assumptions:
 - The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 3.67%, applied to all of the Trust's key commissioning agreements. On top of this an element of additional funding (£0.45m) specifically ringfenced for additional energy costs support for WAST;
 - That the first call on the above uplift is to ensure that the recurring costs and subsequent funding base for the Trust is put on a sustainable footing and includes that recurring assumed at the outset of the 2023/24 financial year. Specifically, this means that the full costs of an additional 100 frontline EMS staff appointed through the latter half of the 2022/23 financial year are now funded in full recurrently;
 - That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated and now, in some cases, specifically funded within it;

- The ability to fully deliver on a range of cost containment, cost avoidance and savings of a minimum of £6.4m, or 2.2% of cost baseline, which will be key to delivery of a balanced financial position in year;
- That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
 - costs relating to the 2024/25 pay deal, along with the recurrent costs of the 2023/24 pay deal, still to be confirmed;
 - Any costs relating to any proposed banding change for EMT / technician level posts following the issuing of updated national A4C job profiles during the latter part of 2023, and outcome of formal job evaluation process;
 - Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, and
 - Any and all costs associated with the recently submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.

27. The high level summary revenue financial plan for 2024/25 set out in the main body of the IMTP is as follows:

	Opening Budgets 24/25 £m	Planned Savings £m	Revenue Set Budgets 24/25 £m
Income	-289.133	-0.640	-289.773
Operating Expenses	281.148	-5.481	275.667
Profit on Disposal	-0.445		-0.445
Interest Payable	0.100		0.100
Interest Receivable	-0.500	-0.300	-0.800
Depreciation and Impairments (Baseline)	15.251		15.251
Total Expenditure	295.554	-5.781	289.773
Planned Budget Surplus (-) / deficit	6.421	-6.421	0.000

28. Finalising the plan: Governance, assurance and approval

29. The key remaining governance and assurance routes are as follows:

- **111 Commissioning Board** 13 March 2024 – for endorsement
- **EASC/WHSSC joint committee** 19 February 2024 – for endorsement
- **Finance & Performance Committee** 19 March 2024 – scrutiny and assurance of final draft and endorsement for approval at Trust Board
- **Corporate Partnership Forum** 20 March 2024 – engagement with TU partners on the final draft plan

- **Trust Board** 28 March 2024 - final version of the IMTP for sign off prior to submission to WG
- **WG Submission** - 28 March 2024

30. Following Finance and Performance Committee there will be some final edits and updates to the plan, including proof reading, before then being submitted to Trust Board. The final plan will also be sent for translation when it is finalised as the version to be submitted to Welsh Government.

Recommendation

31. Finance & Performance Committee is asked to:

- **NOTES** the progress made in developing this year's IMTP;
- **ADVISE** of any further assurance required during the final stages of the planning cycle.
- **ENDORSES** the IMTP for submission to Trust Board for its meeting on 28 March 2024, subject to any final editing.



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Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust **Integrated Medium-Term Plan**

2024-2027



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Foreword from the Chairman and Chief Executive

It is our pleasure to publish our 2024-27 Integrated Medium-Term Plan, a plan which sets out what we need to do as a provider of urgent & emergency care services and planned transport services to transform for the benefit of our patients, our people and value & sustainability in partnership with the wider system.

Our people work in a health and care system which continues to see unrelenting pressure on the range of services provided across Wales. As a national provider we feel this pressure too, but we also recognise areas where we can improve, be more efficient and meet the needs of our commissioners, whilst still focusing and evolving our strategic transformation journey towards our 2030 vision set out in 'Delivering Excellence' (our long term strategy).

We also work in a sector which has come under the spotlight for its culture and poor behaviours. We want our people to work in a culture where they can feel psychologically and physically safe. We will therefore continue the proactive work to address issues raised through our review of Sexism and Sexual Safety in the workplace, making the Trust a place where people feel free to speak up against such behaviours as well as furthering our work on diversity, inclusion and allyship.

At the heart of our services is our response to people with the most critical and life threatening health needs. We know that too many of these people are not getting the service they need and many of them are either coming to harm in the community or taking themselves to hospital when the wait for ambulances is too long. Our plan sets out how we want to transform our services to protect resources that convey people to hospital by providing remote and community based clinical services to patients who ring 111 or 999.

We occupy a unique position in NHS Wales, a position in which we see an opportunity to meet the demand from our patients differently. This is not a plan to step into spaces occupied by our existing health and care partners but a collaborative plan that seeks to make the most of this unique position.

We enter a new phase of health and care commissioning in Wales in which specialist and ambulance services will be commissioned by a Joint Committee, presenting opportunities for us to balance the core demands of all our services with our transformation offer. We also aim through this plan to deliver against Welsh Government priorities, particularly in support of the Six Goals for Urgent & Emergency Care, where we increasingly see ourselves playing a bigger role in support of the system.

Our plan is predicated on providing the **right care and advice, in the right place, every time** by delivering **quality driven, clinically led and value focussed** services. Delivering this plan will see a greater emphasis on remote and community-based assessment and care, closing cases remotely and in the community safely and without onward travel to Emergency Departments unless absolutely necessary. We will also deliver on our statutory obligations including financial balance.



Jason Killens
Chief Executive

Thank you for taking the time to read our plan, and we look forward to working with colleagues, patients, and partners as we continue to deliver the improvements to our services that will benefit the population of Wales.

To Support. To Serve. To Save



Colin Dennis
Chair

Executive Summary

At the heart of this IMTP is our recognition that there remains a **pressing need to change** the way in which we and our partners respond to and meet our patients' needs. We now believe such change need to happen **at pace**. Too many patients continue to come to harm, services are often centred around organisational needs with inefficient and outdated processes affecting patient experience, and the difficulty in navigating our complex health and care system means patients are often not getting the right care in the right place at the right time.

Much of this exacerbates the **pressures on our people**, evidenced in levels of sickness absence and turnover that are higher than we would want, although there have been positive improvements over the last two years. We heard directly from staff in roadshows and through surveys about what it feels like to work in WAST, much of it reflecting their frustrations.

With these drivers at the forefront of our minds, and acknowledging all that our people have worked hard over the last few years to bring us to this point, we are clear that there must be a **purposeful focus on delivering three key priorities**:

- **Transforming** the way in which we deliver care with health board partners by developing, agreeing and implementing a **new clinical response model** that will provide patients with the right advice and care, in the right place, every time and reducing harm;
- Doing everything in our gift to improve **our people's** workplace experience, enabling them to be the best they can be; and
- Delivering exceptional **value and sustainability**, in the context of finance, the environment and Value Based Health Care.



Our Patients

'**Delivering Excellence**', our Long-Term Strategy, was agreed in 2019. It sets out an ambition to move away from being a traditional ambulance and transport service to a trusted provider of high-quality care, ensuring that patients receive the '**right advice and care, in the right place, every time**', with a greater emphasis on providing care closer to home. The direction of travel remains broadly right for the next five years, but we are committed to refining our thinking and agreeing a **new clinical service model**, which adopts a more **holistic and integrated approach**, considering how our 999, NHS 111 and Ambulance Care services contribute to the transformation of care.

Our primary and most important priority has always been and will continue to be the provision of a world class **emergency response** service. Our new clinical model needs to ensure that we have sufficient appropriate resources to provide this rapid, emergency response, securing the best possible outcome for each and every patient.

But those needing an emergency response are a small proportion of the overall numbers of patients who contact or call us. A significant proportion of our demand is for patients who have an urgent or lower acuity

health need, and these can present either through a 999 call or via the 111 system. For these patients, irrespective of how they have accessed us, we need to work with our partners to create an integrated **24/7 urgent response service** which is a more bespoke service meeting patient's individual needs closer to home. This includes:

- a **Remote Clinical Assessment Service** where our existing NHS 111 and 999 clinical teams will come together, working closely with Health Board remote clinical hubs and developing mechanisms to support their clinical decision making, including access to real time observations through **Connected Support Cymru**;
- an **Urgent On-Scene Community Response service** providing face-to-face assessment and treatment. We already provide a range of responses, such as advanced practitioners, falls services, mental health response and palliative care paramedics, and we want to work with health boards to grow and integrate these with their own community response services. Key to the success of these teams will be working with others to develop access to community pathways.

Our Ambulance Care **patient transport service** will have a greater role in the future in supporting flow across the system, whether that is through flexible discharge services, dedicated and responsive inter-hospital transfer schemes or on the day 'planned' health transport service accessible to HCPs or our own clinicians.

Our ideas need further **evolution in collaboration** with our commissioners, system stakeholders, our people and the public in 2024/25, but in this IMTP we are starting to describe what **good will look like** in three years' time, and how the system can expect to see measurable change and improvements in outcomes. Increasing sophistication in how we measure system wide improvements is a priority, and in particular, ensuring that **data and information is linked** across organisations.

Within our 111 service, our key priorities will be to:

- Work with partners to create a '**digital first**' vision for urgent and emergency care services, which is likely to centre around the NHS Wales APP, but in which we will play a part;
- Build on our digital platforms, delivering the **new CAS system** and making improvements to the **111 website** (funding dependent)
- Sustain the core 111 service by maintaining **commissioned numbers of staff**, undertaking a **demand and capacity review** and re-rostering to appropriately meet demand and continuing to find ways of enhancing **clinical practice and improving productivity**;
- Work with the Six Goals programme and commissioners to develop new and improved **pathways** including dental care, palliative care, Urgent Primary Care Centres, medicines management line;
- Develop attractive career pathways and opportunities that retain and attract colleagues, specifically for clinicians seeking **portfolio-based careers**.
- Work with Commissioners to agree a **vision for the 111 Gateway to Care** which fully utilises our capabilities to enable primary prevention as well as urgent care responses, for example through use of wearable technologies.

For our EMS service, we will:

- **Restructure the EMS Coordination** function aimed at enhancing leadership and team structures and opportunities, improving efficiency and reducing turnover;
- Fully staff the **CHARU** service and increase utilisation, further improving clinical outcomes and boosting red performance up to 65% by year 3;

- Maximise the impact and benefit of the Clinical Support Desk (CSD) by growing capacity by **23 WTE**, introducing a **rapid clinical screening service**, and **clinically led deployment** in line with the new clinical response model;
- Growing our **Connected Support Cymru** service which supports better remote clinical decision making through on-scene observations, including deployment of 600 **Community Welfare Responders** and 50 Luscii **'Ambulance in a Box'** solutions;
- Continue to work with Health Boards through Integrated Commissioning Action Plans (ICAPs) and enhance integrated working across teams with health boards to realise improved patient experience and outcomes;
- Grow our on-scene urgent community response services. This will include
 - training and deploying more **Advanced Paramedic Practitioners (APP)** to support WAST and the wider health care system, with **sixteen** additional APPs recruited in year 1. To support the growing numbers, new rosters will be introduced and a new **clinical leadership and supervision structure** will be agreed and implemented.
 - piloting and evaluating the **mental health response vehicle in AB**;
- Through these changes, aim to **double the numbers of patients** who we safely manage at home or in the community over the next 3 years;
- Make the **case for further change** through a formal engagement process with stakeholders, supported by an updated, strategic, collaborative demand and capacity review.
- Develop and submit the case for investment to meet recommendations of **Manchester Arena Inquiry**.

Within our Ambulance Care service, our top priority will be to work with commissioners to develop and agree a **vision** for these important services, including how they contribute to the wider system transformation. We will continue to make improvements in productivity and efficiency including **re-rostering** within NEPTS. We will also be working closely with ambulance commissioners on the development of a **national Transfer and Discharge model**, considering carefully how this could bring coherence to a potentially fragmented offering and improve services for patients and flow across the system.

Improving our people's workplace experience

We are actively listening, learning and ensuring we take action to address some of the biggest issues that are impacting on the daily lived experience of our colleagues. Alongside this, acknowledging the cultural issues that have come to light in the wider emergency service sector, we are continuing work to build a safe, positive culture with an emphasis on wellbeing, support and development, where we can bring our whole selves to work. These are the core elements of high performing organisations. By creating this environment, our people will feel valued and trusted and experience a true sense of purpose and belonging which will enable us to keep improving and deliver our long-term ambitions.

We have agreed a People and Culture Plan for 2023-26 which supports our organisational strategic ambitions which will have a focus on our 3Cs: **Culture, Capacity and Capability**, which provide the basis for the objectives and plans for our people.

We are committing to continuing to work on three specific priorities that we identified last year as important:

- Improving **flexible working** models for our frontline colleagues;
- Eradicating **shift overruns**, through co-created solutions
- Improving our people's **digital experience** e.g. simplified sign on, automation etc.

We will continue our focus on reducing absences due to sickness absence. Our aim is to bring sickness absences down to 6% through this three year period, accepting that there are many factors which will influence and shape achievement.

Delivering exceptional value and sustainability

The plan is underpinned by a **balanced financial** plan that will aim to continue our recent strong financial performance of balancing throughout the financial year. To achieve this, however, will require the delivery of a challenging savings target of c£6.4m. This will concentrate not just on **savings and efficiencies** but also on proactively exploiting **income generation** opportunities.

Supporting the growth and transformation of our core services will be a series of extensive enabling programmes and plans including our Quality Plan, Clinical Plan, People and Culture Plan, Digital Transformation Plan and Volunteering Plan. The Estates and Fleet Strategic Outline Programmes will be driven forward as well as, importantly, work to deliver on our contribution to the NHS in Wales and WG Environmental Sustainability Plan taking us towards delivery of our **carbon targets by 2030**. This threads through our plan with decarbonisation actions featuring throughout.

We know that this plan is ambitious and acknowledge that there are risks to delivery: in relation to the **financial constraints** across the system; in relation to a range of external factors over which we have limited control; and in relation to the potential impacts of moving to **new commissioning arrangements**.

However, the steps we will be taking do not sit in a vacuum and are consistent with the ambitions set for us specifically through our **commissioning intentions** and more broadly for the wider system through the **Six Goals Programme**.

We are rightly proud of what we have achieved over the last 12 months. The key will now 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.



Introduction

This document sets out the Welsh Ambulance Services NHS Trust's (the Trust) Integrated Medium Term Plan (IMTP) for 2024-27, written in line with the NHS Planning Framework and the Emergency Ambulance Services Committee (EASC) and 111 Commissioning Intentions.

The document is supported by the Minimum Data Set (MDS) as required by Welsh Government (WG), ministerial priority action plans and appendices which provide more detail on areas of our plan. Further information is available on request.

1. Our Long-Term Strategy

1.1 Our Purpose



A purpose statement is something that can bind and unite people across the organisation towards a common goal.

We agreed our purpose in 2023 and we continue to build our plans which help us to live our purpose: **To Support. To Serve. To Save.**

1.2 Our Strategic Objectives

Our Long-Term Strategic Framework for 2030, '**Delivering Excellence**' was endorsed in 2019, setting out our long-term vision for the organisation. It set out our ambition to move from being a traditional ambulance and transport service to being a trusted provider of out-of-hospital high quality care, ensuring that patients receive the '**right advice and care, in the right place, every time**', with a greater emphasis on providing care closer to home. This not only ensures that patients receive safe and timely care, meeting their individual needs, and reducing unnecessary conveyances to secondary care, it also supports flow across the wider health and care system and contributes to Health Board strategies and plans.

It is a whole organisational strategy, not only concerned with service models, but also with how we support and enable our **people to be the best that they can be**. We also commit within the strategy to being an organisation that **collaborates** with our partners, stays at the **forefront of innovation and technology**, remains utterly focussed on being **quality driven and clinically led**, and delivers exceptional **value**. We have continued to develop our IMTPs around this strategy and its **six core strategic objectives**.





Last year we took the opportunity to review progress against 'Delivering Excellence'. It is clear that that we have made significant progress in delivering on our strategic ambitions, some of which can be seen in our roadmap from 2019 to 2024 below.

But since we developed the strategy in 2019, the landscape within which we operate has changed considerably. Whilst we are confident that the broad direction of travel remains fit for purpose, our review identified that there was a need to develop and refine our thinking on our clinical response model which will deliver the ambition of 'providing the right care and advice, in the right place, every time'. Our emerging thinking is described in more detail in the next section.



1.3 Evolving & Transforming our Service Offers

It is clear to us that there remains a **pressing need to change** the way in which we and our partners respond to and meet our patients' needs. Too many patients continue to come to harm, services are centred around organisational needs with inefficient and outdated processes affecting patient experience, and the difficulty in navigating our complex health and care system means patients are often not getting the right care in the right place at the right time.

Previously, our service transformation ambitions were visualised through the concept of 'Inverting the Triangle'. This focussed primarily on transforming our response to patients who call 999 - moving away from the traditional ambulance model of care of clinical logistics and conveyance to a future where the majority of care needs are met and resolved in or close to the patient's home.

The principles of this concept still hold true. But working across such a complex and interconnected health and care system, in order to maximise the impact and benefits for our patients, we want to broaden our thinking and adopt a more **holistic and integrated approach**, considering how all of our services (999, NHS 111 and NEPTS) contribute to the transformation of care. Visioning workshops have helped to shape our

thinking but our ideas need further **evolution in collaboration with our commissioners**, system stakeholders, our people and the public in 2024/25. It is important to us that our transformation agenda aligns to and delivers the priorities of Health Boards and the Six Goals Programme.

We are starting to describe a new **integrated clinical response model**, which has a number of key components which are described in more detail in the sections below.

Our primary and most important priority has always been and will continue to be the provision of a world class **emergency response** service. Patients suffering from, for example, cardiac arrests, strokes, respiratory failure or serious injury need either immediate or rapid response and, in many cases, swift conveyance to an appropriate receiving department to meet their ongoing health care needs. For some of our frailer patients who have fallen, whilst they may not be injured, they also need a rapid response to pick them up to avoid the consequences of a long lie. Our strategy must ensure that we have **sufficient, available emergency ambulances, CHARU and other resources** to provide this rapid, emergency response to secure the best possible outcome for each and every patient.

But those needing an emergency response are a small proportion of the overall numbers of patients who contact or call us. A significant proportion of our demand is for patients who have an urgent or lower acuity health need, and these can present **either through a 999 call or via the 111 system**. To enable us to provide the rapid response to emergency situations, we need to more effectively manage those patients whose presentation, whilst urgent in nature, does not necessarily mean that a trip to the emergency department is required. For these patients, irrespective of how they have accessed us, we need to work with our partners to create a **24/7 urgent community response service** which is a more bespoke service meets their individual needs closer to home, avoiding the need for conveyance to hospital or admission. This will include:

- **Remote Clinical Assessment:** we already have a national clinical footprint and infrastructure supporting **NHS 111 and 999** services. These teams help to navigate patients safely through the system to the right care, often providing the advice and care needed themselves so that no further intervention is required. Growing the capacity and capability of this workforce will be key, as well as developing mechanisms to support their clinical decision making, including access to real time observations through **Connected Support Cymru**, enabling both primary prevention as well as urgent care responses, for example through use of wearable technologies. These two clinical teams will be brought together over the next 2 years.
- **Urgent On-Scene Community Response:** Many patients will still need face-to-face assessment and treatment. We already provide a range of responses, such as advanced practitioners, falls services, mental health response and palliative care paramedics, and we want to work with health boards to grow and integrate these with their own community response services. Key to the success of these teams will be working with others to develop access to community pathways.

Our ambulance care **patient transport service** will have a greater role in the future in supporting flow across the system, whether that is through flexible discharge services, dedicated and responsive inter-hospital transfer schemes or on the day 'planned' health transport service accessible to HCPs or our own clinicians. At the planned care end of the spectrum, the continued provision of patient transport for pre-planned outpatient appointments will need to be modernised to provide better patient experience.

There will be a variety of access points to these services, which will include an integrated digital gateway, aligned fully with the NHS Wales App. As well as providing access to urgent care, this is also the mechanism for patients with more **routine needs** to access advice, guidance and to communicate with us. This could

include realising the benefits of AI and Chat Bots, offering a more interactive Directory of Service and the ability to schedule appointments online.

Importantly, we will need to be able to better measure and demonstrate our strategic impact across the system. To take this forward we will focus on the following three work streams:

- **System metrics:** In 2024/25 we will map and review our “system metrics” and seek to develop regular reporting that enables us and our stakeholders to track our impact. This will have a particular focus on visualisation.
- **Evidencing impact:** The critical enabler is data linking. For us to demonstrate the value we add to the system, we need to be able to follow patients through the system, identifying outcomes, and demonstrating that when we close an episode of care, that patient’s needs are met and they don’t simply access healthcare elsewhere. Our ePCR data is not currently shared with health boards, but we are working with DHCW to make a flow available in late spring / early summer. Further work is required to ensure that any linked data is also available to us.
- **Productivity & efficiency:** We also want to improve data around the productivity and efficiency of each element of the new clinical response model. This will include modelling utilisation levels and working on enhancing access to individual team and clinician data.

Insert visual

Deliverables table to be inserted – case for change, engagement with chief executives and other key stakeholders to align plans, development and agreement of a new clinical response model, new vision for 111, new vision for NEPTS

2. Our key achievements in 2023/24



3. Challenges and opportunities shaping our plan

3.1 What do our patients say about our service?

Appendix 1 sets out in more detail the patient engagement we undertook in 2023/24 and how the feedback we have been provided with throughout the year contributes to the priorities set out in this plan. This section summarises some of the key feedback we have received in our 3 main service areas.

NHS 111 Wales



Whilst we are putting a proposal forward to the Information Commissioners Office to try and remedy barriers to effective patient feedback, we do not yet have a governance process in place allowing us to directly contact 111 callers to ask for feedback, leading to a limited response to our telephony survey. However, we received valuable feedback in 2023/24 about the **NHS 111 Wales website** experience. The website is intended to be a helpful and intuitive first port of call for people seeking advice and guidance about their urgent care

needs. The feedback from patients this year has been helpful in identifying areas for improvement.

The majority of the respondents to our surveys rated their experience using the website as poor or very poor, so there is clearly improvement to be made, but there are some positives to build on as we develop our 111 digital vision for the next three years.

Emergency Medical Services and Clinical Support Desk - 999

We have been using the **Civica patient experience system** as one mechanism to measure feedback and quality in our 999 services, which now includes patient stories video functionality. The numbers of respondents so far has been limited as we continue to work through consent and information governance requirements. However, the **feedback was largely positive** about most aspects of patients experience of the 999 system, albeit as expected, there was negative feedback about the **wait times for an ambulance**.



Themes coming through our **patient stories, complaints and compliments** also focussed heavily on ambulance response times and handover delays at hospital. There was a feeling of anxiety and examples of poor and in some cases catastrophic outcomes from long waits including for those people who had to make their own way to hospital during period of high escalation, where we were unable to send a resource.

Ambulance Care

Feedback about Ambulance Care on the whole was **positive**. Some negative feedback was received in respect of waiting times for ambulances, comfort and pain. What is clear though is the dedication, compassion and friendliness of staff making the patient experience a good one for more people who respond to our surveys.

3.2 What are our colleagues' priorities?

We have continued to engage with colleagues across the Trust throughout 2023/24 to understand the key issues that affect them. This not only helps us shape our future service plans, but also helps us to identify issues that impact on their day to day working lives.

We continue to use a range of digital and face to face engagements complemented by our new Hive pulse **surveys** and as well as our 6 monthly **CEO Roadshows** and **Leadership Symposiums**. Health and safety data is also used to inform our plans to improve the health, safety and wellbeing of our people through this plan. We have launched our Freedom to Speak up platform, which provides people with an avenue to feedback on concerns and the Voices Network gives a further avenue for feedback.

There has been a real strength of feeling coming from our people during these engagement opportunities. The unrelenting **system pressure** continues to have a significant impact. Staff are frustrated at the long delays outside hospital. For road staff, not only do they see first-hand the harm that comes to patients who have waited too long in the community, they are also worried about the decay of their **clinical skills** as they see fewer patients each shift. Whilst we have put measures in some areas to alleviate the impact of delays, particularly **shift over-runs** which impact on commitments outside work, these are still not eliminated. Control centre staff **feel powerless** to help patients when they ring again and again to ask for an update on arrival times or when there are no ambulances to dispatch. Our 111 staff are affected when demand is so high, they can't respond as quickly as they would like.

This year we started to hear broader concerns from our staff, some of which are set out here. →

Despite the worries amongst our people, we have had some positive feedback throughout the year and people continue to be proud of working for WAST. During the CEO Roadshows around 500 people shared their hopes for the future.

Appendix 1 sets out more detail about the feedback we have received and the areas within this plan where we aim to address some of that feedback we received.



3.3 Our operating and financial context

The Trust monitors quality and performance in an integrated way, looking at four domains based on the Quadruple Aim: our patients, our people, value and system contribution. We have an agreed Quality and Performance Management Framework. (QPMF).



The operating context for the Trust remains challenging. The graphic above summarises some of the headline performance challenges we are facing (based on December 2023 data), with many of the areas of poor

performance triangulating with information from our patients and our people. There are some good news stories within the data as well. Whilst the percentage of red calls responded to within 8 continues to be well below the 65% target, we are responding to **more red calls** within 8 minutes than ever before as overall red demand increases. We have also seen positive improvements in the quality in our NHS 111 Wales service, with increased capacity delivering improvements in **call answering performance**, fewer calls abandoned and improved clinical call back times.

However, we are particularly conscious of the fact that, despite the actions we have taken, the ongoing system pressures and excessive hospital handover delays have led to **unacceptably long waiting times** for an ambulance which in turn have contributed directly to avoidable **patient harm**. We know that harm can occur to patients who have waited too long for a response in the community, to those who are waiting in the back of an ambulance waiting for offload into an Emergency Department or to those who we cannot send an ambulance to at times of highest escalation. This has been the subject of much discussion within the organisation through the year, with **Board receiving a detailed report** at each of its meetings on actions being taken to reduce and mitigate harm and large numbers of cases being investigated under the Joint Investigation Framework with Health Boards.

We will meet our statutory financial duties in 2023/24 but have had to deliver £6m in savings. The continued impact of inflation, costs of living and volatility in energy prices as they relate to WAST mean that **the financial outlook for 2024/25 and beyond continues to be challenging**.

The **Minimum Data Set (MDS)** at appendix 2 sets out the expected activity and some of our performance trajectories for 2023/24, as well as the workforce and financial plan.

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



The **Wellbeing of Future Generations (Wales) Act (WBFGA)** underpins the Programme for Government, and '**A Healthier Wales**' remains the long-term strategy for the health and social care system. The Minister for Health and Social Care set out her priorities in the 2024-27 Planning Framework which this plan will need to meet.

- Enhanced Care in the Community
- Primary and Community Care
- Urgent and Emergency Care
- Planned Care and Cancer
- Mental Health, including CAMHS

The **Six Goals** programme has been established at a national and local level to support improvement in the urgent and emergency care system. The Trust has a role to play across all the goals. A complete review of our contribution to the six goals and how this can translate to improved outcomes and performance can be found in appendix 1.



We will continue prepare early in 2024/25 for WAST to be a named organisation under the Well-Being of Future Generations Act, ensuring that our policies, strategies and plans are consistent with the

Wellbeing Goals and the Five Ways of Working. **Wellbeing Objectives** will be developed around which our next IMTP will be framed.

A further key driver for us in 2024/25 will be the **Social Partnership and Public Procurement (Wales) Act 2023** coming into force. The Act 'provides a framework to promote the well-being of the people of Wales by enhancing sustainable development (including by improving public services) through social partnership working, promoting fair work and socially responsible procurement' (Source: [Law.gov.wales](https://law.gov.wales))

As a national organisation in Wales, we have also continued to focus on our commitment to the Welsh Language (Wales) Measure 2011 and compliance with the Welsh Language Standards, making a huge step forward in employing internal Welsh translation to support our operational and corporate teams.

Our plan takes account of many other legislative, policy, strategic and financial drivers, including (not exhaustive):

- Duty of Quality
- Duty of Candour
- Socio-Economic Duty (Link)
- Equality legislation and the Strategic Equality Plan (Link)
- The Race Equality Plan for Wales (Link)
- More than Just Words Action Plan (Link)

Decarbonisation and Sustainability



We are making good progress with many elements of our Decarbonisation Action Plan but know that significant investment will be needed to fully realise our ambitions. This is also accompanied by a commitment to invest in innovation and technology.

3.5 What do our commissioners say?

The current commissioning arrangements for EMS, NEPTS and 111 will end on 31 March 2023, with the creation of the new **Joint Commissioning Committee**. This will bring commissioning of all our core services into one committee, which may offer further opportunities for integration of our three main patient pathways. In the meantime, the commissioning intentions across 111, EMS and NEPTS have been agreed through existing and current commissioning mechanisms.

The **commissioning intentions for 111** are broadly similar to those set out in 2023/24. For 2024/25 they set out a requirement for a continued focus on quality and performance, an immediate focus on the 111 software system replacement, support for a review of the 111 website and a desire to re-establish a roster review. The Trust is keen to establish a **resource envelope** for 111 in the same way as we are commissioned for EMS and NEPTS, moving away from a spend and recover model. Discussions will continue with the new commissioner in this regard.

For **EMS the 2024/25 intentions** retain their focus on shifting left in the patient pathway and many others remain the same as those in 2023/24. However, there are some new areas of attention including a requirement to develop a strategic workforce plan, recruitment and retention into more challenging rural areas and, interestingly, mental health responses in the light of the Right Care Right Person programme. The Chief Ambulance Services Commissioner (CASC) has indicated continued support for transformation, whilst striking a balance with attending to key core performance targets. We will underpin these developments with the outputs from the independent and collaborative strategic EMS demand & capacity review, which will become available towards the end of Q4 2023/24.

For our commissioners, performance expectations will be introduced in 2024/25 that are aligned to health board's performance improvement levels. With ambulance handover delays being the single greatest factor in emergency ambulance performance, ambulance performance outcomes will be modelled and forecasted

against ambulance handover delay levels. Ambulance performance outcomes for 2024/25 will therefore be based on three scenarios which will be modelled in the coming weeks:

- Scenario 1 - No reduction in ambulance handover delays
- Scenario 2 - Reduction in handover delays as per the 2023/24 emergency ambulance services demand and capacity modelling
- Scenario 3 - No ambulance handover delay waits over 1 hour

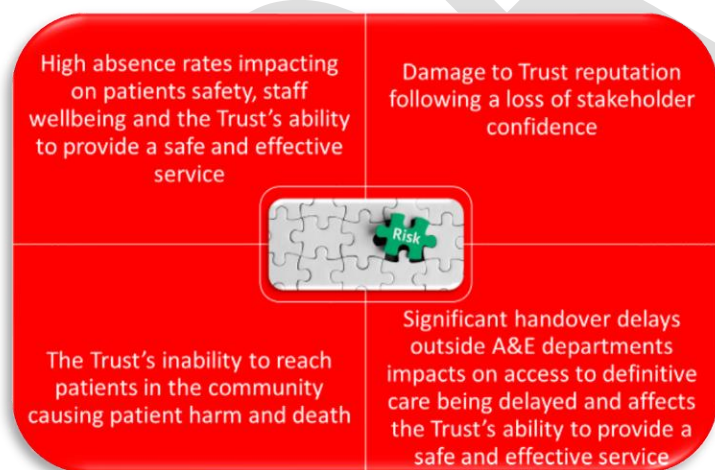
The **NEPTS intentions are essentially unchanged**, but, importantly, include a wider collaborative piece of work being undertaken led by commissioners on the long-term strategy for Ambulance Care services. In addition to this work on the longer-term strategy, 2024/25 will see a focus on 5 specific areas of performance improvement for NEPTS.

- Improvements in operational performance for oncology service patients
- Improvements in operational performance for outpatient services
- Reduction in the number of reduced treatments for renal dialysis patients
- Reduction in the number of on the day cancellations
- Reduction the number of bookings made on the day

During 2023/24, **Integrated Commissioning Action Plans** were established with health boards and the NCCU. Meetings have been paused pending the establishment of the joint commissioning arrangements, but we remain committed to local planning and commissioning arrangements with Health Boards.

3.6 What are the risks that we are managing?

We know that there are several high scoring risks within the service that need to be managed and mitigated. The Trust's **Board Assurance Framework** 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 those risks.



Appendix 1 sets out what we are doing in our plan to address our range of corporate risks. However, risks relating to system wide pressures remain largely outside our full control and we continue to work with system partners to reduce the impact of these risks.

This graphic sets out the four highest rated risks, however other key risks include failure of critical systems, cyber security and resources not being available to respond to major incidents, particularly in the light of the Manchester Arena Inquiry findings and recommendations.

Further to feedback from Health Boards, Regulators and Coroners we have commenced work to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition. A specific concern being considered jointly with wider partners is the need to ensure that clinicians are working within their personal and organisational scope of professional practice. This is expected to report in the first quarter of next financial year.

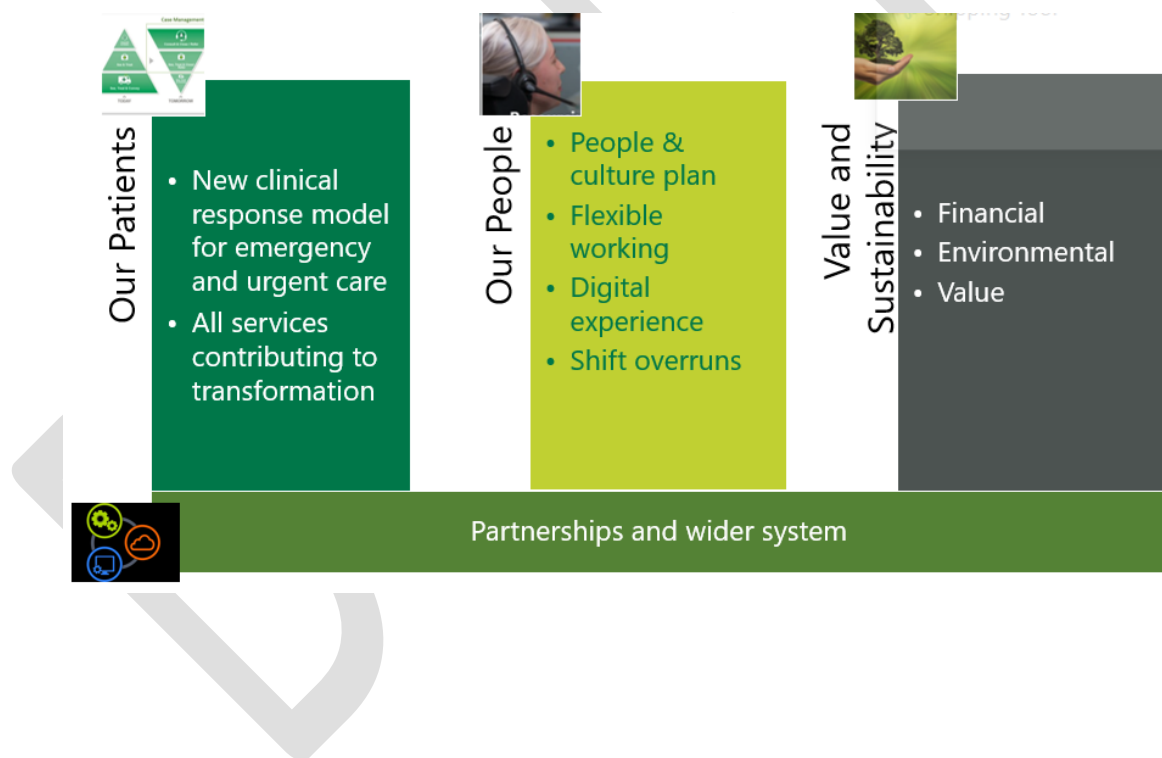
3.7 How we are focusing our plan.

With these drivers at the forefront of our minds, and acknowledging all that our people have worked hard over the last few years to bring us to this point, and collaborating with **partners** - Health Boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, volunteers, patients and the public, we are clear that there must be a **purposeful focus on delivering three key priorities:**

- **Transforming** the way in which we deliver care with health board partners by developing, agreeing and implementing a **new clinical response model** that will provide patients with the right advice and care, in the right place, every time and reducing harm. Our specific priorities are set out in **Section 4** which identifies what we will do for patients who use 111, 999 and Ambulance Care services;
- Doing everything in our gift to improve **our people's** workplace experience, enabling them to be the best they can be. Priorities can be seen in **Section 5**; and
- Delivering exceptional **value and sustainability**, in the context of finance, the environment and Value Based Health Care. More detail on this can be found in **Section 10** 'Value and Sustainability'

Decarbonisation and Sustainability

We will further integrate decarbonisation and sustainability throughout the Trust through our established Decarbonisation Programme Board and Decarbonisation Action Plan, and the underpinning workstreams.



4. Our patients

Strategic Objective 1 – Providing the right care or advice, in the right place, every time

4.1 NHS 111 Wales

What will good look like for 111 users in 2027?

- ☐ Patients know how to access the 111 service and choose it as their preferred gateway to care.
- ☐ Patients are confident that the service steers them safely through the complex health and care system.
- ☐ Patients are happy to comply with the information and advice that they are given.
- ☐ Patients receive timely, high quality remote clinical assessments with no further intervention needed for many.
- ☐ Where needed, patients are booked directly and seamlessly into the right service.



What will be different?

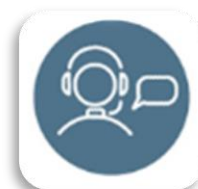
- ☐ Consistently timely – less than 5% abandonment
- ☐ Improved patient reported satisfaction.
- ☐ Increased proportion of consultations closed with no further follow up needed.
- ☐ Increased proportion of next steps seamlessly booked.



111 - Gateway to Urgent Care

A range of access channels which are people's preferred port of call to meet their urgent health care needs.

The Welsh Government's priority, set out under Goal 2 of the Six Goals programme is 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 closely aligns to our own strategic ambition.



Huge strides have been made in the last two years with the completion of the national 111 roll-out and the introduction of the 111 Press 2 service, which provides immediate access to local mental health teams for those with urgent mental health needs.

Now that the service is fully national, we continue to act with partners to **promote the use of 111 across Wales** using material from previous communication and marketing campaigns and integrating with public health and wider health campaigns.

There is more that can be done to expand the number of services that are accessed via 111. **Urgent dental care** is only accessed via 111 in 4 of our health board areas and work is ongoing with partners to streamline and improve processes in those areas. A National Urgent Dental Pathway will be developed to support all HBs, with consideration given to how this can be rolled-out in the remaining three.

Over the course of 2024/25, we will be working with Goal 2 leads and commissioners to establish '**what good looks like**' for NHS 111 Wales into the future. This will be an opportunity to consider whether it can provide the national platform for access to **urgent primary care services** both in and out of hours, or support for the

wider population health agenda, potentially undertaking **remote monitoring** of patient's conditions through **wearable** devices.

In the sections below, we set out some of the priorities for each of the components of the 111 service, and how they contribute to the overall goals and outcomes we are working towards.



111 Digital

A modern, easily accessible, user-friendly digital offer integrated with the NHS Wales App and with the 111 telephony service, acting as a gateway to the information, advice and care that patients need

Across the NHS 111 Wales service, there is an opportunity to work with partners to build on our digital platforms to maximise support to patients, carers, citizens, call handlers and clinical advisors. The **NHS 111 Wales website** continues to be a key priority, and we see opportunities to align its development more closely with the Welsh digital and data strategy. It is likely, in the future, that the NHS Wales App will be the digital gateway for the people of Wales needing urgent care advice and signposting, and our digital offer will need to be fully integrated. Over the course of the next 3 years, we would expect to see the **integration of our digital and telephony channels** so that patients can pass seamlessly from one to the other.

Although the NHS 111 Wales Website and online symptom checkers have millions of unique views each year, patient feedback indicates that there is **much to be done to improve the offer**. Some funding has been made available this year which has allowed for small improvements to accessibility, usability, choice architecture and planned care pages but a full review is long overdue.

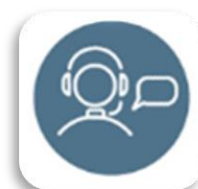
In 2024, a **review of the current website** has been commissioned. This will articulate improvements required in front-end design, clinical and communication content, platform structure, reporting and insights, product strategy and service flow. Its outputs will help us to articulate **options for the future of the 111 digital offer**, and the funding required to sustainably use it as a tool to alleviate system pressure, increase user experience, manage demand for NHS 111 Wales phone contacts and create a truly effective digital-first access point for urgent care in Wales. We continue to press commissioners in terms of additional recurrent funding which is urgently required to realise these ambitions.

NHS 111 Wales



Call handling

Rapid call answering, initial triage and onward referral, part of the gateway for anyone with routine or urgent care needs.



High quality and rapid **call answering performance** is key to excellent patient experience and provides a confidence in the service. We have delivered significant improvements in call handling performance and clinical ring back times in the last 12 months, hitting the targets for several months. Further improvements and consistency across the week are still required.

Targeted **recruitment and training** efforts will ensure that we achieve commissioned call handling levels, which are currently agreed at 190 WTE. In 2024/25 we will commission a strategic **demand and capacity review** which will allow us to **re-roster** our capacity into 2025/26. Implementing performance and process improvement measures, reducing sickness levels, reviewing skill mix and career progression opportunities, and realising the benefits from the 111 systems implementation (below) will allow us to maximise the value from our call handling resource and hence deliver continuous improvements in call answering times.



Remote clinical assessment service

Timely, high quality clinical assessment, advice and referral to pathways that meet patients' needs.

Many patients will not need any further intervention.

Decarbonisation and Sustainability



The roll-out of technology to support remote assessment is a key deliverable within our Decarbonisation Action Plan as we look to embrace opportunities to provide care closer to home.

One of our ambitions is to develop the service so that more patients have their needs met without the need for onward referral. This is also a priority for commissioners and is included in our commissioning intentions. We can achieve that by increasing the **capacity and capability of our clinical teams** - growing, developing, and empowering our clinical workforce and equipping them with the right training, skills, and support to excel in everything they do.

In relation to **capacity**, we will seek to recruit up to commissioned levels of clinicians, currently agreed as **103 WTE**, and as part of our offer in terms of recruiting and retaining staff, we will look to introduce a fully **home working option** for staff. At present, all clinicians within this service are nurses or paramedics. Employing clinicians from other professions and specialties, as we have within our 999 Clinical Support Desk, would allow us to increase overall knowledge and experience within the team, increase confidence and autonomy and lead to better outcomes for patients. In 2024/25 we will consider the case for changing the **skill mix** within existing resource, employing **pharmacists** and **respiratory and paediatric** clinical leads. Benefits will be evaluated, and further skill mix changes considered for years 2 and 3. This will support the development of career pathways and opportunities that attract and retain colleagues working in NHS Wales 111, specifically for clinicians seeking **portfolio-based careers**.

The teams' **capabilities** will be enhanced through our work with Health Education and Improvement Wales (HEIW) to deliver **remote clinician decision-making (RCDM) qualification** in Wales, hopefully achieved during 2024/25. The '**Confident and Clinically Competent Workforce Programme**', led by our 111 consultant clinician, will continue across the next 2 years. Lastly, we will be trialling the utilisation of **advanced practice** within the remote clinical setting and look to expand this over the 3 years.

Critical to the 111 service is the computer decision support system. Our current CAS system, which hosts both the non-clinical Call Streaming Prioritisation Tool (CSPT) and clinical consultation, is no longer fit for purpose. A procurement and implementation programme has been underway since November 2023 for a replacement. The legacy CAS contract for WAST terminates on 20th May 2024 and cannot be extended. WAST will replace and go-live with a **new system by 30th April 2024**. This investment in a new 111 CAS system will enable safe continuation of the 111 Wales service, but due to the rapid procurement and deployment, further work will be required over the next few years to further develop the various elements to secure maximum benefit.

The new system will use the same triage software as that used by our clinical support desk for 999 calls. This will have the benefit of **interoperability between 111 and 999** supporting our ambition to integrate the clinical functions of those services. The system will also enable functionality to fully operate pathways such as mental health press 2 and dental access. The new system will therefore make for a more seamless experience for our patients, ensuring they get the right care and advice in the right place every time.



Access to pathways

A wide range of pathways accessible from the 111 service, increasingly able to be booked directly, with seamless integration of information to get patients the right care in the right place





As set out in the commissioning intentions, we will work with the Six Goals Programme (Goal 2) transformational workstreams, specifically the development of 'Enhanced Clinical Pathways', which will include:

- Palliative Care pathway development
- Medicines Management Model
- Consultant Connect & support to Care Homes
- Directory of Services
- Direct Booking (the first direct booking into Urgent Primary Care has been implemented in BCU in the last few months)



Future integration of 111 and 999 services

We have described here how the 111 service will become the Gateway to 24/7 urgent care services that meet patient needs. There are many patients who ring 999 who also have urgent, as opposed to emergency, care needs. With the integration of commissioning functions, there will be an opportunity to explore how we can provide one **integrated service** irrespective of a patient's access route. Pathways available for 111 patients should also be available to those who ring 999 where they are appropriate and vice versa. It is our intention to develop a case for integration and alignment of pathways and processes but also bring together remote clinical capacity in CSD and 111 as **an integrated remote clinical assessment team in 2025/26**. This is a high-level concept at present and will need much more detailed discussion with both commissioners and with our people and we commit to **developing proposals in collaboration**, listening in particular to the needs of our staff.

	IMTP objective	Year 1	Year 2	Year 3
	<i>A modern, easily accessible, user-friendly and integrated digital offer</i>	<ul style="list-style-type: none"> • Priority Improvements made to existing digital offer by end of Q3 (funding dependent) • Vision & business case for 'digital first' by end of Q4 	<ul style="list-style-type: none"> • Agree and implement plan to achieve vision in partnership with DHCW, Welsh Government & Six Goals Programme 	<ul style="list-style-type: none"> • Continued implementation of digital first vision
	<i>Rapid call answering, initial triage and onward referral</i>	<ul style="list-style-type: none"> • Undertake demand & capacity review in Q4 • Maintain commissioned staffing levels throughout the year 	<ul style="list-style-type: none"> • Re-roster of integrated care services following D&C review 	
	<i>Timely, high quality clinical assessment, advice and referral</i>	<ul style="list-style-type: none"> • 111 CAS system implemented by end April (Q1) • Increase multi-disciplinary working - pharmacy, respiratory, neonatal by end Q4 • Develop plan to integrate 111 & 999 clinical teams by end Q4 	<ul style="list-style-type: none"> • Implement integrated remote clinical assessment team • Continue to grow multidisciplinary teams 	<ul style="list-style-type: none"> • One remote clinical assessment team in place
	<i>Seamless transfer of callers to wide range of available pathways</i>	<ul style="list-style-type: none"> • Strengthen links with primary care / out of hours inc. UPCC by Q4 • Dental access improved for 4 HBs by Q4 • Pathways in place for medicines management & end of life by Q4 	<ul style="list-style-type: none"> • Scoped further opportunities for collaboration across clinical hubs • Dental access via 111 for all HBs • Implement and increase direct booking opportunities 	

4.2 Emergency Medical Services (EMS) - 999

What will good look like for 999 callers in 2027?

- ☐ All patients receive an appropriate and timely response.
- ☐ Patients in life threatening or emergency situations consistently receive an immediate or rapid response.
- ☐ Patients who need to go to hospital are conveyed and handed over quickly.
- ☐ More patients' needs are met closer to home.
- ☐ Patients experience an exceptional service with the best possible health outcomes.



What will be different?

- ☐ Achieve 65% red target.
- ☐ Reduce unmet demand by half.
- ☐ Double the numbers of patients safely managed at home or in the community.
- ☐ Increase ROSC rates to between 25-30%



We have continued to see significant pressures within the 999 service in the last 12 months which have led to very **poor patient experience and outcomes**, with ambulance response times remaining too high for all categories of patients. Too many patients have come to harm as a result, whether that's through waiting too long for a response in the community, waiting too long in the back of an ambulance for offload into an Emergency Department or through not getting an ambulance at all at times of highest escalation (unmet demand). This has continued to be the subject of much discussion within the organisation through the year, with **Board receiving a detailed report** at each of its meetings on actions being taken to reduce and mitigate this harm.

All of this contributes to the pressures our people have felt at work, whether that's those who work in our control centres, on the road or supporting in corporate departments. The pressure is often evidenced in high levels of **sickness absence and turnover**, although there have been positive improvements over the year. We heard directly from staff in roadshows and through a variety of surveys about what it felt like to work in the Trust.



As we look forward to the next 3 years, the clear priority is to **reduce avoidable patient harm** and to deliver on the ambitions set out above. We don't believe that doing more of the same is the answer, and are convinced that our emerging **clinical response model**, delivered in collaboration with health care partners, is critical to getting patients the right care, in the right place, every time.

There have been a range of factors which have affected this, including a further significant **9%** rise in the number of **red calls**, and continued capacity losses through **hospital handover delays** which accounted for 27% of conveying capacity in January 2024. We took many actions in mitigation including maintaining a high level of **front-line production** and very small numbers of vacancies, doubling the number of **CHARU on-**

scene responses, supporting more people to return to / stay in work, introducing **community welfare responders** to support our remote clinicians with eyes-one observations to aid clinical decision making, expanding numbers of **Advanced Paramedic Practitioners**, and working with Health Boards on alternative pathways through, for example, including embedding the **APP Navigator** roles into 4 Health Board locations.

Each component of our service will need to evolve and transform to allow these ambitions to be realised.



Emergency Medical Services Co-ordination (EMSC)

Delivering immediate 999 call answering, accredited determination of callers' needs and efficient and effective processes to allocate and dispatch the right resource.

Whilst the headline performance metrics for our control centres are positive, this is a high-pressure environment, with high levels of turnover and work required to deliver our target culture. A range of transformation workstreams, initially identified in the 2019 Demand and Capacity Review, have recently recommenced and will continue into 24/25, designed to enhance stability of the service, improve the experience of our people within this important service and deliver a range of efficiency improvements.

- **New management structures:** implementation of a new career structure that offers more opportunities for the development and retention of staff who want an emergency call handling career. This will also support the cultural transformation of the department.
- **Development of a single allocator model:** This will ensure greater efficiency in the allocation and dispatch function, in line with practice across other UK ambulances services.
- **Realignment of boundaries and dispatch desks:** Aside from an equitable spread of work this also provides some changes to the alignment of patient flows across health board boundaries and from one part of Wales and into another.
- **Building new rosters that align to these changes:** rosters should be reflective of the workloads across desks and during times when demand has dropped off significantly.
- **Target culture work:** working with our TU partners on culture change with clear action plans put in place to address key themes and issues across the area.

The current clinical response model, which delivers a determination of MPDS code and linked broad response priority (red, amber, green), can mean that patients with very different needs are provided with the same broad response. We have tested out the concept of **rapid clinical screening** and **clinically led dispatch** within EMSC in the last year and aim to implement this fully during 2024/25. This will mean that all calls will be rapidly reviewed by a clinician immediately after the call handler has completed their work. The clinicians will confirm whether an immediate dispatch is required as well as the number and type of resources to be dispatched or identify those patients where it is clear that a conveying resource is required rapidly, such as for strokes. The remaining calls will be transferred to our remote clinical assessment team. **Additional capacity** will be deployed to enable this new function in 2024/25 and is outlined below.



Remote Clinical Assessment Service

Multi-disciplinary team delivering high quality, timely, remote clinical triage, assessment and consultation, making decisions on the best response for each patient and the system

Increasingly, this service is becoming central to our new clinical response model, allowing us to ensure that each patient receives a more bespoke and personalised response which meets their needs and ultimately allows more patients to be treated safely in or near their home, reducing the numbers who are conveyed to Emergency Departments.

Calls will be transferred to our **remote clinical assessment** team from the clinicians in EMSC. They will contact the patient via telephone or video call, undertake an assessment and determine the most appropriate response, which may include advice on self-care, signposting to alternative pathways, advising alternative transport, or dispatching a range of our clinicians for an on-scene assessment.



Additional capacity will clearly be required to meet the demand for rapid clinical screening (as above) and remote clinical assessment, and an **additional 23 w.t.e.** will be recruited during the first quarter of 2024/25. Further work is underway to determine the precise mix of professions as we continue to work on the development of increased multi-professional knowledge and experience within the service.

With over 45% of calls assessed by our **mental health practitioners** being closed, plans are in place to use some of this additional capacity to provide mental health cover 24/7 (currently 12 hours / day).

Connected Support Cymru (CSC) is an initiative which has developed significantly in 2023. Starting as a concept for 'night sitting' within EMS commissioning intentions, this has evolved into a service which supports the remote clinical teams to enable better clinical decision making, manage cases remotely and supports patients to stay safely at home. It also provides us with the opportunity to test digital advancements through Small Business Research Institute (SBRI) challenge funding which could lead to our infrastructure offering a once for Wales front end to wearable and remote diagnostic support that clinically screens and supports patients achieve timely access to Health Board pathways. CSC therefore has three major components:

- **Community Welfare responders:** alongside our volunteer strategy we are recruiting up to 600 more volunteers across Wales to provide 'eyes on' observations of patients in their own homes.
- **Clinical Support Desk:** CSD clinicians review observations and 'case manage' patients in their own homes until there is an opportunity to refer on to community or primary care services or close the case down remotely.
- **'Ambulance in a box':** a digital solution being developed and tested over a 12-month period for remote monitoring of patients by the CSD. Twenty of these 'boxes' will be used in stage 1 to test in care homes in Aneurin Bevan and Betsi Cadwalader health boards, with a further 30 'boxes' available for stage 2 testing in other areas.

There are plans for this concept to be scaled up in phases over the life of this IMTP and for it to eventually allow us to maximise our expertise in remote clinical management and use of remote technology in a 'once for Wales' approach, supporting and enabling health board strategies and plans. Whilst we have secured some charitable and SBRI funding to support Phase 1, the full benefit of this service will only be realised through additional investment, with a **business case** currently being considered at a national level.

We must maximise the value of this precious clinical resource, and so work will also be undertaken over the course of the IMTP to work with our people on moving towards our target **culture**, support staff and their well-being to **improve attendance**, continue to develop and enhance the way in which the **ECNS software system** is used, improve the **efficiency and effectiveness** of processes within the department, and develop more **sophisticated data collection** mechanisms to support a better understanding of the service.

Following an independent review of the Clinical Support Desk by the NCCU in 2023, a number of recommendations were accepted, predominantly around the need to develop a standard operating procedure for the service as well as enhance the way in which the service is measured and monitored. These will be actioned in 2024/25.

For 2025/26 and 2026/27 further transformation is expected as the new clinical response model starts to emerge. In particular, as we consider our response to all patients with urgent care needs who currently access our services either through ringing 111 or 999, we will be considering how we can make best use of all of remote clinical resources and will be working to create one **integrated clinical assessment hub** in 2025/26.



24/7 on-scene, clinical assessment, treatment, and referral service

A range of clinicians providing high quality, immediate or timely on scene assessment, care, and referral

We need to take action to ensure that sufficient capacity is in place across Wales to provide a world class, **immediate emergency response** to the most critically ill patients and **timely conveyance** into the hospital for those that need that level of care. Areas of action will include:

- Recurrent funding of the additional **100 WTE** paramedics and technicians recruited last year;
- Support for the recruitment and training functions to **maintain capacity at commissioned levels**, whilst smoothing the balance of the available workforce between **urban and rural areas**;
- Fully staffing the **CHARU service**, with focussed recruitment into rural areas and action taken to increase **utilisation levels**;
- Developing improved career pathways for staff, including review of **Band 4 technician** role;
- Increasing capacity through continuing our programme of **managing attendance** towards a target of 6% over the 3 years;
- Working closely at all levels with Health Boards to support them in **reducing handover delays** and aligning our **escalation** arrangements with theirs. We will continually model the right level of capacity as handover levels fall.

We will develop and grow our capacity and capabilities to provide the right care for those patients with **urgent, same day health needs**, treating more patients on scene or where required referring confidently and safely into health board services within the community, avoiding the need for conveyance and possible admission into secondary care and helping to reduce system pressures. It is clear to us that there will be a range of different responses required, some of which we will provide ourselves and others which will be provided in **partnership with health boards** or other health care providers. Areas of focus in the next 3 years are set out below.

Advanced Paramedic Practitioners (APPs)

We will grow our APP workforce by up to **40 per year** for the next 3 years. This will involve providing permanent roles for those who successfully complete the existing masters education programmes, but will also require us to increase the pipeline of those in education. This workforce will not only be **deployed within the Trust**, directly providing clinical care for patients with urgent care needs who access our services but are also likely to be **embedded in health board services**, where their skills and experience are in demand. Examples at present include rotational models into primary care, the Safer at Home

Decarbonisation and Sustainability



We will continue to support patients at home wherever possible. Our clinical professionals will drive fewer miles and support alternative care pathways. We will build on the success of our innovative fleet solutions, and further develop a low emission, versatile and appropriate car-based response service.

team in Cardiff and Vale and APP navigators working in multi-disciplinary, remote clinical settings in 3 health board areas.

To inform the new clinical response model, we will continue to focus on optimising the dispatch processes through 'tests of change' to ensure APPs are allocated to the right calls aligned to where they offer the greatest patient and system benefits. With many of our APPs now **independent prescribers**, over the course of the next 3 years, we will move to a position where all APPs can prescribe.

As this workforce grows, we will need to ensure that there is robust clinical leadership and supervision, and in 2024/25 we will identify and implement a **new clinical leadership structure** that will enable our APPs to operate safely and confidently at the top of their skill set.

Falls Service

Over the next three years we will review the **Level 1 falls** and **Level 2 Falls and Frailty services** across Wales, considering the demand and capacity modelling undertaken. The Level 1 service provides for patients who are predominantly non-injured and who can be safely lifted from the floor; reducing the impact of potential long lies and improving subsequent clinical outcomes. The enhanced Level 2 service offers a response to patients experiencing complexity, experiencing a new onset or worsening of frailty, providing access to a timely response, receiving support closer to home, working in partnership with health boards.

Mental Health Services

We will develop our **Mental Health and Dementia Plan**, working with Welsh Government partners on the new 10-year mental health strategy for Wales.

Mental health calls represent around 10% of ambulance demand and continue to increase. These calls are often complex and a significant challenge to a generalist workforce. Mental health service users are twice as likely to experience significant waits than others in this highly unsuitable environment when in distress. However, through the introduction of **Mental Health Practitioners** in our Clinical Support Desk we have made positive improvements achieving increased consult and close rates reducing the need for ambulances and reducing impact on EDs.

Whilst there have been significant improvements for patients it remains the case that a proportion of WASTs mental health calls will still require a face-to-face assessment. In other areas of the UK **mental health response vehicles** have been introduced to address this need resulting in increased see and treat rates and reduced conveyances to ED. Our team has reviewed outcomes from other areas with significant see and treat rates of 85% with 95% positive staff feedback and a 100% staff perception that service users had benefitted from the service.

We are currently testing mental health response in collaboration with Aneurin Bevan UHB. Very early data is promising, with 71% see and treat rates, 10% conveyance to mental health services and 19% ED conveyance, which is in line with findings in England. We will explore the opportunity to increase the Mental Health Practitioners capacity and create a portfolio career that enables us to respond remotely and in person through the MHRV to people in crisis.

Additionally, we are looking to develop our mental health offer further to ensure we have the capacity and capability to respond to the **'Right Care Right Person'** [\(Link\)](#) **implementation**. The impact of this in areas that have commenced has been significant to ambulance services; within SWAST they have experienced a 25% increase in mental health contact and in London Ambulance Service over half of their mental health

response vehicles have been taken up by RCRP demand. Without increased resource there is a risk that patients with mental health needs will fall in between services (Police/ NHS/ Social Services) and be left without the support and treatment they require exposing the trust to organisational risks.

We will continue to **develop our internal training for our people** to support them with the skills and knowledge required to support mental health needs including children and young person's mental health, perinatal mental health and personality disorders. In addition to this since May 2023 we have offered weekly suicide first aid virtual classroom training to all WAST staff. Finally, the team is ambitious that the training provided to WAST staff is formalised through the provision and development of a level 7 mental health crisis assessment module to further develop the knowledge, skills and experience of our people in effectively treating mental health patients; discussions are underway with HEIW to deliver this.

We will continue to progress establishing our **optimal configuration for dementia friendly ambulance environments** by establishing a program to assess national initiative and opportunities available to the Trust. The MHD Team has completed Phase 1 of the of this program in piloting Reminiscence Interactive Therapy Activities (RITA) tablets on our ambulances. The RITA pilot has now been evaluated with positive outcomes and there are ongoing discussions with our commissioners to explore funding options and further rollout.

Phase 2 is a 12-month pilot that began in September 2023 focusing on the internal ambulance environments and ameliorating their aesthetics to **promote a positive and therapeutic dementia friendly environment**. The pilot is being carried out in Ceredigion area and utilises local imagery on windows, reminiscence booklets and music therapy for 2 NEPTS vehicles. Finally, the team have been working in partnership with Cardiff & Vale HB to explore pathways in their Emergency Department for dementia patients, focusing on the admissions process, improvements to the handovers, training and ED environments.

Learning Disabilities and Neurodiversity

An extensive programme of engagement and development work has taken place to improve the experiences and outcomes for those with a learning disability accessing Trust service and this will continue.

In September 2023 representatives were invited and presented to the Learning Disability Ministerial Advisory Group on progress made in key areas and the Trust's ambitions for how it might meet the needs of people with a learning disability moving forward. The presentation was well received and led to discussions including flagging of individuals, systems that speak to each other so clinicians can learn about individuals' needs, frequent callers, the intersectionality of learning disability, neurodiverse and ethnic minority communities and further engagement and networking opportunities.

We will therefore develop a plan setting out how we are **supporting people with learning disabilities and neurodiverse service users** throughout the period of this IMTP.

Access to alternative pathways

The numbers of our patients safely referred to alternative pathways has remained low for many years. As part of their strategies and plans, health boards continue to develop their preventative offer as well as growing the numbers of primary and community care services which allow patients to stay at home. Direct access to these services for our CSD or road clinicians to use will support the reduction of conveyance to EDs. Our teams will continue to engage with health board and Welsh Government colleagues through Integrated Commissioning Action Plans (ICAPs) meetings and the Six Goals programme to influence and drive this agenda. The six goals programme has a focus on referrals into **Same Day Emergency Care**, where there is

the potential for around 4% of our demand to be referred into these services, but is also working on pathways for specific groups of patients such as **fallers, chest pain, breathing problems and those with mental health needs**. Our APPs also offer benefits in providing a pathway within WAST for some of these conditions.





The changes which we have outlined here, coupled with reductions in handover delays, have been modelled in our 2023 EMS Demand & Capacity Review, with initial and draft results demonstrating that it is possible to deliver a service for Wales which consistently responds immediately to those with life threatening or emergency needs as well as improving outcomes for all other patients by providing a more bespoke and appropriate response that meets their needs. This independent and collaborative strategic EMS Demand & Capacity Review will be presented to the new Joint Commissioning Committee in the first half of 2024/25 for determination of next steps and future investment.

4.2.1 Emergency Preparedness, Resilience and Response (EPRR) and specialist operations

WAST is a category one responder under the Civil Contingencies Act 2004, the framework for civil protection across the UK. This legislation determines how we plan for and respond to emergencies, manage our business continuity arrangements, and co-operate with other agencies. A key strand of our preparedness relates to the Manchester Arena Inquiry. **The Manchester Arena Inquiry:** Volume 2 was released on the 22nd November 2022. 149 recommendations were made within the report and each emergency service across the UK is required to assess their own capabilities against these recommendations. Having carried out that review, we will make recommendations to our Commissioners detailing the additional or different resources required to ensure we are able to respond effectively to a mass casualty incident in the numbers required.

4.2.2 Volunteers

This year marks **Year 4 of our inaugural volunteering strategy**. Whilst significant progress has been made in years 1 to 3 in developing our volunteering offer and embedding our volunteers within Team WAST, there remains more to do. The **development of our Community Welfare Responder role** as part of the broader Connected Support Cymru programme is at the heart of our enhanced volunteering experience. Additionally, our **new volunteer management system will also go live**, streamlining much of our administrative processes and improving our information systems. We will also develop our function-based model across our volunteer management team, and continue to increase our numbers of Community First Responders and Volunteer Car drivers with ambitious recruitment programmes across both programmes.

	IMTP Objective	Year 1	Year 2	Year 3
	<i>Immediate 999 call answering, and efficient and effective dispatch of the right resource</i>	<ul style="list-style-type: none"> New management structure EMSC Q2 Implement single allocator model, dispatch roster review & boundary changes Q2 Deliver targeted support around culture and change Q4 Implement rapid clinical screening and dispatch Q3 	<ul style="list-style-type: none"> EMS & NEPTS CAD business case(s) written 	
	<i>High quality, timely, clinical triage, assessment and consultation, with personalised response</i>	<ul style="list-style-type: none"> Recruit additional 23 remote clinicians Connected Support Cymru: Deploy 600 Community Responders/ 50 Luscii New clinical response model agreed Scope internal interoperability of 111/ 999 	<ul style="list-style-type: none"> Develop business case for ongoing funding for CSC Recruit and grow MDTs Wearable tech implemented 	<ul style="list-style-type: none"> Implement full CSC (subject to funding) One remote clinical assessment team
	<i>High quality, immediate or timely on scene assessment, care and conveyance where needed</i>	<ul style="list-style-type: none"> Maintain commissioned staffing levels, and smooth between urban and rural Q4 Fully roll out CHARU Q2 Implement plan to increase utilization Q3 Employ 16 APPs completing masters Q1 Commission 20 APP training places in Q2 Implement APP clinical leadership Q2 Year 4 - volunteering strategy actions Q4 Manchester Arena Inquiry (MAI) investment case completed Q1 Develop response to RCRP and share with commissioners Q1 	<ul style="list-style-type: none"> Further growth in APP numbers (up to 40) Strategy agreed for embedding APPs into HBs Expand number of APP prescribers Implement MAI recommendations subject to investment Year 5 actions - volunteering strategy 	<ul style="list-style-type: none"> Further growth in APP numbers (up to 40) All APPs now prescribers Implement MAI recommendations subject to investment New volunteer strategy
	<i>A range of 24/7 pathways available for further assessment or treatment, closer to home</i>	<ul style="list-style-type: none"> Evaluation of APP navigator model Q3 Evaluation of mental health response in AB in Q1 and undertake further pilots Evaluate falls & frailty services Work with health boards to improve SDEC access throughout year 	<ul style="list-style-type: none"> MH response expanded to more health board areas Falls level 2 expanded to more health board areas 	<ul style="list-style-type: none"> MH response expanded to more health board areas Falls level 2 expanded to more health board areas

4.3 Ambulance Care

What will good look like for Ambulance Care users in 2027?

- ☐ Eligible patients receive a prompt, modern transport service to their appointments with easy booking and tracking systems.
- ☐ Patients needing to be transferred from one hospital to another are conveyed to the right place quickly and safely, which helps hospitals manage flow.
- ☐ Patients are transported home safely without having to wait

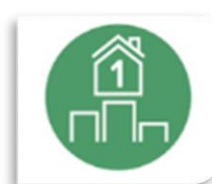


What will be different?



- ☐ All performance targets on timeliness will be exceeded.
- ☐ Improved efficiency – fewer on day bookings and cancellations
- ☐ All inter-site transfers will be provided within time specified.
- ☐ Patient satisfaction rates will have increased.

Ambulance Care comprises of our Non-Emergency Patient Transport Service (NEPTS), our Urgent Care Service and a specifically commissioned Inter Hospital Transfer Service to support Aneurin Bevan University Health Board's model of care. These services have a critical role in enabling flow across our health system and access to planned care across Wales for patients that are eligible for transport. Ambulance care plays a vital role in supporting **Goals 5 and 6 of the Six Goals.**



We have made significant progress on our continuing transformational journey in Ambulance Care; implementing improvements whilst also working on our **strategic vision** for the future, we have undertaken

modelling in our service areas to consider how we can continue to maximise our potential offer to support the health system whilst continuing to improve quality and patient experience. The key areas we will take forward this year will be the ongoing **development of our vision**, and the underpinning transformation plans for ambulance care, consolidating the work we have done for NEPTS, Urgent Care and the ambitions around Transfer & Discharge.



Non-Emergency Patient Transport Service

A flexible, user-centred transport service, ensuring patients can access their outpatient appointments on time and are discharged home safely.

We continue to build on the transformational collaborative work with our health board partners and Trusts, introducing **an extended enhanced hub** to support our **oncology patients**, building on the success of the renal enhanced hub, providing an improved service to patients. We also will continue our work and develop an enhanced joint implementation plan for oncology patients to enable further improvements.

We are also committed to working collaboratively with health boards to develop in partnership some outcomes and principles to jointly improve the proportion of discharge and transfers **booked in advance** which will enable a more efficient service, and reduce the number of **on the day cancellations**.

We have also reviewed our **liaison service** model and proposed some changes to our commissioners to enable greater support to the systems flow; in 2024/5 we aim to agree and implement a preferred model.

We will also seek to implement recommendations from the demand and capacity review for NEPTS which includes **re-rostering** in both our NEPTS contact centre (NET centre) and on the road.

We will actively seek to engage ambulance commissioners and wider partners in how to **effectively manage demand** and support eligible patients in the light of the extant **eligibility criteria** – in the current financial climate, where we will have to make difficult choices, we cannot afford to deploy resources in areas which are not commissioned or funded or continue to provide transport to ineligible patients at the detriment of those patients eligible under the Welsh Government eligibility criteria.

Decarbonisation and Sustainability



We will continue to explore opportunities for lower emission vehicles. Our changing mix of Ambulance Care fleet will look to provide smaller vehicles which support this. Further work around reduction in on the day cancellations will contribute to our reduced carbon emissions.

We are reviewing and enhancing our ICT systems to:

- offer our patients and healthcare professionals different ways to book, review and update transport requests,
- review and build upon pilot testing that has been underway this year to integrate our ICT systems with health board patient administration systems to help reduce late notice cancellations.







All Wales Transfer and Discharge Service

A national service, still in development, which will provide a dedicated resource to ensure patients can be conveyed in a timely way between hospitals, to access the right level of care for their needs

Increasingly, as described in the section below, Health Boards are developing new service models which see centralised services and a greater need for movement between hospital sites. We will work with Commissioners on the development of the **All-Wales Transfer and Discharge service**. Work was commenced in this year, but we will build on the concept and the outcomes of the modelling and will specifically focus on how this service can be provided in a financially sustainable way.



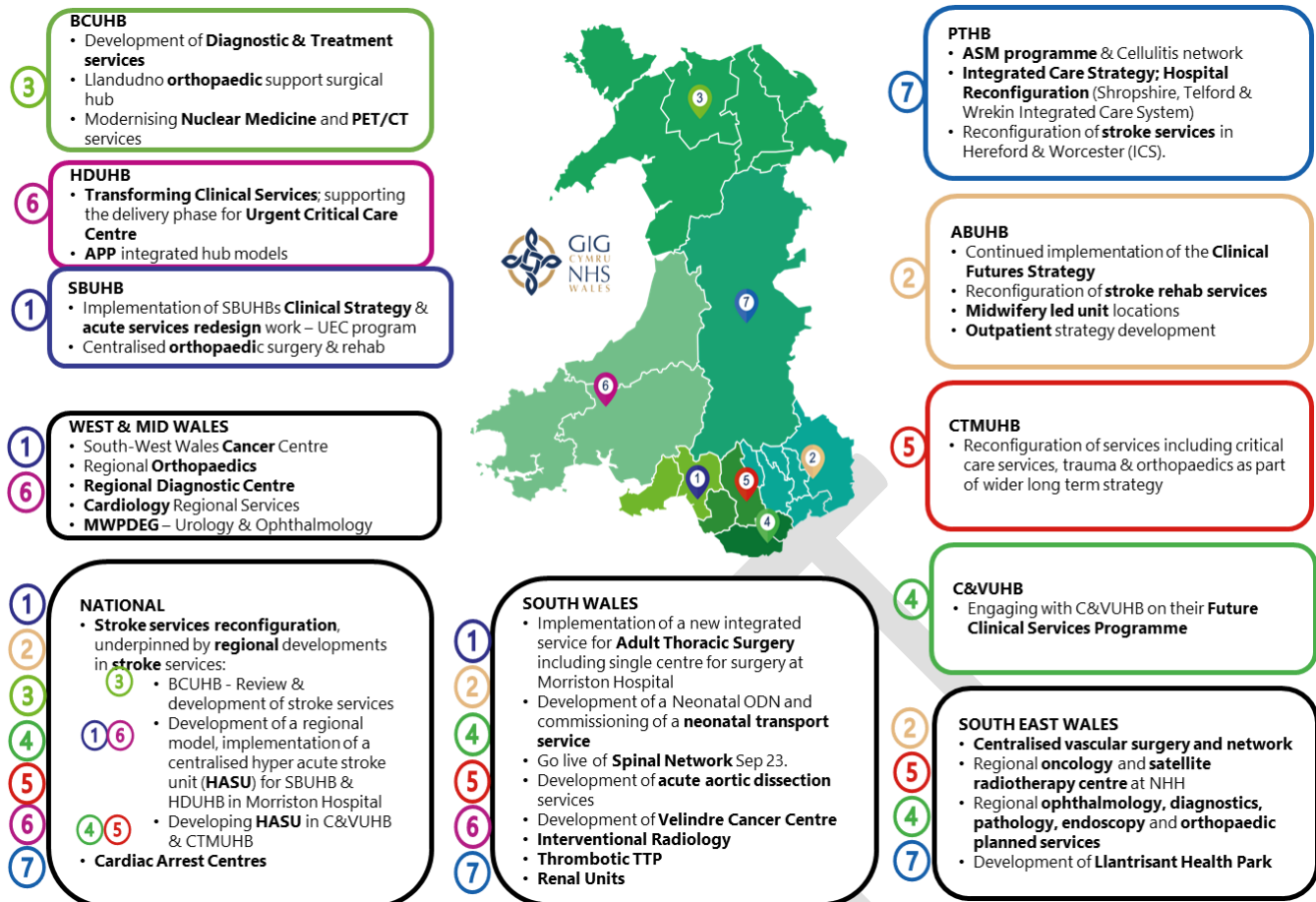
We will continue to develop and strengthen the focus on delivery and reporting of improved **patient experience** and **service quality** including the implementation of the Welsh Ambulance Quality Standard Award which will ensure Ambulance services across Wales are delivered in the most safe and consistent possible manner.

	IMTP Objective	Year 1	Year 2	Year 3
	A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	<ul style="list-style-type: none"> New systems implemented to reduce cancellations & same day bookings Q4 Re-rostering across NEPTS Q4 Enhanced oncology implementation plan Q4 UCS review implemented Q2 	<ul style="list-style-type: none"> Continued implementation of reductions in same day bookings Continued implementation of oncology plan 	
	A dedicated and timely transfer & discharge service supporting HBs with their transformation agendas	<ul style="list-style-type: none"> Implement new protocols in CAD for transfers in Q1 CAD system upgrade and exploration of integration with EMS CAD by end Q4 T&D national model agreed with commissioners Q4 Plan for 24/7 major trauma desk (subject to funding) by Q4 	<ul style="list-style-type: none"> T&D implementation (subject to additional cost) Wales-wide major trauma desk (subject to funding) Implement clinical desk model for seamless integration of all transfers 	
	A clear vision for Ambulance care services that supports wider health and care transformation	<ul style="list-style-type: none"> Commissioner led strategic review completed Q1 Internal vision for Ambulance Care services agreed in Q2 		
	A high quality, safe service with improved patient experience	<ul style="list-style-type: none"> Quality assurance mechanisms for external providers further enhanced Q4 	<ul style="list-style-type: none"> NEPTS Fleet Review User experience evaluation (link to work on Value Based Health Care) 	<ul style="list-style-type: none"> Business Case for NEPTS Fleet

4.4 How will Health Board strategic plans affect us?

Our services are recognised as a key enabler of transformational changes across the system to enable access to sustainable and specialist services across the country; working together to ensure safe and effective pathways into services whilst also planning for the additional demand for transfers, repatriations and discharges where required. We continue to work collaboratively and proactively with Health Boards and Clinical Networks to support strategic, **transformational service changes** (national, regional and local) across Wales to ensure the best possible outcomes and experience for the people of Wales.

We need to remain flexible to change but realistic in the context of the demand on our service and the capacity to deliver change at pace. We will take account of the full range of strategic service changes in Wales as we develop options for a Transfer & Discharge service in collaboration with Health Boards.



The map above provides an overview of the main service change programmes of work where we are working collaboratively with partner organisations. For effective planning it is important to have timely and meaningful communication, and we will be **focussing resources to co-ordinate WAST's role in local, regional and national planning across health board areas and NHS networks.**

5. Our people

Strategic Objective 2 – Enabling our people to be the best they can be

What will good look like for our people in 2027?

- ❑ Culture: Our people will experience WAST as an exceptional place to work, volunteer, develop and grow
- ❑ Capacity: our people will embrace change, be highly skilled, belong to a profession and have access to development and career pathways.
- ❑ Capability: we will see compassionate, collaborative & courageous people and leaders, benefitting from bespoke development programmes, demonstrating a growth mindset



What will be different?



- ❑ Sickness absence will be below 6%
- ❑ Turnover rates will have fallen.
- ❑ Engagement scores will be amongst highest in Wales.
- ❑ Staff will have regular check-ins with their manager.
- ❑ More colleagues will be part of our networks.

5.1 Our workforce profile

In order to deliver our ambitions in terms of service transformation, it is critical that we have the right people in the right posts at the right time and we must enable them to be the best they can be.

We will shortly be publishing our **Strategic Workforce Plan**, developed in collaboration with colleagues across the organisation. This dynamic document gives the framework for workforce planning priorities for the next five years to support the organisation's aspirations. In particular it will address: the future workforce skill mix; the role for advanced and enhanced practice and consequential education requirements; how we accommodate portfolio careers and develop rotational models; and how the use of digital will play out over the next few years in people's working lives.

Our Integrated Technical Planning Group brings together colleagues across the organisation to work on the holistic picture including clinical skills, education and training, planning, fleet and estate teams to ensure the organisation is taking a co-ordinated approach to planning the deployment of its key resources. This supports a cross-functional approach to developing and deploying our workforce to maximise their impact and productivity.

Workforce Challenges

Appendix 1 sets out some of our key workforce challenges. A key area with a direct impact on our ability to deliver high quality services is **sickness absence**. Following some significant improvements since 2021/22, we have seen a slight increase in sickness absence over the last few months, most likely attributed to seasonal variation. There has continued to be a concerted effort to support and manage colleagues back into work alongside a proactive approach focused on culture change and support.



We have hard to fill posts and **recruitment challenges** in some **rural areas** for jobs at all levels. We will be working with universities to set realistic expectations for newly qualified paramedics in terms of locations and will review what can be done to deliver some wrap around support and incentivisation for these rural areas.

Workforce System Improvement and Future Programmes Plan 2024 – 2027

A further challenge over the coming three years is the **Future NHS Workforce Solution Programme**, which is one of the biggest digital transformation programmes NHS Wales staff will experience for some time and will run throughout the three-year term of this IMTP and beyond. This national transformation programme will provide a robust, intuitive, agile workforce system that meets the evolving needs of NHS Wales.

5.2 People and Culture

To align with our People and Culture Plan ambition of an inclusive, professional and psychologically safe organisation, our IMTP objectives fall under our three Cs of **Culture, Capacity and Capability**. We also continue to set out three clear **Commitments** which our people have told us are important in terms of their workplace experience.

Culture

The aims under the Culture theme are threefold. Firstly, we aim to **enhance and strengthen our internal capacity to drive culture change**, with a particular emphasis on further developing and leveraging the Culture Champion role, Change Agents, and our staff networks. These individuals will play a pivotal role in championing and supporting our ongoing cultural transformation.

Secondly, our focus extends to **developing and amplifying employee voice**, for both individuals and collectively through social partnership, a crucial component for increasing overall employee engagement. To achieve this, we will mobilise various tools such as team diagnostics embedded in the culture health check toolkit, Hive pulse surveys, CEO Roadshows, Freedom to Speak Up initiatives, Voices Network, employee recognition programs, and the proactive scrutiny of exit interview feedback. Additionally, we will continue to prioritise creating a workplace that is safe and respectful by addressing concerns related to Sexual Safety and Misogyny.

Thirdly, we are committed to incorporating **compassionate practices** into all our people-focused activities. This involves a comprehensive plan with all managers undergoing additional training, accompanied by guidance and support materials. Case reviews and coaching sessions are integral elements of this approach, ensuring that our leaders consistently embody and promote compassionate practices in their interactions.

Capacity

Under the Capacity theme, our IMTP objectives are geared towards delivering on **our Strategic Workforce Plan**, a dynamic document essential for aligning workforce requirements with the ongoing business transformation.

Concurrently, we continue in our efforts to embed a **culture of positive attendance management** through targeted interventions, supporting colleagues to remain in the workforce, and actively implementing our Health and Wellbeing Plan. The Health and Wellbeing Plan also recognises the significant impact of employee experience and the growing evidence that no amount of individualised wellbeing support will mitigate for poor experience.

Our continued focus on the experience of work and enabling our capacity to provide new patterns of work including flexible working options and listening to our people as their external and personal experiences change the support that they need to continue to be their best in work. This also applies to our volunteers and we want to ensure their experience and support reflects our appreciation of their outstanding support.

Additionally, we maintain **our focus on 'getting the basics right'**, which involves preparing for the implementation of the ESR (Electronic Staff Record) replacement system and enhancing our systems and processes for greater efficiency. A key aspect of our capacity-building efforts is the publication of a refreshed Health & Wellbeing Plan for the Trust, the Health Check Pilot Programme and Health Surveillance, providing diagnostic access for staff and facilitating ongoing evaluation of our health initiatives.

Capability

Our objectives centre around developing the **capability of leaders and managers** to lead and manage change while reinforcing the evolving organisational culture outlined in the People and Culture Plan. Initiatives such as the Management Essentials Programme, Team Culture Health Check Toolkit, coaching and mentoring skills to enable managers to facilitate conversations around issues including equalities, diversity and inclusion, Our WAST Way, form the cornerstone of this objective.

We are dedicated to **growing and nurturing our leadership and management capability for the future**. Providing a career development pathway for leaders and managers at WAST demonstrates our commitment to growing leaders of the future through building an internal pipeline of talented and skilled colleagues committed to cultural change and transformation. It is imperative that our leaders possess the necessary skills to facilitate conversations around protected characteristics and EDI issues. There will be an intensified focus on coaching and mentoring efforts to address EDI issues and inappropriate behaviour promptly ensuring ongoing support for team needs, relationship strengthening, and early issue management.

We understand the importance of **reinforcing professions and professional development**, across the entirety of the workforce. Finalising the People Development Plan is a critical component of this objective; providing a clear summary of job families, progression routes and the support accessible throughout careers to nurture talent and navigate the opportunities available.

To **create an environment conducive to growth and well-being**, we will emphasise effective and ongoing conversations, 'Check Ins', that contribute to improved individual and team performance and development.

Throughout these endeavours, the golden thread of equality, diversity, and inclusion (EDI) runs, underpinning all aspects of our operations. This commitment includes publishing and **delivering our Strategic Equality Plan (SEP)**, ensuring adherence to statutory requirements, and making EDI a cornerstone of our organisational culture.

In alignment with our commitment to equality, diversity, and inclusion (EDI), we will continue to actively **monitor compliance and ensure the correct reporting procedures**, adhering to the public sector duty and

relevant statutory requirements. As part of our comprehensive approach, we prioritise the publication of key reports and plans to transparently communicate our progress and actions in the realm of EDI.

Through our experience work with communities, we are noticing that poor patient experiences relate to those who come under specific characteristics of the Equality Act with instances where we have not made reasonable adjustments or assessed the specific risks for these patients. This is particularly the case in some of our Ambulance Care services and we need to ensure that our work around EDI is holistic and captures the individualised needs to our service users as well as our people.

Underpinning our EDI commitment are specific actions aligned with SEP Objectives for the coming years. This comprehensive framework ensures that our EDI initiatives are not only monitored do but also strategically implemented, contributing to a workplace that is diverse, inclusive, and committed to eliminating discrimination.

Commitments

In our 2023-26 IMTP we made a clear commitment to our people to address three key issues that came through feedback from them during engagement opportunities. From the feedback staff and volunteers have given us again this year we know these are still as important to them and we have further work to do.

Decarbonisation and Sustainability



We have now embedded an agile working model which is supporting reduced commuting emissions. We will ensure our estate is fit for purpose to provide flexible, welcoming and collaborative spaces for our people. We will continue to embrace opportunities to give our people closer links with nature to support their wellbeing.

- **Shift overruns:** we made progress in 2023/24 in some areas of Wales by implementing 'holding areas' allowing staff to take breaks and end their shift whilst patients are looked after by dedicated ambulance staff in clinical areas outside or near to the Emergency Department. Whilst it is not certain that we can maintain these areas indefinitely we are seeking to implement them at other sites where there are persistent handover delays, and will explore other opportunities to support staff at end of shift to maintain a good work/life balance.
- **Digital Experience:** we have made strides in developing tools and training to support digital literacy and process automation. However, we have further to go to including implementing a simplified sign on solution across our PCs and iPads, as well as delivering automated solutions for our colleagues to reduce the burden of manual tasks where possible.
- **Flexible working:** there has been progress in developing a culture whereby flexible working has less barriers for, particularly, frontline staff. In 2024/25 there will be additional legal requirements for the Trust to ensure there are no barriers to flexible working and this programme of work will continue.

IMTP objective	Year 1	Year 2	Year 3
Culture	<ul style="list-style-type: none"> Strategic Equality Plan published Q1 Dedicated Guardians appointed Q1 Expand culture champions, change community and network membership by Q4 Assess impact of cultural toolkit by Q4 Review Allyship & Bystander training in Q3 Identify and implement measures to promote the employee offer by Q3 	<ul style="list-style-type: none"> Further development and roll out of compassionate practices, equality, allyship & bystander training Continue to expand and develop our networks Evaluate impact of employee offer on recruitment Seek organisation-wide feedback on psychological safety levels 	<ul style="list-style-type: none"> Continue to build our desired culture Review and evaluate interventions to inform future plans Refresh our People and Culture Plan
Capacity	<ul style="list-style-type: none"> Health and Wellbeing plan finalised Q4 Approved Strategic Workforce Plan Q1 Implement retention work plan by Q4 Support ESR optimisation and replacement programmes - ongoing Refresh and deliver managing attendance programme - ongoing Carers support initiatives commenced Q1 	<ul style="list-style-type: none"> Implementation of Health & Wellbeing Plan Year 2 delivery Strategic Workforce Plan WAST support for potential early adopter of ESR replacement system Continue to establish a pathway of support for Carers within the organisation 	<ul style="list-style-type: none"> Year 2 delivery plan for Health & Wellbeing Plan Year 3 delivery and review of Strategic Workforce Plan Readiness for transition to ESR replacement system Continue to establish a pathway of support for Carers within the organisation
Capability	<ul style="list-style-type: none"> Coaching and mentoring of leaders & managers focussed on EDI -ongoing Implement People Management Essentials by Q4 Finalise People Development Plan by Q4 Introduce ongoing 'check ins' to support formal PADRs by Q4 	<ul style="list-style-type: none"> Refresher training in workforce planning to support reviews of workforce, training & succession plans Leadership aspects of Strategic Equality plan continue to be delivered 	<ul style="list-style-type: none"> Expand opportunities for colleagues to embrace and develop within their profession and demonstrate those professional qualities and standards in all that they do

5.3 Welsh language

Leadership is a key driver for the successful implementation of **More than just words**. We will need strong leadership to underpin the actions to transform Welsh language provision for the future, to drive the impetus for change and create a culture where people feel empowered to use the Welsh language each day at work. This is more than just compliance with statutory requirements, it should be something inherent in what we do in **working towards the 'Active Offer'**. An Active Offer simply means providing a service in Welsh without having to ask for it and having the Welsh language as visible as the English language.

During this financial year we improved our compliance with the Welsh Language Standards and our delivery of an Active Offer by **centralising our translation service** with the recruitment of a Welsh Language Translator. This has increased our ability to provide bilingual services to our service users and to our staff. Our **111 Service** implemented an improvement plan that included new ways of working in order to increase its ability to answer calls from our service users in Welsh. A new **mandatory Welsh language awareness course** was introduced to staff and we will seek to further promote the course through this IMTP period to increase compliance.

In Year 1 we will seek set to develop a **baseline for compliance** with the Welsh language standards and to introduce and implement a new **Welsh Language Policy** for the promotion and facilitation of the Welsh language. As part of our commitment to the More Than Just Words Action Plan we will seek to complete our Strategic Workforce Plan which contains a Welsh language workstream where work will progress via a **Welsh language skills gap analysis** followed by training and development initiatives and recruitment strategies.

We will continue to ensure compliance with the Welsh Language Standards, reported and monitored regularly to the Board and via the CEO and Chair through their accountability to the Minister.

IMTP objective	Year 1	Year 2	Year 3
Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	<ul style="list-style-type: none"> Welsh language policy approved and communicated in Q1 Welsh language standards baseline established in Q2 Toolkit for senior leaders & Board developed by Q4 Welsh language advisory group established in Q2 	<ul style="list-style-type: none"> Recruitment strategy developed to attract and evaluate candidates based on their Welsh language proficiency Introduction of minimum 'courtesy' level of Welsh language skills 	<ul style="list-style-type: none"> Develop our priorities for Welsh language in line with a refresh of the plan for compliance

6. Infrastructure – estates, fleet and climate change

Strategic Objective 3 - Being at the forefront of innovation and technology

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**. Building on a period of growth in 2022/23, the 2023/24 year has seen the progression of a number of schemes to enhance and improve the estate, whilst disposing of some of our poorest condition estate. This ensures we can work towards having the right buildings and vehicles in the right place for our staff to provide best and safest care across Wales.

Our increased focus on the start of the patient pathway is supported by progress in projects to relocate staff from Bryn Tirion and accelerated plans for a revised Llangunnor CCC footprint. We have supported our Fleet and Commissioning Teams in strengthening their regional presence with the opening of the South-East Workshop and Commissioning Centre in Merthyr Tydfil and supported front line EMS operations through relocation of Cwmbran Ambulance Station to Beacon House, and further accelerating plans for a Dolgellau Ambulance station. 2023/24 has also seen us dispose of poor and inefficient estate at Blackweir in Cardiff, and Cefn Coed in Swansea.



The **Estates Strategic Outline Programme (SOP)** and **Fleet SOP** (refreshed in 2021) have been fully endorsed by Welsh Government enabling us to work towards producing a series of business cases to achieve this vision. We continue to align with the strategic ambitions of these plans, but there is now an opportunity to refresh these plans. We will need to respond to our major challenges and risks to ensure we have the right estate and the right fleet profile in the right place to support any planned growth in services linked to our transformed service offer.

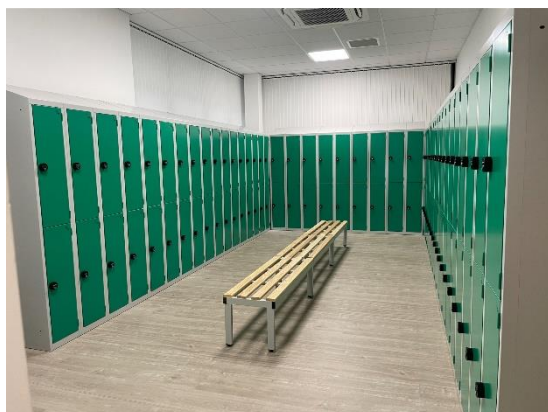
In refreshing the SOPs, the **“Make Ready”** concept continues to be at the forefront of operational site business case development and operational teams are a vital component in ensuring our premises are fit for the future.

Decarbonisation and Sustainability



As a key part of our ambition to reduce our carbon emissions, improvements within our estate and fleet are central to our ambition of reducing carbon emissions. We will deliver a range of dedicated schemes across our estate through WG funding (EFAB) and embed decarbonisation elements in all our estate improvements.

In 2024/25 we will complete the relocation of staff from **Bryn Tirion to Ty Elwy**, providing a modern and fit for purpose facility which brings EMSC, Ambulance Care, Resources and 111 into the same building. We will complete work on a new ambulance station in **Dolgellau**, and we will further progress our delivery of a new footprint within **Llangunnor CCC** (with work anticipated to complete in 2025/26).



We also continue to consider the impacts for our corporate staff on **agile working practices** and have three modern fit for purpose office spaces at Cwmbran, St Asaph and Swansea which can be used by all our staff on a flexible and collaborative basis to ensure that we provide good facilities for staff to meet, and work from, as and when they are required, whilst ensuring that we maximise the use of Trust assets and building occupancy.

At the time of writing, prioritisation of schemes against the remaining 24/25 Discretionary Capital allocation is ongoing with a number of schemes being considered to address challenges

e.g. a improvements to estate at Monmouth Ambulance Station and the Bangor Fleet Workshops, and replacement of iPads over their asset life.

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. In light of limited funding in 2023/24, we have submitted the **Business Justification Case** to Welsh Government for the 2024/25 vehicle replacement scheme and, subject to approval, over the next 12 months we will be replacing 157 vehicles across our fleet including EMS and Ambulance Care. As part of our commitment to reducing our carbon and vehicle emissions, we have focussed procurement on smaller and more efficient vehicles. For our Car Based Response Vehicles we will be seeking to provide a full EV solution, which is backed up with appropriate charging infrastructure.



The Welsh Government targets of a net-zero position by 2030 pose real and complex challenges for the Trust. In response to this, we are developing our **Sustainability and Infrastructure investment requirements** in line with our Estates and Fleet SOP deliverables, 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 we are keen to maximise all funding opportunities to realise our ambitions, as well as working with our partners wherever possible. 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. Our Decarbonisation Action Plan can be found in appendix 4 but also our key decarbonisation priorities can be found throughout this document aligned to our plans.

In conjunction with the decarbonisation agenda and in order to address the WG priority on the **Foundational Economy**, the organisation continues its work with Procurement colleagues as NHS Wales Shared Services Partnership (NWSSP) brings together key metrics that enable us to **identify if the Welsh pound is being spent in Wales**, and that prior to awarding of a key contract to a supplier highlighting if the supplier is from Wales and scores highly on a sustainability score covering areas such as environmental management systems,

local sourcing of materials, recycling and appropriate disposal of equipment that does not adversely impact on the environment.

IMTP objective	Year 1	Year 2	Year 3
The right buildings in the right place, enabling our staff to provide the best and safest care across Wales.	<ul style="list-style-type: none"> Complete Dolgellau Ambulance Station (DC) by Q4 Complete Bryn Tirion relocation project (DC) by Q4 Approval of Swansea Business Justification Case by Trust Board for submission to WG (AWC) Consider timeline and process for a refresh of the Estates SOP 	<ul style="list-style-type: none"> Delivery of Llangunnor CCC new footprint (DC) Approval of Newport Business Justification Case by Trust Board for submission to WG (AWC) Approval of Llanelli Business Justification Case for submission to WG (AWC) 	<ul style="list-style-type: none"> Year 3 discretionary capital priorities
The right fleet in the right place, enabling our staff to provide the best and safest care across Wales.	<ul style="list-style-type: none"> Delivery of the 2024/5 Vehicle Replacement Programme throughout the year Develop timeline and process for a refresh of the Fleet SOP (AWC) by Q3 Fleet replacement BJC for 2025/26 (AWC) submitted in Q3 	<ul style="list-style-type: none"> Fleet replacement BJC & programme (AWC) 	<ul style="list-style-type: none"> Fleet replacement BJC & programme (AWC)

7. Our Digital roadmap

Strategic Objective 3 - Being at the forefront of innovation and technology

What will good look like for digital in 2027?

- ☐ We use cutting-edge systems to ensure impenetrable cybersecurity.
- ☐ Digital solutions are integrated into daily life, giving enhanced efficiency and experience.
- ☐ We lead in innovation with state-of-the-art technologies supporting strategic goals.
- ☐ We embrace a digital-first strategy for transformation, maintaining agility and patient-focused efficiency.
- ☐ We enable integrated, actionable data across

What will be different?

- ☐ No successful breaching cyber attacks
- ☐ Reduced numbers of calls to helpdesk and improved first resolution rate.
- ☐ Increased number of technology exploration projects scaled up.
- ☐ Increased number of users confident in accessing, using and interpreting data
- ☐ Increased levels of patient and staff satisfaction and adoption of our digital solutions

The other aspect of 'being at the forefront of innovation and technology' is **how we develop our digital offers** to support our service delivery and long-term strategic ambitions. This digital offer needs to keep pace with the needs of our patients and our people today but also the development of our future service model. Our long-term strategy 'Delivering Excellence', sets out how we could adopt digital technologies that provide greater, and seamless accessibility for our patients, support our people to provide timely, safe and effective services and to use data to inform how our system can operate optimally for the needs of future generations.

The **rapid progress of technology** presents both opportunities and challenges. We need to ensure we address the fundamental challenges of a 24/7 urgent and emergency care service which is heavily reliant on data and technology whilst balancing the need for progression and adoption of new technologies such as robotics and AI.

We are also faced with **workforce challenges**. In a competitive employment market for digital specialists, we need to ensure we can develop the capability and capacity of our digital teams to both ensure our essential services are maintained alongside the opportunities to be pioneers in digital health care in Wales.

Decarbonisation and Sustainability

We continue on our journey to significantly reduce our use of paper and digitise our records. We are working to link our systems together so that we can monitor the efficiency of our buildings, outputs generated by our renewable technology across the estate and the utilisation of our EV charging network.



We are not starting from a blank page. In November 2020 we published our first **digital strategy**. Whilst the 'Principles' and digital 'Missions' set out in the strategy remain important, we have begun to refresh and reframe our digital plan in light of the challenges we face and the opportunities available to us.

The refreshed plan will focus on five '**cornerstones**' which seek to attend to the '**here and now**' issues that require urgent attention, whilst also setting out a path towards **adoption of new technologies** and ways of working which will modernise our services, meeting the expectations (and limitations) of digital end users (both our patients and our people) whilst also providing greater efficiency and added value across the patient pathway.



Each of these cornerstones includes a range of options to move us forward, but this is a plan which covers 5 years and within that we will have to make choices and **prioritise** the most important programmes of work that will have the most benefit for our patients and our people within the resource envelope available. We will not do this alone, some of our advancements will require collaborative work across the system with our Health Board Partners and Digital Health and Care Wales (DHCW), particularly the implementation and

utilisation of the **National Data Resource (NDR)**. This will support how we deliver and measure the impact of our plan in a value-based way.

Our digital plan will underpin our commitment to data quality in support of the wider system in NHS Wales through enhancement of our **data quality provision and assurance plan**. Finally, one of our most important digital priorities that will feature in our refreshed digital plan is **information governance (IG)**, which sits within our IG strategy and compliance framework, as we seek to continually improve IG compliance across the Trust.

Our digital plan is in development and our key milestones for the next 5 years will be developed and agreed by the **end of Q2 2024/25**. We have committed in our financial plan to investing in our digital capacity and capability to ensure we are able to meet the challenges and opportunities that digital provides throughout across the 3 years of this IMTP. Publishing the plan will be the first and most important milestones in 2024/25.

8. Partnerships and the wider system

Strategic Objective 4 - Developing services in collaboration

What will good look like for our partnerships in 2027?

- ☐ We will be seen as a credible, reliable, forward thinking and collaborative partner.
- ☐ We will have a shared vision for the ambulance service, supported by stakeholders and funders.
- ☐ We will work with non-traditional partners on innovative solutions and services.
- ☐ We will have a culture of democratised learning underpinning our university status.
- ☐ We will actively contribute to the Well-Being of Future Generations through well-being objectives.



What will be different?



- ☐ Improving scores on reputation metrics (TBD)
- ☐ Stakeholder support for strategy gained over a three-to-five-year timescale
- ☐ Increased number of research projects ongoing
- ☐ ~~Increased levels of alternative funding streams.~~

8.1 Partnerships and engagement

We continue to **recognise the importance of partnership and collaboration** as we seek to redefine our role in the Welsh health and care system. This means working to develop strong relationships with our partners, predicated on optimising the use of public service resources to better serve our patients, ensuring that our strategic ambitions are aligned.

There is much to do to achieve this, including understanding more about how we are **viewed by our partners**, working with them to build and strengthen understanding and opportunities for collaboration.

We have ambitious ideas about how we can work very differently to meet the needs of patients, but we cannot achieve these ambitions in isolation. 2024/25 and beyond will see us reviewing our current

engagement framework in light of feedback secured through a range of mechanisms, including a **refreshed reputation audit**. What we learn and how we respond will be crucial in supporting our longer-term strategy.

While we have been working in the spirit of the Act for a number of years, 2024/25 will also be the year that sees the Welsh Ambulance Services formally come under the **Wellbeing of Future Generations Act**. This will bring with it a number of responsibilities, including **the development and publication of wellbeing objectives** by the end of March 2025, as well as further responsibilities aligned to the Act such as our duties under the Environment Act and Social Partnership and Public Procurement (Wales) Act.

Aligning our strategy with the Act, ensuring what we do now and in the future does not disadvantage our future generations and builds a stronger NHS that can meet their needs will be an important element of how we move forward.

We continue to be represented on six of the seven **Regional Partnership Boards in Wales**. Being visible at RPBs allows us to participate not only in system wide discussion with health, care and other partners about our collective challenges, but also to look for collaborative opportunities to make a difference for our population.

As a Trust, we have benefited from RPB funding through the Regional Integration Fund (RIF) for example to support falls services and trial a mental health response vehicle in South East Wales. In the next year, as public finances continue to be stretched, RPBs will doubtless be taking a keen interest in how their funds are spent and the outcomes for people that result from those investments.

Decarbonisation and Sustainability



We are collaborating with partners to explore joint solutions to some of our key estate challenges. Our partnership approach will be central to the development of an EV charging network across Wales as we look to maximise opportunities across our estate and more widely.

We will continue to look for innovative ways to work with RPB partners to test and develop new approaches, to make sure our collective efforts are targeted, effective and improve access and wellbeing for our populations.

8.2 Academic partnership & democratised learning

Over the last couple of years, the Trust has been working hard to deliver **university trust status** and consolidate its approach to research, innovation and the democratisation of learning.

With a multiplicity of clinical, operational and corporate staff possessing a range of interests, skills and qualifications, coupled with an ambitious organisational strategy to redefine what it means to be an ambulance service, it is important that we enable our people, and our organisation, to be the best they can be.

If we are to genuinely develop as a leading ambulance service, it is important we **continue to innovate, support research and development**, both in testing new approaches with academic partners and using the best evidence available to inform our longer term plans.

The Trust continues to develop and deliver world-class research and innovation (R&I) which relies on local, national, and international partnerships. We operate within wider Health and Social Care R&I infrastructures and ecosystems and benefit from initiatives such as the UK Life Sciences Vision, UK vision for clinical research delivery, and saving and improving lives: future of clinical research.

We continue to deliver the **WAST Clinical Strategy: Delivering Clinical Excellence** in Wales, which reflects the Health Care Research Wales (HCRW) policy perspective set out in Making Research Careers Work. We are embedding research across the organisation, encouraging, and developing our people to actively support high-quality R&I that is responsive to our population's care needs and translating evidence-based findings into our models of care. In 2023 we contributed to many local national and international policies and initiatives, such as the Innovation Strategy for Wales and NHS R&D Framework which will inform our own strategies and plans.

Confirmation has been received that the organisation will gain **university trust status from April 2024**. This will mark the culmination of a number of years of work and will help us drive our focus on innovation, research and learning to inform our future development. This is particularly important as we strive to meet the requirements of the new NHS Wales Research and Development Framework, which has pan-organisational impact.

April will also see a **new non-executive director** from academia join our Board, which will add another layer of expertise and support to our growing ambition.

The Trust's **Academic Partnerships Committee** will be the assurance committee for the NHS Wales R&D Framework and will continue to act as an "engine room" of innovative thinking as the Trust accelerates its transformational plans.

The Trust's core priorities in its UTS bid included **decarbonisation and sustainability, advanced clinical practice and digital opportunities**. These continue to be core elements of the organisation's IMTP and, while performance monitoring may occur through other committees, the Academic Partnership Committee will continue to show a keen interest in these areas and receive information and presentations on these subjects as appropriate.

Our research priorities for 2024/25 will be to:

- Develop, attract, and deliver high-quality R&I and contribute to Wales strategy, policies and forums such as the NHS R&D Leadership Group and NHS R&D Framework.
- Work with a range of research organisations and academia, and develop new partnerships, to collaborate and influence building our skilled workforce supporting R&I.
- Continue to develop R&I as a golden thread across all of our activities, building innovation and knowledge into practice.
- Continue to collaborate with key partners such as SBRI, Health Technology Wales and the HCRW evidence centre.

Decarbonisation and Sustainability



We continue to look at the feasibility of reducing our use of Entonox and replacing it with a medical gas with a lower GWP. Exploring innovative and technology-based solutions to the decarbonisation challenge will be key to delivering our ambitions.

IMTP Objective	Year 1	Year 2	Year 3
Well placed to influence system thinking / strategy development	<ul style="list-style-type: none"> Second reputation audit completed Q1 Finalised influencing / stakeholder engagement plan Q1 Structured engagement commenced with stakeholders & public from Q2 Continued engagement with RPBs throughout the year 	<ul style="list-style-type: none"> Year 2 delivery of influencing / stakeholder engagement plan Further reputation audits undertaken Continued engagement with RPBs Further focused work with staff and TU partners 	<ul style="list-style-type: none"> Year 3 delivery of influencing / stakeholder engagement plan Further reputation audits undertaken Continued engagement through RPBs Further focused work with staff and TU partners
Meet the requirements of the Wellbeing of Future Generations Act	<ul style="list-style-type: none"> Wellbeing objectives signed off and published to frame IMTP for 2025-28 by Q4 	<ul style="list-style-type: none"> Framework for internally monitoring wellbeing objectives agreed and implemented 	<ul style="list-style-type: none"> Continual monitoring and review of wellbeing objectives as BAU
University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	<ul style="list-style-type: none"> UTS status communicated Q1 and embedded through year Mechanism for reporting against NHS Wales R&I Framework and UTS agreed in Q1 Academic Partnership priorities updated and published Organisation name changed in relation to UTS by Q3 	<ul style="list-style-type: none"> Further embedding of UTS and internal monitoring and review arrangements agreed Embed academic partnership remit changes as a result of updated priorities 	<ul style="list-style-type: none"> Continual monitoring and review of research & innovation framework, academic partnership priorities and UTS as BAU

9. Quality driven and clinically led

Strategic Objective 5 - Being quality driven and clinically led

What will good look like for a quality driven and clinically led organisation in 2027?

- ☐ We will be open and honest with patients and families when things go wrong, saying sorry and taking action to put things right.
- ☐ All of our people will be committed to improving quality and safety, with robust quality management systems in place.
- ☐ We will engage with our communities, with meaningful opportunities for co-production.
- ☐ Clinicians will feel supported, empowered and developed through excellent clinical leadership



What will be different?



- ☐ All duty of candour requirements met and learning acted on.
- ☐ Increased number of patient outcome measures reported, driving improvement.
- ☐ Increased evidence of meaningful engagement and involvement, driving satisfaction
- ☐ Increased opportunities for our people to progress their clinical practice and career.

9.1 Health & Social Care (Quality and Engagement Wales) Act

Delivery of Duty of Quality, 12 Health and Care standards

With our continued commitment to the Act, we will maintain progress on internal and external demonstration of compliance to the Duty of Quality. **'Always On' Reporting** from 'Floor to Board' will be a key facet of our

Quality & Performance Management Framework. We will also support the **national Safeguarding Review** and consider additional measures required to offer public confidence in safe and reliable services.

We will also aim to secure more **real time** and **effective patient** experience feedback on all services provided and realise the expected benefits of the CIVICA platform, working through consent and IG considerations so that we can use this rich source of feedback to inform quality improvement and transformation.

Delivering to the Duty of Candour

In 2024/25 we will be investing further in our Putting Things Right function to complete the organisational change process and recruitment. We will also deliver a **performance improvement** plan within our Putting Things Right team across concerns, complaints, incidents, and mortality (Coroner, Medical Examiner & Trust) reviews (including automation efficiencies). This will provide us with a more robust and efficient platform to support our obligations under the Duty of Candour.

We have made significant progress in our reporting of harm but we have more to do on this and how we measure outcomes for patients. We will identify opportunities for data engineering and modelling to **better inform** the Trust and wider system on levels of harm/outcomes for patients, joining up our value-based healthcare agenda with our measurement of strategic impact across the wider system.

Working Safely

We are committed to working with our **Trade Union (TU) Regional Partnership Forums** to build confidence in the processes which support Health & Safety (H&S). We will continue to develop effective H&S risk assessment and compliance assurance processes across the organisation, maintaining support to operational colleagues in enabling workforce wellbeing. There will be a greater focus on **musculo-skeletal injury** over the coming year following an increase in the number of reported injuries and related sickness absence. There will also be a continued focus on preventable stressors that affect mental health and wellbeing, such as shift overruns.

During 2023/24 the Trust has taken significant steps to address the concerns of our people relating to **diesel fumes** exposure and we have worked with partners across the NHS to implement mitigating measures where diesel fume exposure is greatest. Over the period 2024/25 we will continue to work with partners to resolve the root cause of exposure by reducing handover delays and increase the assurance processes for mitigating actions to exposure being taken on each site. WAST have also been working with Dyson to develop a heating unit that could be used within an ambulance and that would reduce the requirement for the engine to be switched on during extended handover delays; it is expected that this will be licenced for use and fitting in new vehicles during 2024/25 and consideration is being given to retrofitting although this is unlikely.

We will also play a role in supporting the Welsh Government renewed focus on **Healthcare Acquired and Community Acquired Infection, Prevention and Control** expected in 2024/25, embedding key learning from the COVID-19 pandemic.

Quality Improvement & Population health

Throughout this IMTP period we will **identify areas for quality improvement** based on clinical outcomes, service utilisation, patient experience and international evidence, applying a consistent QI methodology to our improvement initiatives and large-scale transformation programmes alike.

In being 'patient-centred' we have focused on where we can add most **value** for the people of Wales. This includes innovative approaches through digital technologies and embedding quality assurance and improvement.

We will be: responding to and promoting mental health and well-being; promoting healthy behaviours/decisions; delivering excellent clinical care to avoid hospital admissions; fostering resilient communities through engagement and education; and promoting dignified care.

Wales is facing significant health challenges. It is projected to see a significant change in its population demographic with over 1,008,000 older people living in Wales by 2030 – 33% of the total population. This brings challenges in ensuring older populations can maintain good health; improve feelings of isolation and loneliness, frailty, and dementia.

A further health challenge will be the impact of obesity on hospital admissions in Wales and a recognition that bariatric patients will present with different body shapes resulting in more specialist equipment need and implications for handover to hospital staff. Improved communication between control, the ambulance crew and hospital and issues relating to dignity, safety, and privacy. WAST are already aware and reporting the need to improve staff education/training on bariatric care.

Our **Population Health analytics programme will be developed** as a programme of work centred on population health, this includes information from our personalised care initiatives (wearables, vital signs etc.), risk stratification and pathway design.

9.2 Clinically led

Enhancing our **clinical leadership** across the Trust continues to be a key priority, significantly contributing to and underpinning our future visions for our service models.

Significant workstreams contribute to continually reviewing and optimizing our responses and pathways as we transition towards the future. This includes clinical leadership and capacity into our **clinical support desk** and our ambitions to enhance our clinical offer to our patients, reducing the need for conveyance to hospital through increased clinically driven improvements. Improvements will include the use of advanced practice paramedics and advanced nursing practitioners, independent prescribing, senior paramedics supporting emergency ambulance crews with clinical feedback, CHARU and remote clinical consultations. Importantly, as a newly recognised University Trust we will continue to build on our research reputation in the pre-hospital emergency care domains and ensure that clinicians have the opportunity to **progress their career in research** if desired.

We will put in place a new leadership and supervision structure for advanced paramedics, which will pave the way for greater consistency of outcome and further opportunities to enhance the skills of all **advanced paramedics** in independent prescribing. In addition, we are strengthening our leadership in remote clinical care through both **generalist and clinical specialty** roles that lead clinical practice and improvement across the organisation; as has been undertaken for mental health crisis support and pre-hospital maternity emergency care. For our **Maternity and Neonatal Safety Programme** we are seeking to securing substantive funding for the WAST Lead Midwife to maintain the quality and safety improvements achieved in remote and face to face clinical practice to date. We will maintain collaboration with the Chief Nursing Officer Wales' office to develop a proposal for WAST hosting a 24/7 'labour-line' as set out in the Maternity and Neonatal Review recommendations.

Our ambition is to continue to build on our clinical leadership and to place the Trust at the forefront of progression within pre-hospital care in Wales and beyond.

IMTP objective	Year 1	Year 2	Year 3
Systems that meet the requirements of the Duty of Quality and Duty of Candour	<ul style="list-style-type: none"> Always on Reporting Dashboard Q1 Quality strategy - Create Vision for improvement Q4 	<ul style="list-style-type: none"> Quality Strategy 2024-27 review Implementation 24/7 labour line Implementation of MEWS 3 P's Framework 	<ul style="list-style-type: none"> ANTT Continue to monitor compliance and report to Training School. Embed into Training Programme
Excellent clinical leadership	<ul style="list-style-type: none"> New APP clinical leadership structure introduced Q2 New remote clinical assessment service clinical leadership team Q2 	<ul style="list-style-type: none"> Fully implement clinical supervision policy 	<ul style="list-style-type: none"> First learners 2026 Confidence and Competence workplan
A culture of quality improvement with robust quality management systems	<ul style="list-style-type: none"> Quality Improvement hub - Design and testing in operations Q1 Implementation, Q2 Embed Quality management system Trust wide Q4 	<ul style="list-style-type: none"> New WIIN solution 	<ul style="list-style-type: none"> Quality Assurance Self Assessments Gap Analysis and forward Plan Educational content for Level 2&3 Datix Quality Plan operational review
High quality Putting Things Right, Safeguarding and Health & Safety systems	<ul style="list-style-type: none"> Safeguarding Annual Report draft, annual VAWDASV report Q1 Implement bespoke training materials Q2 Draft Health & Safety Strategy Q1 	<ul style="list-style-type: none"> Safeguarding Maturity Matrix Health & Safety strategy pilot & implementation Refresher training 	<ul style="list-style-type: none"> PTR Sustained 5-day response review process
Meaningful engagement and co-production with communities	<ul style="list-style-type: none"> CIVICA enhancements Q2 Continuing commitment to improving experiences for People with a Learning Disability – Q1 Improve Data Capture adapting ePCR. 	<ul style="list-style-type: none"> Development of patient stories and in-person focus groups PREMS operational reporting Patient story podcast, linked to storytelling 	<ul style="list-style-type: none"> CIVICA build into BAU dependant on Information Governance

9.3 Well governed

Managing risk



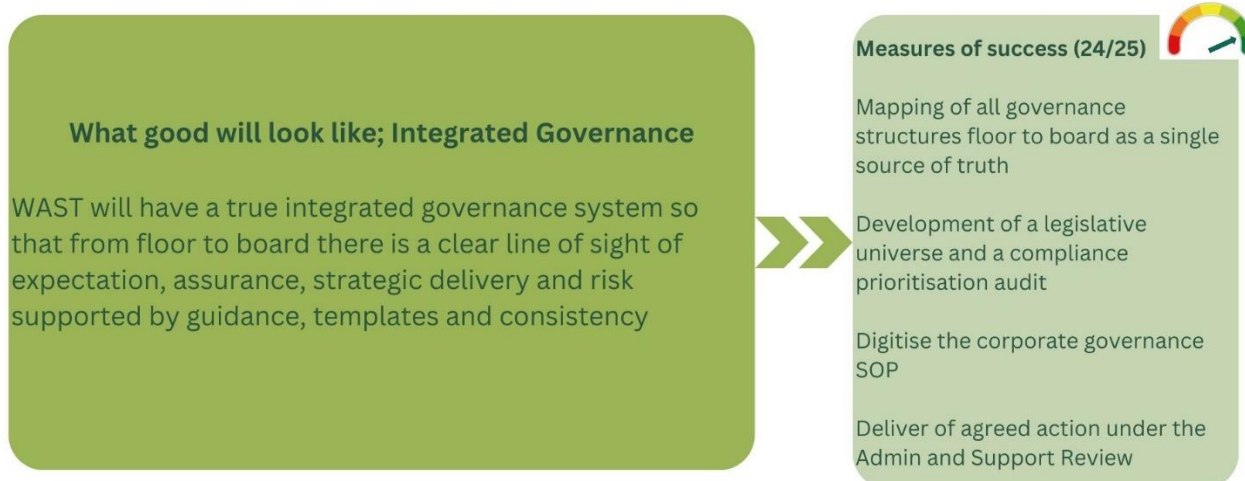
Risk Management is a key organisational responsibility and remains an integral part of the Trust's governance arrangements. The Trust Board has a responsibility to ensure that the principles of good governance are underpinned by such frameworks for risk and assurance, performance, and quality improvement to provide safe and effective care for patients and staff and ensure the safety of the environment around them.

The Trust embarked upon a **risk management transformation programme** during 2023/24 to 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 programme built on the positive risk culture embedded during 2022/23 with the re-articulation of the Trust's principal risks, the development of a Risk Management Policy and Procedures, and the introduction of a transitional Board Assurance Framework (BAF). The maturity of the BAF as a vehicle to support the Board in delivery of the organisation's long term goals is the focus for this year's IMTP which will incorporate the design and **implementation of a strategic BAF** as well as the development of a **suite of risk appetite statements** and **roll out of organisational wide training** which will bring the risk management transformational change programme to a conclusion in its final year.

As the Risk Management transformation programme is concluded, it is anticipated that the **Policy Improvement Programme will begin in the latter half of 2024/25 and into 2025/26.**

Integrated Governance



Integrated governance is a **holistic approach that aims to streamline and unify the mechanics and dynamics of governance at WAST.** It involves the application of a set of simplified governance principles to the existing, maturing and emerging elements of WAST's governance, accountability, risk and assurance frameworks. This will ensure coherence, efficiency, and accountability at all levels from '**floor to board**'.

We will be developing an **integrated governance handbook**, together with a number of supporting tools, policies and guidelines which provide guidance and structure for the organisation. The scope of the project is wide-ranging and aligns to outcome of the administration and support services review. It will be rolled out on a priority basis in 2024/25 due to capacity constraints whilst the Covid-19 Public Inquiry is underway.

IMTP Objective	Year 1	Year 2	Year 3
A risk management framework as a key enabler of our long-term strategy and decision making	<ul style="list-style-type: none"> Strategic Board Assurance Framework agreed and implemented by end Q3 Suite of risk appetite statements implemented and issued in Q4 Risk management policy and procedures published in Q1 Risk training rolled out and level 1 training package on ESR by end Q4 	<ul style="list-style-type: none"> Board Assurance Framework digitised Risk appetite sessions with Board Risk management sessions with Board 	
An integrated governance framework	<ul style="list-style-type: none"> Governance structures mapped out in Q2 Legislative universe developed in Q3 Audit of compliance priorities complete by end Q3 Corporate Governance SOP digitised in Q4 	<ul style="list-style-type: none"> Corporate Governance Plan / Handbook published 	<ul style="list-style-type: none"> Full suite of documents, training and education in place

10. Value and sustainability

Strategic Objective 6 - Delivering exceptional value

10.1 Financial sustainability programme



The need to produce and deliver a **transformative savings and income generation plan** is essential to support the strategic direction of travel for the Trust. Building on the work that has already been undertaken as part of our financial sustainability workstreams in 2023/24, we have brigaded a range of activities and put in place a robust delivery framework that aligns to two key areas of work, **Achieving Efficiencies**, and **Income Generation**.

Our focus is on proactively identifying efficiencies and cost savings and seeking out opportunities to generate income and investment. In order to deliver on longer-term financial sustainability, a deeper understanding of how our organisation works, is required. This will be achieved by completion of review of all our service lines, and implementation of resulting recommendations of this and the administration and support service review.

2023/24 saw significant challenges in the way we approached and **enhanced our income generation potential**, and work was undertaken to analyse the existing barriers to sourcing and delivering income, which included sourcing additional capacity and resource within existing teams. Work continues to **assess the viability of potential commercial opportunities and business development**, taking into account the impact on our people and maintaining core services. This will involve undertaking a robust market analysis to explore commercial potential.

The **Financial Sustainability Programme** will continue to be a key pillar in this plan and will drive transformation to achieve efficiencies as well as exploring opportunities for income generation alongside our existing commissioning arrangements.

10.2 Environmental sustainability

We are committed to ensuring that our developing infrastructure supports the Trust's and Welsh Government ambition for net carbon neutrality by 2030 and we have made good progress in the implementation of some key actions within our **Decarbonisation Action Plan**, supported by the Decarbonisation Programme Board structure which facilitates Trust wide ownership of plan actions. In 2023/24 we have successfully delivered 5 EFAB funded estates schemes which increase the efficiency of our buildings, whilst also addressing some additional infrastructure issues such as roofing. In addition, wherever possible we are seeking to further understand the potential within our estate, and within the supporting infrastructure, to ensure that funding opportunities can be realized, further delivering required improvements.

In addition to work around decarbonisation and net zero, NHS Wales has been asked to consider the reality of climate change and its impacts in the short, medium and long term. In 2024/25 **we will work closely with NHS Wales partners on Adaptation Planning** and will bring together a working group of experts in the field of planning, environmental sustainability, capital development, business continuity and emergency planning across the Trust to develop adaptation plans.



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10.3 Value Based Healthcare

Whilst the focus of financial sustainability is on the financial efficiencies and income opportunities that might add value to what we do as a Trust, it is important to reiterate our **commitment to Value-Based Healthcare**. We will work with colleagues across Wales to ascertain, and utilise, the methodology for determining commissioning investments that ensure the most effective use of finances for improved **population health outcomes**.

We are unwavering in our commitment to develop meaningful outcome measures which truly represent what is important to patients (**PROMs**) and which capture their experience of our services as they describe it (**PREMs**), lining up with the work being undertaken to embed the Civica system alongside other feedback and engagement opportunities.

In 2024/25 we will continue to work closely with the **Value in Health Centre** with whom we have already engaged extensively over the last year. They have helped us think in more detail about how we can culturally embed value based healthcare through education, engagement and tools which can be applied in urgent and emergency care services run by the Trust and as we link across the entire urgent and emergency care system, while aligning WAST-centric VBHC objectives with work ongoing across the entire NHS Wales system.



Source: vbhc.nhs.wales/files/our-strategy-to-2024/

Inefficiencies remain via variation in both our service availability across Wales and the cost of the services we provide. We will continue to develop and implement **Patient Level Information and Costing (PLICS)** to understand variation and use it to better allocate resources where they add most value, while better understanding service variation via the ongoing Service Review which is due to be completed in Q2 2024/25. We will also use **benchmarks** to demonstrate where we can tailor improvements to the services we provide.

IMTP objective	Year 1	Year 2	Year 3
Sustainable savings & efficiencies	<ul style="list-style-type: none"> Service Review across the Trust completed with recommendations by Q2 Develop FSP communications and engagement plan in Q1 	<ul style="list-style-type: none"> Review & refresh plan for 2025/26* 	<ul style="list-style-type: none"> Review & refresh plan for 2025/26*
Generate income alongside our core commissioned functions	<ul style="list-style-type: none"> Complete commercial market analysis exercise in Q1 Develop commercial strategy based on outcome of market analysis exercise in Q2 	<ul style="list-style-type: none"> Review & refresh plan for 2025/26* 	<ul style="list-style-type: none"> Review & refresh plan for 2025/26*
A Value-Based approach across the organisation which is embedded in culture	<ul style="list-style-type: none"> Agree on reporting structure and lead Executive in Q1 VBHC Framework agreed in Q2 Finalise implementation of PLICS in Q1 Agree pathways for value-based healthcare – working with NHS Exec in Q2 	<ul style="list-style-type: none"> Established pathways for value-based interventions and evaluation Refresh value-based health care work programme 	<ul style="list-style-type: none"> Application of value-based principles & evaluation across our future service model
Developing and implementing our plans for Environmental Sustainability and Adaptation	<ul style="list-style-type: none"> Develop a Decarbonisation Action Plan delivery resource plan in Q1 Further accelerate delivery of actions within the Decarbonisation Action Plan (timescales as per the plan) Establish a cross-organisational Adaptation Planning group in Q1 Deliver a range of EFAB funded schemes across the estate throughout the year 	<ul style="list-style-type: none"> Publish Adaptation Plans aligned to Business Continuity, Decarbonisation and Capital plans Refresh of the DAP in response to the revised WG Decarbonisation Strategic Delivery Plan 	

*due to annual nature of financial allocations the FSP plan is refreshed annually in line with cost improvement requirements.

11. Our financial plan

The full revenue and draft capital financial plan for the Trust for 2024/25 is provided in appendix X

Revenue

The financial plan is presented as a balanced revenue financial plan for the 2024/25 financial year. This is based on some key funding and cost assumptions included with it and additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2024/25 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2026/27.

Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2024/25 financial year based on the following key financial assumptions:

- The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 3.67%, applied to all of the Trust's key commissioning agreements. On top of this an element of additional funding (£0.45m) specifically ringfenced for additional energy costs support for WAST;
- That the first call on the above uplift is to ensure that the recurring costs and subsequent funding base for the Trust is put on a sustainable footing and includes that recurring assumed at the outset of the 2023/24 financial year. Specifically, this means that the full costs of an additional 100 frontline EMS staff appointed through the latter half of the 2022/23 financial year are now funded in full recurrently;
- That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated and now, in some cases, specifically funded within it;
- The ability to fully deliver on a range of cost containment, cost avoidance and savings of a minimum of £6.4m, or 2.2% of cost baseline, which will be key to delivery of a balanced financial position in year;
- That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
 - costs relating to the 2024/25 pay deal, along with the recurrent costs of the 2023/24 pay deal, still to be confirmed;
 - Any costs relating to any proposed banding change for EMT / technician level posts following the issuing of updated national A4C job profiles during the latter part of 2023, and outcome of formal job evaluation process;
 - Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, and
 - Any and all costs associated with the recently submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.

The high level summary revenue financial plan for 2024/25 is therefore as follows:

	Opening Budgets 24/25 £m	Planned Savings £m	Revenue Set Budgets 24/25 £m
Income	-289.133	-0.640	-289.773
Operating Expenses	281.148	-5.481	275.667
Profit on Disposal	-0.445		-0.445
Interest Payable	0.100		0.100
Interest Receivable	-0.500	-0.300	-0.800
Depreciation and Impairments (Baseline)	15.251		15.251
Total Expenditure	295.554	-5.781	289.773
Planned Budget Surplus (-) / deficit	6.421	-6.421	0.000

Risks

No financial plan is risk free. The main risks that will need close monitoring and mitigating actions through the upcoming financial year, include:

- The recovery of all of the income assumptions this balanced financial plan now makes;
- No other developments, enhancements or cost increases not currently funded within budgets will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere;
- The ability to deliver a minimum of c£6.4m in savings and efficiencies in year. This equates to c2.2% of the Trusts discretionary income;
- Despite an element of additional funding provided, some cost elements are still hard to predict through the coming 15 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2024/25 to manage any such variations;
- That the upcoming proposed changes in commissioning have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services, etc;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

Capital

Appendix X also summarises our initial capital programme for 2024/25, focussing predominantly on the discretionary capital funding received from WG, noting the already confirmed discretionary capital commitments for the 2024/25 financial year. This is currently a draft plan, as in previous years, a detailed update on the final impact of the 2023/24 financial year end on the 2024/25 programme will be presented to both the Trust's F&PC and the Trust Board in May 2024, at which point it is assumed that the full capital programme for the Trust can be approved, fully consistent with the funding being made available from WG.

12. Delivering our plan

12.1 Risks to delivery

Risks to the delivery of key programmes of work within this IMTP will be monitored by individual programme boards or lead directorate, escalating to Strategic Transformation Board where necessary and raising to the Corporate Risk Register/Board Assurance Framework if Board level awareness and scrutiny is required.

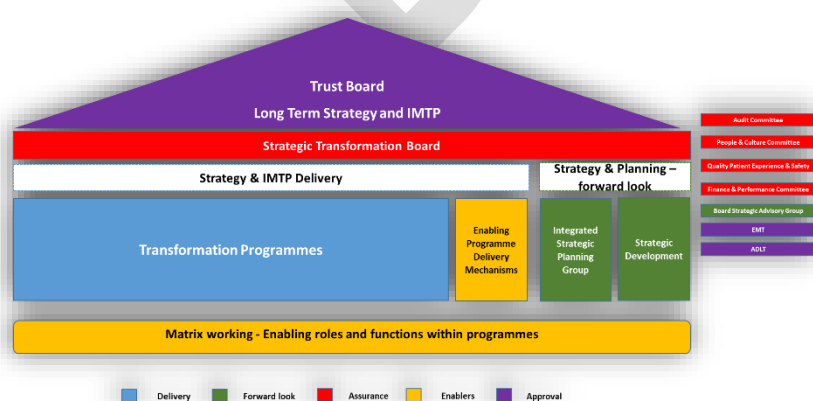
The **key risks to delivery** of this IMTP will be:

- Our ability to deliver a **balanced financial plan** – the financial outlook has improved but remains challenging for the next three years and a key indicator of success of this plan will be to confidently present a plan that could balance and subsequent delivery of financial balance by year end in year one and into years two and three (reported monthly through the year).
- **Capacity to deliver** on priorities within the plan – our financial plan seeks to mitigate this through the resources directed towards supporting priority areas/areas of unavoidable spend
- Difficulty in maintaining progress on strategic ambition with **focus on the short term** – it remains difficult to plan ahead of year one towards our longer term ambitions without certainty of the future operating and financial context. However, recent Demand & Capacity reviews seek to address this imbalance and the financial plan identifies resources to support priorities within the plan.
- **Ongoing wider system pressures** impacting on our services - we are in a vicious circle of operational pressure we think can only be addressed through wholesale transformation. However, the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda.
- **Commissioning landscape** – the new joint commissioning arrangements may refocus the priorities for ambulance services, so we must work closely with our commissioners and partners to grasp the corresponding opportunities that present through the new arrangements.

12.2 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. Further assurance is provided through the **Board Assurance Framework (BAF)**.

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 the delivery vehicles for change and transformation.

However, with the integration of our strategic transformation agenda across our service areas in developing a service model fit for the future, we

will **review the current transformation programmes** to ensure they are fit for purpose. The governance will remain broadly the same, but there are opportunities to make our approach even more **agile, lean and efficient**.

We continue to populate and test portfolio, programme and project management software 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 and service change internally and across the system. Each programme will have its own detailed plans behind each of the deliverables in this IMTP. Based on the anticipated benefits set out in this IMTP, the new programme structures will update benefits realisation plans, which will feed into the mechanisms set out in the QPMF which will be a tool to support delivery of the IMTP. As a result we will synergise our quality improvement, innovations and transformation resources and approach under the STB to ensure our strategy development and transformation agenda is underpinned by a **value focussed, data driven, evidence based, and patient focussed service and quality improvement methodologies**.

Not all delivery of the IMTP will be undertaken in programmes, and there are local improvements that are made throughout the period of this plan at directorate level that provide the environment for performance and quality improvement to enable transformation at a Trust wide level. We will strengthen our corporate resource to support change and ensure capacity to undertake the performance and quality improvement work required. We will also strengthen our links through to local directorate plans, in line with the QPMF, so that all areas of the Trust are linked into the improvements we make through cross-directorate / matrix working.

Conclusion

AC TO DRAFT ONCE PLAN ENDORSED

If you have any questions about our plan or require any of the policies, strategies or plans referred to in this IMTP or require a version in Welsh please contact AMB.Planning.And.Performance@wales.nhs.uk

List of appendices

- Appendix 1 Challenges and opportunities shaping the plan
- Appendix 2 Minimum Data Set
- Appendix 3 Ministerial Templates
- Appendix 4 Financial Plan
- Appendix 5 Decarbonisation Action Plan



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust **Integrated Medium-Term Plan**

2024-2027



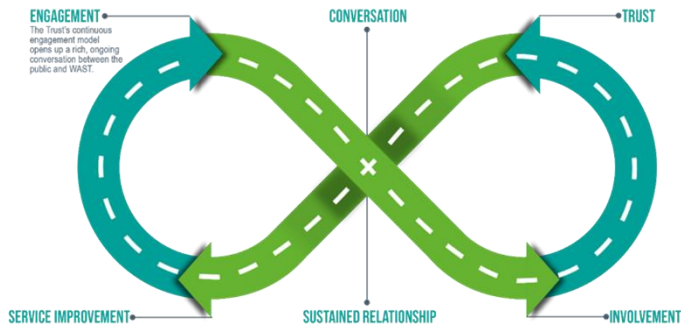
Appendix 1

The challenges and opportunities shaping our plan

Appendix 1 – The challenges and opportunities shaping our plan

What do our patients say about our service?

The Public & Our Patient Continuous Engagement



Patient experience at the Welsh Ambulance Service (WAST) is influenced by the many interactions people have with our staff, their expectations when in need, and their first and lasting impressions of those interactions.

The patient experience within our regular reports to our Quality Experience & Safety Committee (QuEst) is defined by what it feels like for people to access and receive care from WAST, it is based on their perceptions of their care and treatment.

Experience has been reported directly by patients, their families and carers and though this is a subjective indicator of quality, it provides an insight into how our service processes, procedures and staff impact on peoples' perception of a quality service and patient experience.

The team continues to engage in an ongoing dialogue with the public on what is important to them and our patients and on developments they feel the Trust could make to improve services they receive from us, this is despite certain challenges faced relating to Information Governance barriers and similar restrictions in place, which we are working to overcome, and as part of equipping ourselves to embrace the changing pace in which experience data is reached, via our **digital functionalities**.



PECI Experience & Engagement

On April 1st, 2023, The Health and Social Care (Quality & Engagement, Wales) Act 2020 came into force, following which our WAST PEGI team have achieved various 'experience & engagement' successes during the last year. Some of the headlines are:

- ❖ The launch of the **Welcome to Wales pack**.
- ❖ The highest ever sign up to **'Shoctober'** (Annual educational campaign held throughout October around cardiac arrest and use of defibrillators)
- ❖ **Continuous engagements** with Patients and the Public
 - Over **250 events** have been attended and the team met with and listened to around 10,000 people.
- ❖ Capturing **Experiences feedback**
- ❖ Ensuring the **Trust is responsive** to Peoples values, needs and preferences.



- ❖ Providing a platform for **Peoples Voices** to be heard – **Civica** (Once for Wales Patient experience platform) successfully rolled out.
- ❖ **Networking Rebrand and Communication plan**, with focus on patient experience, accessibility, and inclusion.
- ❖ Continuing **commitment to improving experiences** for **People with a Learning Disability**

Using our WAST 'plan on a page'

To support the IMTP update we have been using our engagement sessions to capture feedback from the public on what they expect from the ambulance service and will feed this information into the Performance & Planning Team.

At the time of writing plans were also underway to host two 'Come and Meet' events in partnership with the Experience and Engagement Teams at BCUHB and SBUHB. Working in partnership with Health Board colleagues, these events will have a broader focus than just services delivered by WAST, but will provide opportunity to demonstrate how WAST's services integrate with and support services delivered by the Health Board.



Patient Stories

Patient stories are making a significant contribution to our understanding of the patient experience and provides a valuable insight into the quality of the healthcare people receive. Amongst the eight patient stories recorded for meetings Steven's story, along with stories from Beth, a Palliative Care Paramedic, and Keith, a CFR, have been aired and discussed at length at QuEST (Quality, Experience and Safety) Committee and Trust Board. They have related to chronic ill health, End of Life Care, and traumatic event due to delayed ambulance response times. These stories have enabled us to reflect on the experiences, the sequence of events and the emotional effect on the person sharing their story.

In using advances in digital technology our online virtual video booth, hosted on the Trust website is enabling people to record themselves and submit their experience stories to us at a time convenient to them. We hope to be able to build on the existing library of stories and promote storytelling across communities. In broadening access to patient stories and offer a means of providing more context and details, we have taken our first steps towards developing a dedicated channel for Patient Story podcasts. Podcasts would allow more depth to explore wider issues surrounding an incident or experience and gives room and flexibility to ask more questions and provide more answers.

The patient story tracker is helping us keep track, monitor, and demonstrate actions/outcomes from stories and help with evidenced based reporting.

A new feature of Civica version 8 is the patient stories video functionality.

The key functions of the patient stories feature are the ability to upload videos from external sources; ability to categorise/sort stories; option to play videos directly within the experience platform; ability to download videos for use within a health board; share videos between organisations (currently only apply to NHS Wales) and process for managing patient consent for video stories.

The new feature will not allow patients to directly record and upload stories themselves into the system. This means we will likely need to retain access to the 'Virtual Video Booth' system we have in place that allows patients to record their stories online.

Key themes coming through the patient stories include, particularly around our EMS service include:

- People feeling extremely anxious
- Harm caused by delayed responses/waiting.
- Post traumatic stress / difficult decision making
- Catastrophic outcomes from long waits
- Catastrophic outcomes from self-conveyancing; relatives/family member.
- Ability to offer online appointments / scheduling of care

National engagement

We have also supported engagement with a range of partners around Wales including:

- The **Palliative End of Life Care experience survey** is a national survey running across NHS Wales
- **National Patient Experience Survey**
- We have been and continue to reach out and engage with **Patient & Public Engagement Officers at Llais**, the new citizen voice body for health & social Care in Wales
- Work with **Centre for Healthcare Evaluation, Device Assessment and Research (CEDAR)** on PREMS development
- As part of the **Co-production Network** for Wales, reaching out to minority communities
- Phase 1 of the **Bevan Commission 'Big Conversation'** with the public on the future of health and care in Wales

Some of the key issues relating to ambulances from our work with external partners, particularly the Bevan Commission, includes:

- Agreement that the way services are delivered and organised needs to change; a lack of integration and continuity between professionals, services, and organisations
- A lack of access to appropriate information about services, support and managing health and wellbeing
- the lack of family structures and support around older people unable to look after own health and wellbeing
- The need for inclusivity in the design of health and care services
- Concerns about the future sustainability of the workforce, aligning with workforce recruitment and retention issues
- Poor working conditions with high stress and staff feeling undervalued

Specific feedback on our services through our PREMS development:

NHS 111 Wales

Throughout this reporting period we have continued to make available a patient experience survey asking people to share their views with us about accessing health information and advice through the NHS 111 Wales website. **Between April and September 2023 195 people completed a website experience survey.**

- 53% told us that they didn't find it easy to find the information they were looking for on the website
- In contrast, 37% of respondents said they found it either 'Extremely' or 'Very' easy to find the information they needed
- 42% of people said they intended to follow the advice they found on the website.
- 49% of respondents rated their overall experience of using the website as 'Poor' or 'Very Poor'. When asked to explain why they gave that rating, people said:
 - "Looking for pictures of rashes, site said there are 18 pictures. This just doesn't work on iPhone. Very poor. Still have an unexplained rash. Money wasted!"**
 - "Sorry for the language but the only way I can tell you is it's a crap website that only frustrates users and you don't do anything about it"**
- 36% of respondents rated their overall experience of using the website as 'Excellent' or 'Very Good'. When asked to explain why they gave that rating, people said:
 - "Website is fantastic and informative; I truly appreciate the NHS and all the staff that support it"**
 - "Could easily find the symptoms straight away, will keep an eye on bite and if symptoms worsen/do not improve with treatment will call 111 as advised"**

999

The Civica Experience platform provides us with some enhanced reporting facilities, including the ability to weight questions and produce 'Heat Maps' based on responses. We set a benchmark of 85, with aggregated scores of 85 and above representing a positive response.

From the Heat Maps below we can see that the benchmark was reached in all areas except waiting time for an ambulance response.

Responses	Overall Experience	EMS Coordination				CSD			
	Thinking of the last time you called 999. Overall, how would you rate your experience of the service	The 999 call taker who answered your call listened carefully	The 999 call taker who answered your call was reassuring	The 999 call taker who answered your call explained what was going to happen next	You felt confident in the 999 call takers ability to manage your call and provide appropriate advice	Was the Clinical Advisor you spoke with polite?	Did you feel that you were listened to by the Clinical Advisor?	Did the Clinical Advisor explain why an ambulance would or would not be sent to you on this occasion	Do you feel you were given enough advice on the telephone about what to do next?
19	87	92	90	90	90	100	100	88	100
Benchmarks	85	85	85	85	85	85	85	85	85

EMS Response								
The length of time I waited for the ambulance to arrive was acceptable	I understood the explanation of the care and treatment provided	I felt safe whilst in the care of the ambulance staff	The ambulance staff were professional and reassuring	The ambulance journey was comfortable	Overall, I was happy with the service received from Welsh Ambulance Service	Overall, I felt that I was treated with dignity and respect	Did the Paramedic or ambulance service staff clearly explain why you were not being taken to hospital	Before leaving you at home, did the Paramedic or ambulance service staff provide you with enough information
77	90	100	100	93	90	93	100	100
85	85	85	85	85	85	85	85	85

Ambulance Care

An established governance process is in place which allows us to contact people who have received transport via NEPTS to their appointment and ask for feedback. This contact is made either by SMS Text or by posting a hard copy survey to the patient at home. The survey is also freely accessible online, all NEPTS vehicles now also have a sticker onboard containing a QR Code which directs people to the feedback survey.

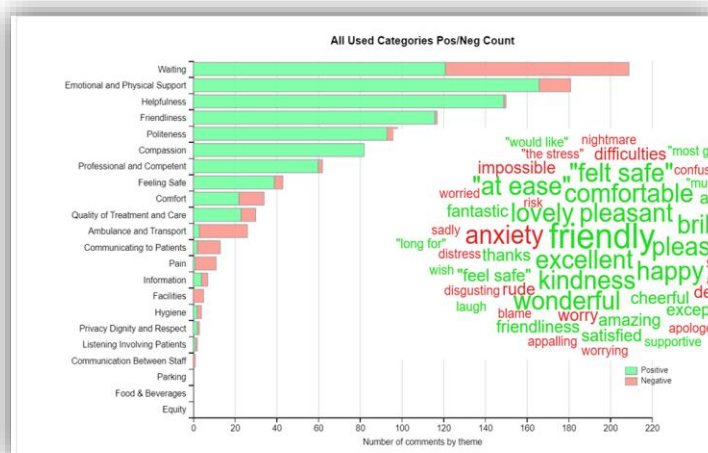
Response rate to this survey remains good and provides overall assurance that people are content with the service received. An obvious area of concern with patients is wait time for transport home following their appointment. In this reporting period (April to September 2023) 673 of responses to this survey were received.

Akumen pansesic text analysis of comments left shows us that people spoke about waiting times, emotional & physical support, helpfulness and friendliness in positive tones.

Waiting, comfort, the transport and pain were areas where people left comments which had more negative sentiment behind them.



Available Answers	Responses	Score (%)
Very Good	451	76.18%
Good	70	11.82%
Neither Good nor Poor	17	2.87%
Poor	14	2.36%
Very poor	31	5.24%
Don't Know	9	1.52%



What people said:

"Drivers are somewhat late picking me up and had not allowed enough extra time for other pick-ups, so that I was almost always late for my appointment. The worst one arrived at the hospital 1.5 hours late and didn't seem to care. He was very uncommunicative and gave me no assistance getting in or out of car".

"Last time, had to wait approximately 2.5 hours to travel home. The ambulance driver was extremely apologetic however".

"Your driver was professional, courteous, on time. A very nice person, very helpful. The service you provide is excellent".

What patients have said:

NHS 111 Wales

- Difficulty accessing information on our website, although some find it easier than others
- Information on the website didn't help with the concern some people had, whilst others found the information they wanted
- A feeling that we are not addressing the issues with the website
- Inability to offer online appointments / scheduling of care

How we will address this in our IMTP:

Over the next three years we will be investing in our website and staff capacity to support development of our digital front end to NHS 111 Wales and developing a vision for digital access to NHS 111 Wales in the future. We will take into account the feedback and we will work hard on improving our symptom checkers and the content available on the website. **(see section 4.1 of the IMTP)**

EMS

- Civica data (whilst limited) shows that our call handling and clinical support desk are working well
- Data shows however that time waiting for an ambulance to arrive are still area of dissatisfaction for our patients.

We are reconfiguring our contact centre workforce to ensure we can maximise the people available to ensure calls are answered as quickly as possible. **(see section 4.2 of the IMTP)**

We are investing further in our Clinical Support Desk to screen and assess more calls so that the right response is sent to patients, protecting our

<p>Feedback through our PEGI engagement, patient stories, complaints and compliments have suggested the following:</p> <ul style="list-style-type: none"> • People feel extremely anxious • We have heard about harm caused by delayed responses/waiting • There are reported incidences of post traumatic stress as a result of difficult decision making when people feel vulnerable • There have been catastrophic outcomes from long waits • There have been catastrophic outcomes from self-conveyancing; relatives/family member <p>National feedback, such as the 'Big Conversation' suggests:</p> <ul style="list-style-type: none"> • Things need to change in health and care – we cannot keep doing the same thing • Services need to be more integrated 	<p>emergency ambulances and CHARUs for the most life threatening emergencies. (see section 4.2 of the IMTP)</p> <p>Over the next three years we will continue to work with our commissioners to ensure there are the right resources in the right place every time by focussing on recruitment in key areas, including the type of resource (e.g. CHARU) which focus on red calls, the volume of resources available and how we improve capacity in rural areas. (see section 4.2 of the IMTP)</p> <p>We know that our services need to change. We are working on a more integrated service offer for the future. One in which 111 and 999 offer integrated, remote clinical support (see sections 4.1 and 4.2 of the IMTP), more care can be provided at or close to home either through safe monitoring of patients remotely or by a response from one of our advanced practitioners. Our future plans are set out in sections 1.3 and 4.2 of the IMTP</p>
Ambulance Care	
<ul style="list-style-type: none"> • Our NEPTS service is rated highly • Some improvements needed in waiting times for transport, passenger comfort and pain management • There has been positive feedback on more experiential measures such as friendliness, politeness, compassion and professionalism of the service 	<p>Our plan this year for NEPTS focussed on further improvement to drop off and pick up times, and improvement in our oncology performance. We aim to put in place an enhanced hub for our oncology patients which will see the same benefits that our renal patients have seen.</p> <p>Over the course of this three year plan we will seek to improve our fleet across UCS and NEPTS.</p> <p>Our workforce plan for Ambulance Care, ensuring the right skill mix across our Urgent Care and Non-emergency Transport Services should ensure that the skills are in place to support the right pain management for our patients during journeys.</p> <p>To ensure we maintain high quality standards, we will be developing a Welsh Ambulance Quality Standard award which will be awarded to our third party providers on meeting the criteria for quality set out in our agreements with them.</p>

	Our plans for Ambulance Care are set out in section 4.3 of the IMTP.
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4.2 What are our colleagues' priorities?

In our commitment to deliver the People & Culture plan, we have started to collect both qualitative and quantitative metrics to try to measure improvements.

A report was presented to our People & Culture Committee in December 2023 summarising the following across our '3C's' below:

Culture: Pulse survey responses highlight current sentiment regarding staff confidence in voicing concerns, providing an indication of the Plan's impact on employee engagement and psychological safety.

Capacity: 'Moving on Interview' data reviews experiences of colleagues leaving the organisation or moving into other roles, shedding light on factors that influence retention and job satisfaction.

Capability: Feedback from the recently redesigned Mandatory In-Service Training provides insights into the effectiveness of our initiatives in embedding a culture of continuous learning, inclusivity and professionalism.

Culture

Some of the key issues coming through staff feedback from pulse surveys included:

- Nearly two thirds of our organisation feel proud to work for WAST, however around half of our workforce regularly considers alternative employment with the area most at risk being Operations.
- There are concerns about how feedback is listened to and used to make improvements, which provides us with valuable insight into where we need to focus our cultural improvement journey.
- Staff continue to be worried about their ability to provide a safe and high quality service, particularly in light of continued delays at hospitals.

A key area of our plan last year was listening to people's concerns about psychological and sexual safety in the workplace. The development of our Voices Network has given us insights into the feelings of staff as we have worked to tackle this issue:

- An increase in domestic abuse related concerns where colleagues are in relationships with colleagues. 'Love bombing' has come up a few times.
- Feedback from operations Advocates that there is a positive shift in attitudes around banter, but not everywhere
- Feedback that some directors come along to WAST Voices meetings which is appreciated.
- Students sharing they feel better supported organisationally to challenge casual sexism without feeling they will become the problem by pointing it out.
- A waiting list of teams requesting learning and support around the subject of sexual safety.

Capacity

Exit interviews also provide valuable insight into where WAST could improve for both patients and our people:

- A range of issues including expectations of the role v. reality, demands of the job, work/life balance and the lack of face to face support have contributed to people leaving or changing their role.
- People still had positive experiences of their role including how they make a difference to people's lives, their colleagues & managers, flexibility and training & development opportunities.
- However, people do not always enjoy the shift pattern, skills decay from reduction in exposure to a variety of patient conditions (due to handover delays), stress due to working in high pressured environments and little interaction with colleagues.
- People felt health and wellbeing would benefit from such interventions as rota flexibility, more time with their own team, being able to call upon support more immediately within the local work environment and more preventative interventions during periods of high pressure.
- People felt that job satisfaction would improve if such things as break opportunities, clinical support & mentorship, more trust and autonomy and progression & development were much more explicitly available to them.

Capability

Our people have provided positive and constructive feedback about Mandatory In-service Training (MIST).

Colleagues found the sessions:

- Engaging, fun, enjoyable
- Empowering, interactive
- A clear change in culture
- Great learning atmosphere, safe space
- Inclusive, worked as a team, felt valued
- Relevant, beneficial, interesting

They felt the sessions could be improved through:

- Continuing to deliver sessions locally
- More frequent MIST (more than once a year)
- More content for NEPTS
- More on mental health and maternity

CEO Roadshows

Staff Well-being and Mental Health:

- Concerns about staff well-being, increased mental health issues, and the need for proactive support mechanisms indicate the importance of prioritizing employee welfare.
- Addressing issues before they lead to sickness is crucial to maintaining a healthy and resilient workforce.

Public Expectations and Communication:

- Discrepancies between public expectations and the reality of services, especially in terms of 111 and primary care access, emphasize the need for effective communication and managing expectations.

Climate Change and Sustainability:

- The **impact of climate change** on operations, such as flooding, and discussions on sustainability reflect the need for organizations to adapt to environmental challenges.

Career Progression and Training Opportunities:

- **Concerns about career progression**, especially for certain roles, suggest the importance of offering clear pathways for professional development.
- Ensuring ongoing **training opportunities** is crucial for maintaining competent and skilled staff.

Collaboration and Whole-System Approach:

- The feedback underscores the importance of collaboration, both within the organization and with external partners, to address complex challenges.
- A whole-system approach is necessary to navigate the interconnected issues faced by the organization.

Media Impact and Public Perception:

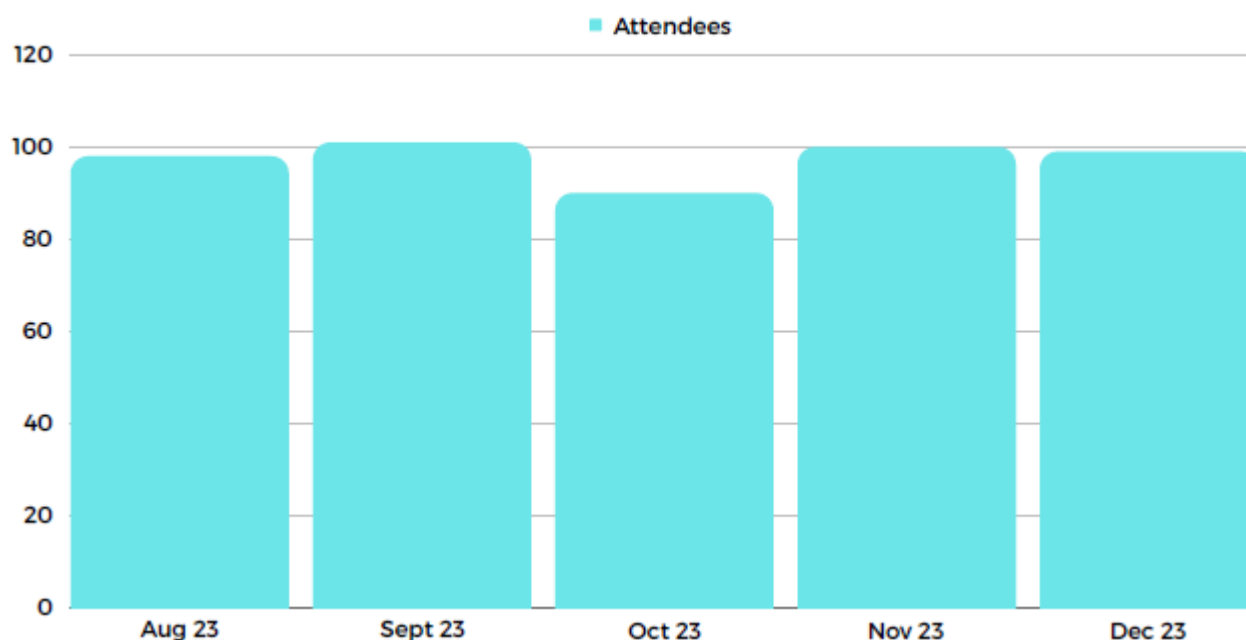
- The impact of media stories on staff morale and public perception emphasizes the need for effective communication strategies and managing reputational challenges.

WAST Live

The Trust continued to run regular WAST Live meetings with staff via Zoom enabling staff to directly connect with the Executive Team on key issues, through both information sharing and question & answer sessions.

The graph below shows that they attract on average around 100 staff, although the recordings are available for people who couldn't attend live sessions. The word cloud below also shows some of the key issues that staff have raised through the sessions.

WAST Live



Themes of Questions Asked:



Health & Safety mechanisms

We learn a lot from the experience of our people which is communicated through incident reports and the trends feed through our local mechanisms to the National Health and Safety Committee. We have heard a lot about the impact of long waits outside hospitals, including the impact of running engines in the winter to keep patients and our people warm on the back of the ambulance. Diesel fumes continue to be a key issue for staff and patients and we are working with Health Boards to find solutions whilst delays remain high.

Such impacts are considered in this plan alongside a range of wellbeing and welfare offers and Health and Safety remains a priority for the Trust.

Recognised workforce challenges

Our key workforce challenges which drive our approach to our people are:

- Delivery of an effective, flexible and responsive workforce plan which captures the organisational aspirations and identifies the workforce needed to deliver those aspirations.
- Building on management and leadership capability across the organisation to facilitate the best outcomes for our people.
- Working within our financial envelope and reviewing the types of posts we need to deliver high quality services to patients and reducing the level of conveyance to hospital.
- Managing rurality challenges which create recruitment and retention difficulties in some parts of Wales which can impact on service delivery, performance and patient outcomes.
- Securing a pipeline of people through effective career pathways into senior clinical, technical and professional roles.
- Identifying short and long term options to address rural recruitment challenges.
- Working across the sector with other retention leads on projects and interventions that encourage colleagues to remain with WAST.
- Reviewing identified skills gaps and creating opportunities for development e.g. digital.
- Analysing pressures in support services and opportunities to address this.
- Taking a holistic approach to attendance management with focus on culture and improving the working environment and increasing support for people to stay in work.
- Deliver culture reviews in service areas requiring support and improving employee experience across the Trust.
- Develop high quality relationships with social partners.

What we have heard from our people:	How we will address this in our IMTP:
<ul style="list-style-type: none"> • Concerns about how feedback is listened to and used to make improvements • worries about their ability to provide a safe, high quality services with ongoing system pressures • Concerns about staff well-being, increased mental health issues • Career progression - the importance of offering clear pathways for professional development. • the shift pattern, skills decay from reduction in exposure to a variety of patient conditions (due to handover delays), stress due to working in high pressured environments and little interaction with colleagues. • Flexible options for work life balance 	<p>Within this plan we are doing more around Freedom to speak up, appointing an additional Guardian this year, which will ensure our ability to listen and develop individual solutions</p> <p>Our plans for 111, 999 and ambulance care set out in sections 1.3, 4.1, 4.2 and 4.3 set out the need to change the way in which we deliver services in the future. Whilst this won't mitigate the issues that create pressure across the wider system they will offer our staff and volunteers more opportunities to care for people at home or close to home, either in person or remotely.</p> <p>Our People and Culture Plan in section 5.2 includes the implementation of a refreshed Health and Wellbeing Plan. The wellbeing of our people is a priority for us. Alongside this the plan</p>

- Digital experience and literacy are still issues for a lot of staff, and they highlighted the importance of training in the tools they are given

also includes the continuation of the managing attendance programme which seeks to support people back into the workplace, regular 'check ins' and compassionate conversations training which aim to develop a more supportive inclusive environment which keeps people safe and well.

We have maintained our three commitments from last year across our plan which are:

- To develop **flexible working** across the organisation (see section 5.2)
- To reduce **shift overruns** (see section 4.2 and 5.2)
- To improve people's **digital experience** (see section 7)

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



The Wellbeing of Future Generations (Wales) Act (WBFGA) underpins the Programme for Government, and 'A Healthier Wales' remains the long-term strategy for the health and social care system. The Minister for Health and Social Care set out her priorities in the 2024-27 Planning Framework which this plan will need to meet.

- Enhanced Care in the Community
- Primary and Community Care
- Urgent and Emergency Care
- Planned Care and Cancer
- Mental Health, including CAMHS

The **Six Goals** programme has been established at a national and local level to support improvement in the urgent and emergency care system. The Trust has a role to play across all the goals as visualised here. A complete review of our contribution to the six goals and how this can translate to improved outcomes and performance can be found in appendix 1.

Six Goals for Urgent and Emergency Care Right care, right place, first time



For optimal staff and patient experience, clinical outcomes and value

We will continue prepare early in 2024/25 for WAST to be a named organisation under the Well-Being of Future Generations Act, ensuring that our policies, strategies and plans are consistent with the Wellbeing Goals and the Five Ways of Working. **Wellbeing Objectives** will be developed around which our next IMTP will be framed.

A further key driver for us in 2024/25 will be the **Social Partnership and Public Procurement (Wales) Act 2023** coming into force. The Act 'provides a framework to promote the well-being of the people of Wales by enhancing sustainable development (including by improving public services) through social partnership working, promoting fair work and socially responsible procurement' (Source: [Law.gov.wales](https://law.gov.wales))

As a national organisation in Wales, we have also continued to focus on our commitment to the Welsh Language (Wales) Measure 2011 and compliance with the Welsh Language Standards, making a huge step forward in employing internal Welsh translation to support our operational and corporate teams.

Our plan takes account of many other legislative, policy, strategic and financial drivers, including (not exhaustive):

- Duty of Quality
- Duty of Candour
- Socio-Economic Duty ([Link](#))
- Equality legislation and the Strategic Equality Plan ([Link](#))
- The Race Equality Plan for Wales ([Link](#))
- More than Just Words Action Plan ([Link](#))

Table 3: WAST response to the 6 goals – reference [Right care, right place, first time: Six Goals for Urgent and Emergency Care - A policy handbook 2021-2026 \(gov.wales\)](#)

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
<p>Goal 1: Co-ordination, planning and support for populations at greater risk of needing urgent or emergency care.</p> <ul style="list-style-type: none"> To help prevent future urgent or emergency care presentations, populations at greater risk of needing to access them should expect to receive proactive support through enhanced planning and coordination of their health and social care needs. This should support better outcomes, experience and value. 	<ul style="list-style-type: none"> People with a progressive life-shortening illness have the offer of agreeing an advance care plan through close collaboration between the person, their families and carers; and the professionals involved in their care to enable them to die in the place of their choice. Residents of care homes and people known to be at greater risk of falling, are offered proactive support through home safety checks, home adaptations and advice on adoption of healthy behaviours appropriate to their needs. People with frailty syndromes, including those with dementia, are proactively identified by health and social care teams to ensure they receive care by a team of professionals competent to assess and manage individual needs at, or closer to, home. 	<ul style="list-style-type: none"> WAST has palliative care paramedics operating in certain areas in Wales. There is an opportunity to scale up these roles in all Health Board areas and we will discuss this with Health Boards through our Integrated Commissioning Action Plan (ICAP) meetings and through our work to develop pathways for our clinicians. See sections 4.1 and 4.2 Our falls teams across Wales are actively involved with Care Homes and we continue to seek to review the model of care for fallers at home at levels 1 and 2 across Wales. We will discuss this with Health Boards through our Integrated Commissioning Action Plan (ICAP) and through the development of our future service model. See sections 1.3 & 4.2 Our Older People Framework identifies how we can best support this element of goal 1. As part of our offer under goal 3 we are also piloting our 'ambulance in a box' concept with care homes in Aneurin Bevan & Betsi Cadwalader. This will enable WAST to remotely monitor patients at home, making the right clinical decision for their needs. See section 4.2 In support of our role in Goal 1, we are working closely with DHCW and Health Boards to implement the National Data Resource and working on data linkage to ensure accurate and up to date 	<ul style="list-style-type: none"> Reduction in conveyance from deployment of specific resource: e.g. end of life; mental health; Falls. Efficient and improved data sharing and transfer

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
		<p>information is held on patients to allow the best decision making by our staff, primary care and Health Boards.</p> <p>See section 7</p>	
<p>Goal 2: Signposting people with urgent care needs to the right place, first time.</p> <ul style="list-style-type: none"> When people need to access urgent care they can access a 24/7 urgent care service, accessible via NHS 111 Wales, providing advice online or over the telephone and where necessary are signposted or referred to the right community or hospital-based service, first time. 	<ul style="list-style-type: none"> People who require urgent care are supported to understand the value of seeking advice through the NHS 111 Wales online platform or telephony service, receiving a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience. Those who have an urgent health and wellbeing issue that may result in significant or permanent harm if not assessed or treated within the next eight hours, are supported to achieve optimal experience and outcome through urgent primary care services. This will include: <ul style="list-style-type: none"> an initial phone consultation through 111 signposting to a same day or out-of-hours primary care appointment; or pharmacy, dental or optometry advice direct connection to mental health advice signposting / referral to an urgent primary care centre; and/or 	<ul style="list-style-type: none"> NHS 111 Wales is a key component of goal 2 and we have a comprehensive plan to meet the priorities set out in the handbook alongside the Six Goals Programme team and commissioners. Our plans include: <ul style="list-style-type: none"> Improving the website (with a business case for funding) and creating a 'digital first' vision for 111 Improvement in website symptom checkers Focus on 111 dental and palliative care pathways Increase multi-disciplinary working - pharmacy, respiratory, neonatal specialisms Improvements to further enable the 111 Press 2 line for Mental Health A re-roster to ensure capacity to manage calls more efficiently and to within target A new CAS system which is essential for the running of 111 with the opportunity for interoperability with 999 so that patients receive seamless services 	<ul style="list-style-type: none"> No. of website hits Total numbers of callers (increase) Numbers and proportions of callers into each pathway Clinical call back times for 111 – meet targets set Consistently timely – less than 5% abandonment Improved patient reported satisfaction Increased proportion of consultations closed with no further follow up needed Increased proportion of next steps seamlessly booked.

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
	<ul style="list-style-type: none"> ◦ signposting / scheduling to an arrival time slot at a minor injuries unit or Emergency Department • Health and care staff have access to a 'directory of services' (DOS) holding comprehensive, accurate and contemporaneous information to signpost or refer people to the right place, first time based on their individual need. 	<p>See section 4.1</p> <ul style="list-style-type: none"> • The DOS is now business as usual for the Trust but our digital vision will include how we can better utilise information through the DOS to signpost people to the right part of the system 	
<p>Goal 3: Clinically safe alternatives to admission to hospital.</p> <ul style="list-style-type: none"> • People with urgent or emergency care needs can access appropriate and safe care close to home, and with as much continuity of care, as possible. Admission for ongoing care to an acute hospital bed should only occur if clinically necessary. 	<ul style="list-style-type: none"> • Community based nurses, allied health professionals and GPs should have timely access to GP and / or specialty advice and guidance to support safe decisions about a person's urgent or emergency care needs. This includes helping them to remain at home; receive timely follow-up care after accessing the ambulance service or accessing the right hospital setting, first time. • People who have a clinical need for a hospital-based urgent or emergency face-to-face assessment, diagnostics and/or treatment are always considered for management on an (ambulatory) same day emergency care (SDEC) pathway. 	<p>Our IMTP includes the following:</p> <ul style="list-style-type: none"> • Development of the remote clinical assessment speciality • Developing a fully remote working clinician offer (operations / training / digital) • Delivering the next stage of Connected Support Cymru which enables remote monitoring of patients in their own homes by CSD clinicians supported on scene by volunteer Community Welfare Responders • Developing Pre-Dispatch Outcome Risk Stratification Tools linking CAD & ePCR data which mean the right response is sent which may not be a conveying resource • Roll out of new integrated (111/clinical support desk) care model • Extend use of video/ phone consultation • 24/7 on-scene, clinical assessment, treatment, and referral service which 	<ul style="list-style-type: none"> • Increased numbers of patients safely managed at home or in the community • Conveyance rates - reduce • Proportion of incidents attended by APPs / other advanced or specialist practitioners - increase • Numbers and proportions of callers into each pathway • Increase in activity from on scene to SDEC

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
		<p>includes APPs, falls & mental health services (cross ref Goal 1)</p> <ul style="list-style-type: none"> Access to alternative pathways including SDEC referral pathways (for which we are reliant on the updated criteria and availability of SDEC spaces) <p>See section 4.2</p>	
<p>Goal 4: Rapid response in physical or mental health crisis.</p> <ul style="list-style-type: none"> The fastest and best response provided for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis. 	<ul style="list-style-type: none"> People with mental health and emotional distress will receive a coordinated response from services across the urgent and emergency care pathway. This should seamlessly link: <ul style="list-style-type: none"> in-hours and out-of-hours primary care emergency ambulance services Emergency Departments Police mental health liaison NHS crisis services; and Crisis cafes and sanctuaries. People dialling 999 with non-time critical presentations are referred to alternative community, mental health single points of access or direct access hospital pathways, or safely discharged over the telephone following a secondary clinical assessment. People who have dialled 999 for an emergency ambulance and are in imminent danger of loss of life or limb, have a time sensitive injury or illness or require palliative care 	<p>Our IMTP includes the following:</p> <ul style="list-style-type: none"> Recurrently funding the additional 100 WTEs to ensure stability in our ability to maintain high UHP Evaluation of the pilot Mental Health Response Vehicle in Aneurin Bevan and exploration of expanding this to the rest of Wales in line with other UK ambulance services Ensuring mental health capacity to manage patients following Right Care Right Person Full roll out of CHARU with improved utilisation to respond to the most serious incidents Addressing capacity in rural areas Building capacity through sickness absence reduction through our managing attendance programme, flexible working workstream and refreshed health and wellbeing plan <p>See sections 4.2 and 5.2</p> <p>There is also cross over with work in Goals 1,2 and 3 – our plans seek to protect emergency ambulance resources to provide capacity to the most life threatening incidents</p>	<ul style="list-style-type: none"> Achieve 65% red target. Reduce unmet demand by half. Increase ROSC rates to between 24-30% Reduced sickness absence (target in IMTP to 6%)

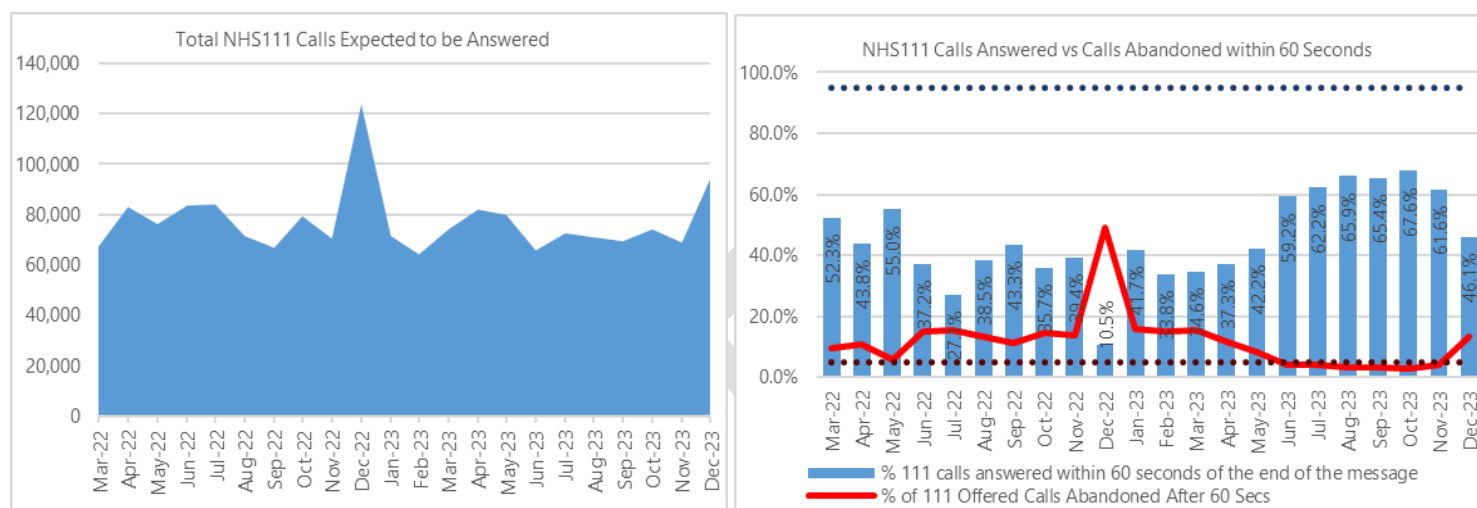
Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
	<p>receive the fastest and best type of response commensurate with their clinical need. They are transported/referred to the best direct access pathway based on clinical need, as quickly as possible.</p> <ul style="list-style-type: none"> Those arriving by ambulance at a hospital facility should be transferred safely from ambulance clinicians to the care of hospital clinicians in order of clinical priority and always in a timely manner (an hour at most) Ambulance clinicians will develop necessary end of life assessment and support skills to deal with difficult conversations, administer appropriate medications and support family/carer concerns. 	<p>Whilst handover can be seen as out of WAST control we will continue to work with health boards to improve handover lost hours and reduce delays. We will also ensure that the quality of care those patients waiting outside hospitals is of a high standard.</p>	
<p>Goal 5: Optimal hospital care and discharge practice from the point of admission</p> <ul style="list-style-type: none"> Optimal hospital based care is provided for people who need short term, or ongoing, assessment or treatment for as long as it adds benefit to outcome, with a relentless focus on good discharge practice <p>Goal 6: Home first approach and reduce the risk of readmission</p>	<ul style="list-style-type: none"> People who are eligible for discharge through Non-Emergency Patient Transport Services (NEPTS) will receive safe, timely and comfortable transport to and from their destination, without detriment to their health. They are treated with dignity and have their religious and cultural beliefs respected. Where people are at a hospital ward or department, the Health Board will ensure they are ready to leave at the time they notify the transport provider of readiness to travel. 	<ul style="list-style-type: none"> Our IMTP sets out the plan to develop an all Wales transfer and discharge model. We have modelled the requirement based on time related KPIs and utilisation. The next steps for us are to engage on what the modelling has told us and develop options with health boards going forward. <p>See section 4.3</p> <ul style="list-style-type: none"> Our fleet will be modern and take account of the needs and comfort of patients. <p>See section 4.3 & 6</p>	<ul style="list-style-type: none"> KPIs for transfer and discharge being reviewed as part of the transfer and discharge project in WAST

Goal	Relevant Quality Statements	What we will do to respond...	Measurable benefits
<p>People will return home following a hospital stay – or to their local community with additional support if required – at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning.</p>	<ul style="list-style-type: none"> • People who require additional support on discharge should be transferred from hospital onto the appropriate 'discharge to recover then assess pathway' (usually back to their normal place of residence) within 48 hours of the treatment of their acute problem being completed. • All patients on mental health or learning disability wards with admissions longer than 90 days must have a clear discharge plan in place. All patients cared for in specialist services outside of NHS Wales will have a repatriation plan in place. 		

Our Operating and Financial Context

The Trust monitors quality and performance in an integrated way, looking at four domains based on the Quadruple Aim: our patients, our people, value, and system contribution. We have an agreed Quality and Performance Management Framework. At Board level, we monitor 31 key metrics which are designed to show progress against our strategy and plan.

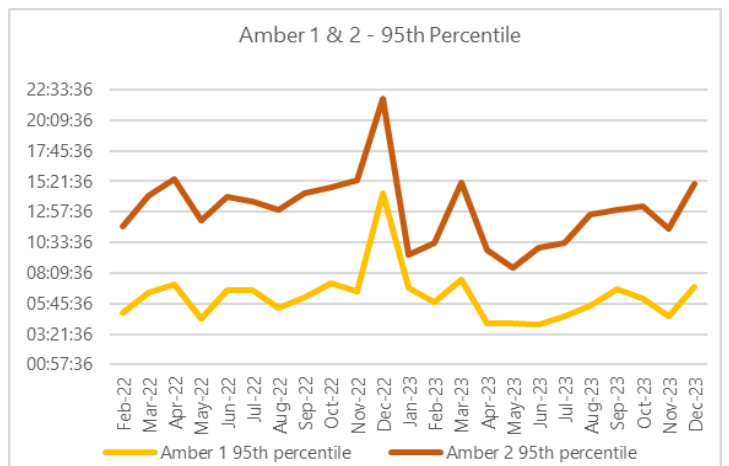
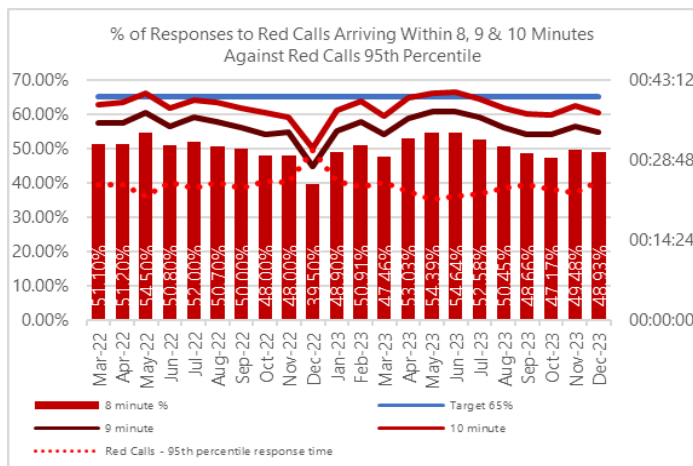
Our Patients



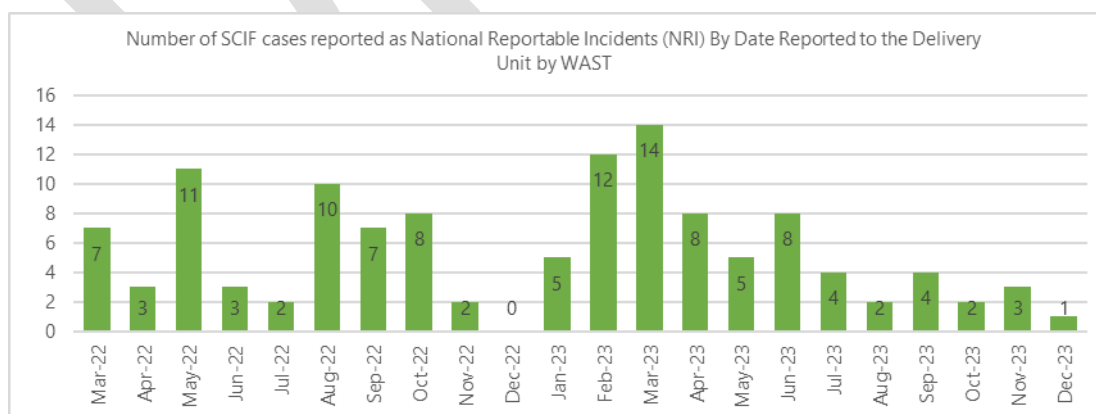
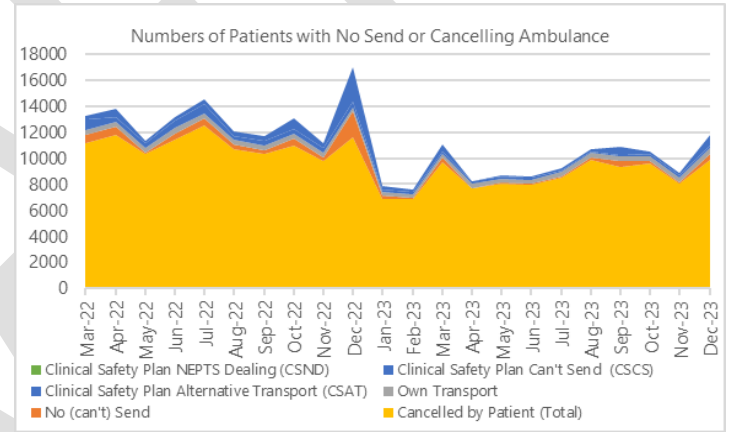
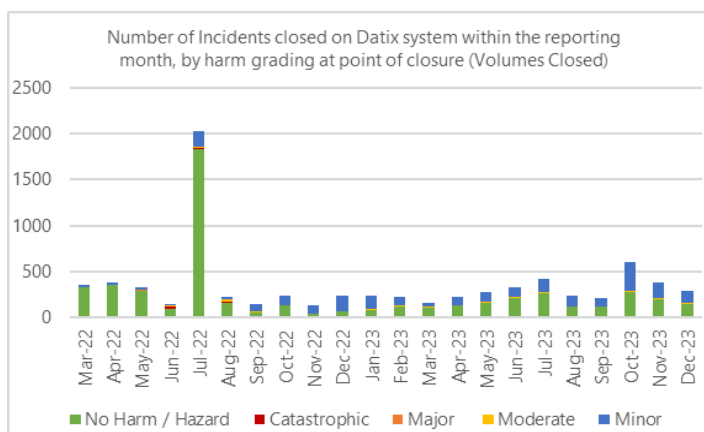
NHS 111 Wales has struggled to achieve its response time target of calls being answered within 60 seconds (95%), although the second half of 2023 saw improvements in this metric, with answer rates in October 2023 achieving 68%. Abandonment rates also improved throughout the year, with the number of calls being abandoned consistently remaining below the 5% target between June and November 2023. December 2023 saw high levels of demand, linked to seasonality, which consequently had a negative effect on call answering performance. However, due to increased call handler hours being produced during December, coupled with other improvements in process, the significant rise in call numbers did not have the same impact on performance as experienced during previous months of unprecedented demand.

Similarly, clinical call times have shown sustained improvement during 2023, with P1CT, P2CT and P3CT prioritised calls all achieving the 90% target between July and October 2023, something that was not seen throughout the whole of 2022.

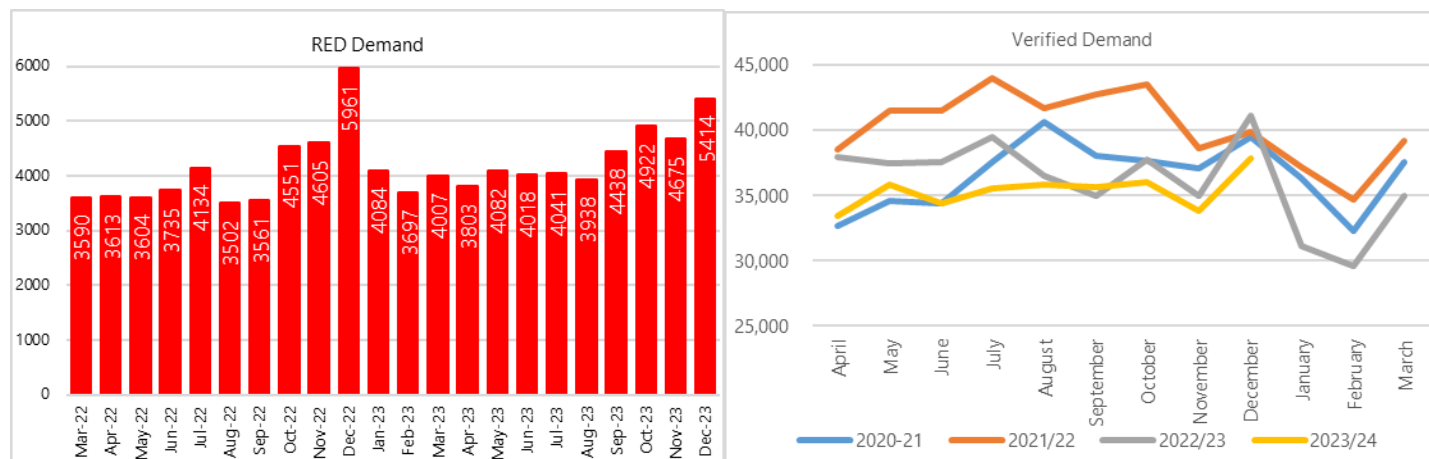
The **Emergency Medical Service (EMS)** has continued to be under pressure during 2023/24 with Red 8-minute response performance averaging 51.1%. Although a slight improvement on the 49.3% achieved during 2022/23, it remains significantly below the 65% target. However, as Red demand has increased year-on-year, the actual number of Red incidents being responded to within 8-minutes has increased; averaging 2,187 hits per month in 2023/24 compared to 1,966 in 2022/23. Whilst Red performance is the headline metric, the majority of patient safety incidents occur within the Amber 1 category. The Amber 1 median (year to date) is 1 hour and 16 minutes and the Amber 1 95th percentile 6 hours and 55 minutes. This is an improvement on the respective figures of 1 hour 39 minutes and 8 hours 42 minutes reported in 2022/23. The Amber 1 median ideal is 18 minutes, with the interim performance parameter being 30 minutes. The Trust would expect the Amber 1 95th percentile to be under one hour.



The protracted waiting times are causing high levels of avoidable harm in our communities and patient cancellations, for example in December 2023 9,900 ambulances were cancelled by patients.

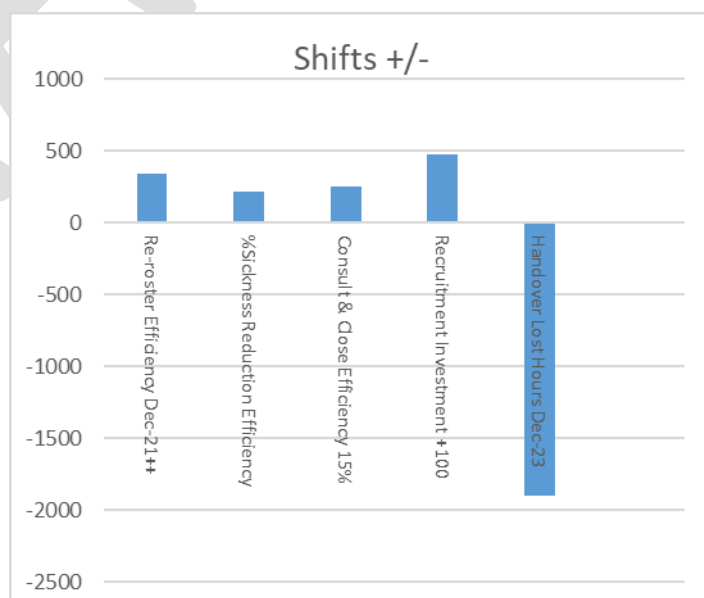


EMS demand has remained stable, and below 2019/20 (pre-pandemic) levels, during 2023/24, although the acuity has changed, with Red demand showing an increasing trend and accounting for 12.4% of total demand (year to date) compared to 11.3% during 2022/23. Red demand accounted for 6% of overall demand in the 2019/20 EMS Demand & Capacity Review.

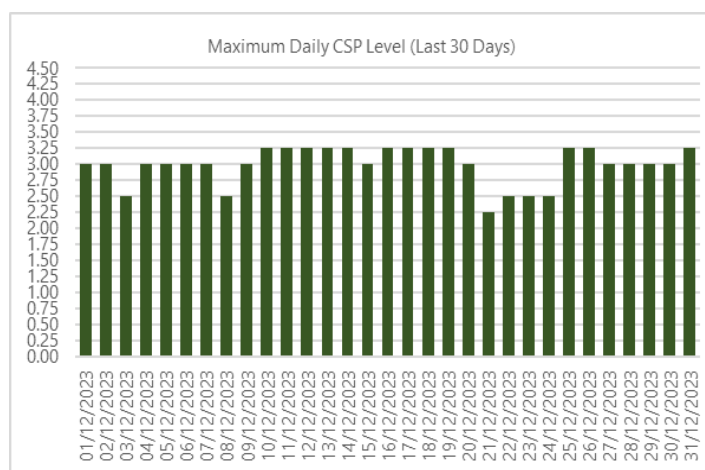


The fundamental issue for EMS is lost capacity, in particular, hospital handover lost hours which, although reducing, remain extreme. During 2022/23 an average of 24,970 hours were lost due to hospital handovers each month, with this peaking at 32,098 hours in December 2022. Although this reduced to 20,679 hours per month during 2023/24, the time lost remains excessive and means that without these lost hours the Trust could have responded to an average of 7,283 more patients each month.

The Trust has a range of efficiencies and investment actions, but these are not sufficient to offset this scale of extreme loss from handover delays. In line with its plan for EMS and performance trajectories set out in the 2022- 2025 IMTP, the Trust has successfully completed the pan-Wales Response roster review, reduced sickness absence (albeit it has risen recently again), has improved consult & close to almost 15% and has delivered +100 FTE additional frontline EMS staff.



The Trust also has in place comprehensive tactical seasonal planning arrangements (forecasting,

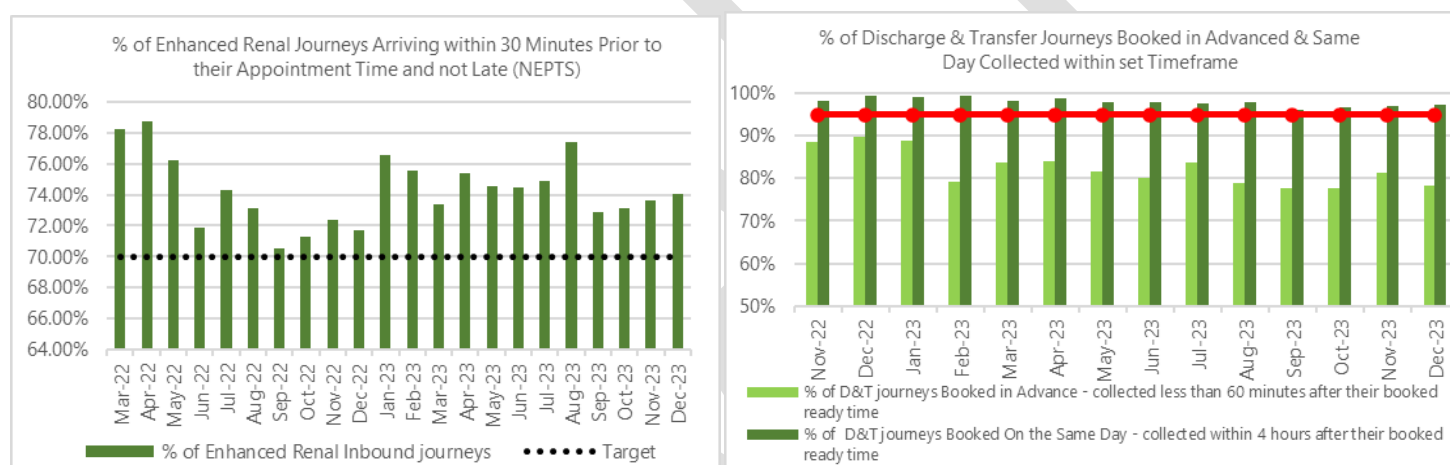


modelling and robust plans) and operates its Clinical Safety Plan, at increasing high levels (3b is the third highest level). This can be seen in the maximum daily CSP levels for December 2023 in the adjacent chart.

The Trust will shortly be completing its Q1, 2024/25 seasonal modelling. Although overall demand has remained relatively stable, there has been a reduction in the number of handover lost hours seen in the latter half of 2023, when compared to the previous year, along with

some improved performance within the Amber categories, which may indicate a more positive picture for 2024/25, but this improvement would need to be sustained throughout Q4.

The Non-Emergency Patient Transport Service (**NEPTS**) service is broadly stable and has made good progress via the Ambulance Care Transformation Programme.



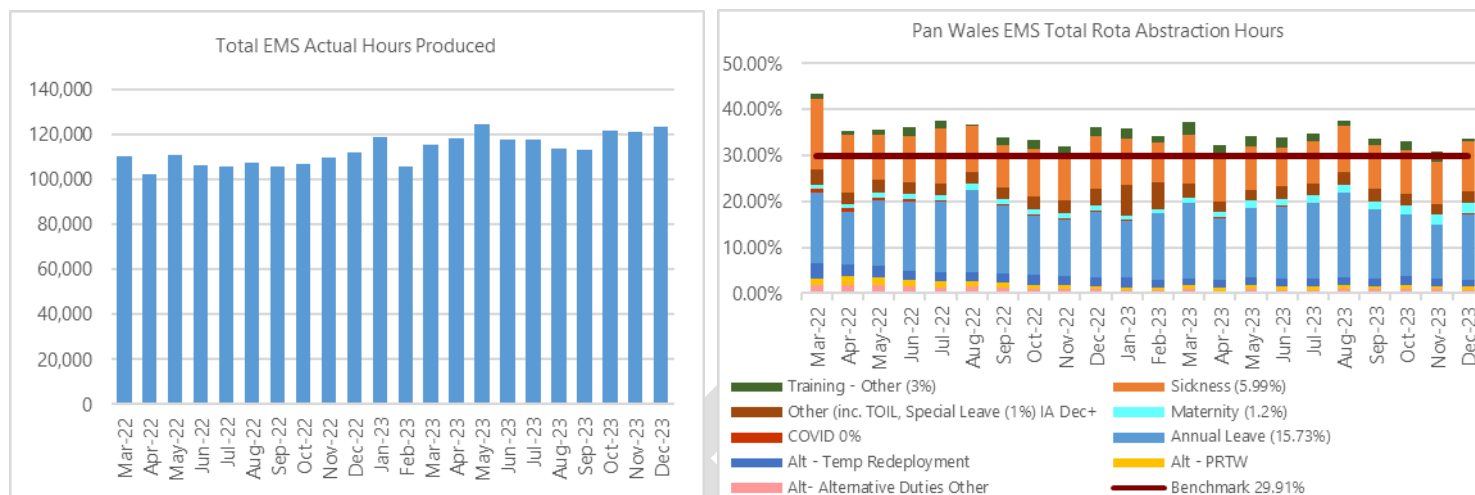
Last year oncology performance was recognised as underperforming, and with agreement between the CASC and the Trust, revised performance parameters were introduced in April 2024. Local management teams are working closely with Health Board colleagues to develop local actions in response to the current underperforming level of Oncology performance. This should address the lack of cohesive planning that includes transport as we have in Renal services.

The NEPTS Demand & Capacity Review identified two major efficiencies for NEPTS: aligning clinic patient ready times with ambulance availability (complete) and re-rostering the NET Centre. Although lack of funding for additional FTEs has generated a pause, work had commenced to align resources and shift patterns. At present, the national NEPTS roster review is also paused due to a lack of available funding to support either project management or the procurement of specialist support to develop new working rosters. However, changes are being developed in North Wales to deliver the commitment on the renal 6-day service.

The Minimum Data Set (MDS) at appendix 2 sets out the expected activity and performance trajectories for 2023/24 aligned to the commissioning intentions set out in the EASC IMTP.

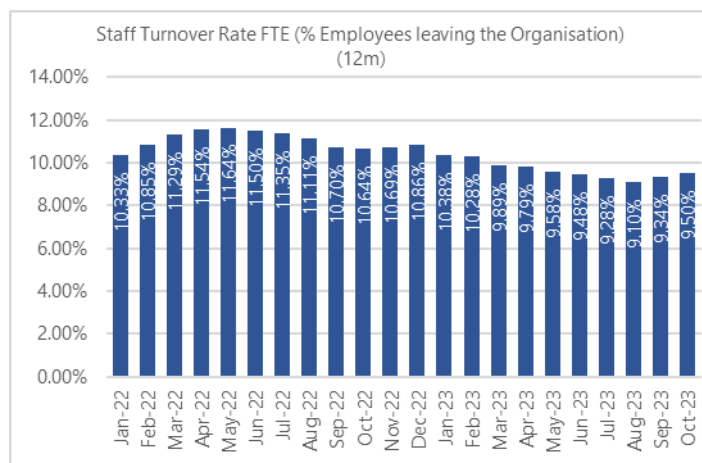
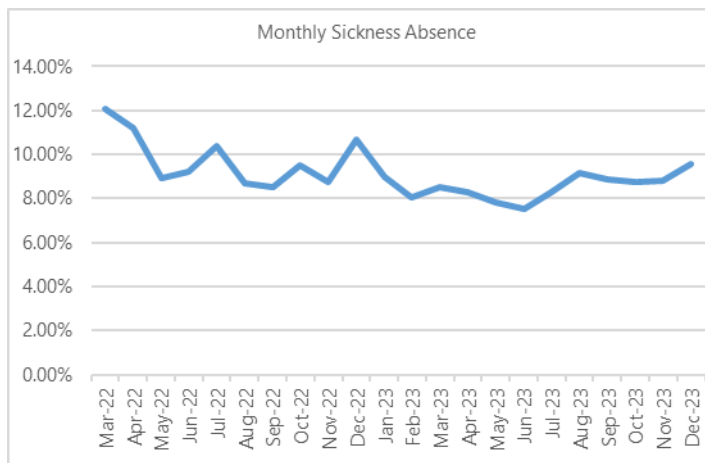
Our People

In relation to our workforce, the key indicators are reviewed at Board, which relate to whether 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.



The numbers of EMS hours produced has seen a steady increase throughout the year. This helped UHP achieve 97.6% in December 2023, above the 95% benchmark, which it has been for several months during 2023. However, a key factor in our ability to ensure capacity continues to meet demand is the impact of abstractions. There have been significant pressures over the past few years, linked to COVID, the cost-of-living crisis and wider system changes, which have all impacted on staff well-being. This has seen EMS abstraction rates remain above the 30% benchmark figure, set out in the 2019 Demand and Capacity review, throughout the whole of the year, with an average monthly abstraction rate of 34.1%. Although still above the target, it is an improvement on the 40.7% figure seen during 2022/23. However, this picture is improved when looking at 111 and Ambulance Care which both recorded average annual figures of 30.1% and 27.3% respectively.

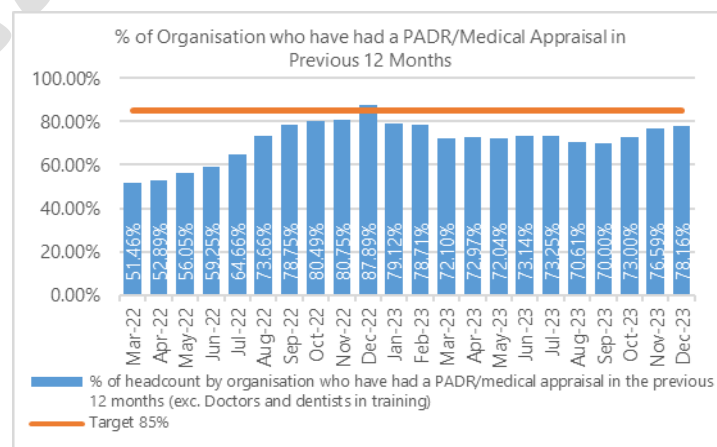
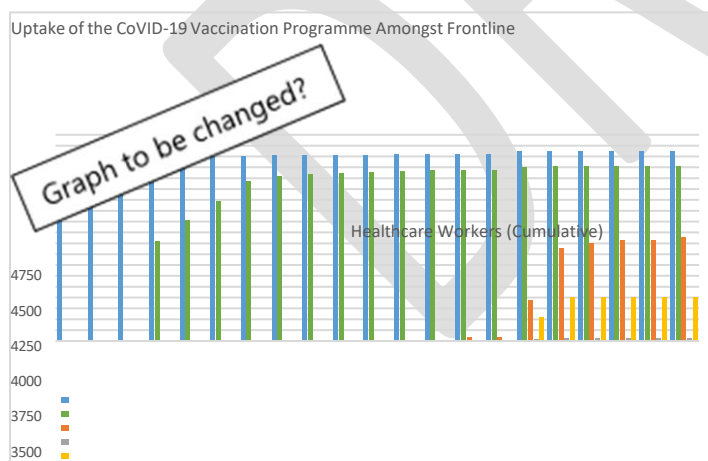
Sickness absence continues to be a main contributor to overall abstraction rates with an organisational average monthly sickness rate of 8.43% during the year, remaining above the IMTP target rate. These rates are higher amongst EMS staff (9.63%) and within the CCC (10.02%). To support the workforce there has been an ongoing focus on wellbeing activities across all areas of the Trust, including those in frontline and support roles and this has seen a general declining trend in sickness levels over the past 2-years. The ambition is to achieve the 6% IMTP target rate by year end.



Staff attrition rates have generally decreased throughout the year, falling to a 2-year low of 9.1% in October 2023. Following on from the findings of the staff survey undertaken across the Trust in November 2020 several improvements have been implemented, including management development programs and robust well-being offers, so colleagues know where to get support.

Other indicators of how the Trust is keeping its staff safe and well include vaccination rates. As of February 2023, 94% of staff had received a first dose COVID-19 vaccination, 94% had received a second dose and 35% have received the SPIKEVAX booster vaccination. 44.3% of staff have also received a flu vaccination which is higher than the uptake seen in both the previous years.

In terms of staff development, the Trust reviews levels of Personal Appraisal and Development reviews (PADR) as the best way of representing development at a high level. However, from a 2-year high figure of 87.9%, seen in December 2022, rates declined during 2023, falling to just 70% in September 2023 which is significantly below the 85% target. An organisational push to increase these levels has seen rates rise once again to 78.2% in December 2023.



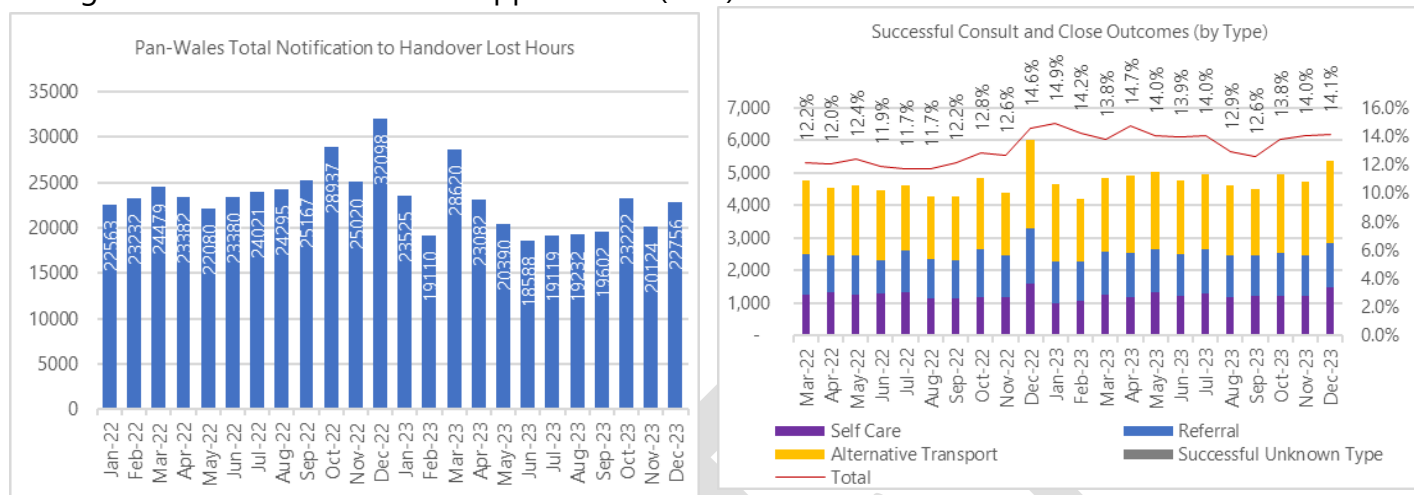
System contribution

The Trust aims to consider both its impact on the wider system, but also the wider system's impact on the organisation. Handover lost hours reached unprecedented levels during the latter half of 2022 and although they have reduced throughout 2023, they still remain extremely high, with the figure for December 2023 being 22,756 lost hours. This equated to 257,370 hours being lost during 2023 which can have catastrophic outcomes for patients and reduce front line staff job

satisfaction. The Trust is aware that Health Boards have introduced urgent and emergency care escalation frameworks, and that the Welsh Government and the Minister are focused on this being tackled as a matter of priority. This in turn appears to have had a positive impact within some Health Board areas during 2023, with Cardiff & Vale in particular seeing handover rates diminish dramatically over the course of the year. However, given the scale of the challenge and its links to wider system pressures coupled with a gradual increase in demand throughout the year, the Trust is planning on the basis that these levels will remain relatively high for the immediate future

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In order to help tackle increased demand and additional pressures the Trust is committed to transforming and improving its services to become more sustainable and efficient 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 through the work of the Clinical Support Desk (CSD) and NHS111.



After achieving an annual high figure of 14.9% in January 2023, the Consult & Close service experienced a general decline in percentage rates, falling to 12.6% in September 2023. However, December 2023 recorded a figure of 14.1% during a month when demand spiked to over 5,000 calls for the first time during the year. It is expected that performance will continue to improve during 2024 with the aim to achieve the 17% target.

Looking to convey a patient to an alternative provider, other than an Emergency Department, and treating more patients at the scene can also help to alleviate pressure on EDs and reduce lost handover hours. Both of these options have seen a small increase over the past year, with December 2023 seeing 1,812 patients referred to alternative providers and 2,277 patients being treated at the scene, compared to 1,806 being conveyed to an alternative provider and 1,942 patients being treated at the scene in June 2023.

Financial

We have had a good track record of planning for and subsequently delivering financial balance for several years.

Following a sustained pandemic response and with the impact of inflation and the costs of living as they relate to WAST, the financial outlook for 2023/24 and beyond is still challenging with a range of unavoidable costs in our plan and with a requirement to make at least 2% savings. We have been working with EASC, WG and the Finance Delivery Unit (FDU) to develop our financial plan for 2023/24 and horizon scanning across the full three years of this plan.

Whilst we have been able to address some of the income requirements in the plan (set out in the financial plan in section 11) there will be challenges and cost pressures that we have also had to plan for. This had led us to develop a plan which has more focus on value and financial sustainability as well as the impact on our people, whilst maintaining our ambitions to improve the quality of service

we provide to our patients. The Financial Sustainability Programme is a key programme of work in this plan and will drive transformation to achieve efficiencies as well as exploring opportunities for income generation alongside our existing commissioning arrangements.

What do our commissioners say?

111, EMS and NEPTS

The 111 Commissioning Framework went live in May 2023. The Trust has received positive feedback from 111 Commissioners on its collaboration and engagement with these new arrangements, including putting in place robust quality, performance, workforce and financial reporting and most importantly the significant strides the Trust had made on improving service stability during 2023/24

For 2024/25 111 Commissioners have identified a continued focus on quality and performance, an "immediate focus" on the 111CAS replacement, support for a review of the 111 digital platform, a desire to resurrect the roster review (including demand & capacity pre-work and clarification of the performance parameters that the Trust is being held to account on). There are different views between the Trust and 111 commissioners on: the cost & recover model versus a resource envelope; the Trust's ambition to increase its 111 offer to the system and the potential for integration between 111 and CSD; however, there is on-going dialogue in this space

The Emergency Ambulance Services Committee (EASC) sets commissioning intentions for EMS and NEPTS. This process has been running for much longer than 111. The 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 2024/25.

For EMS the 2024/25 intentions include new aspects, including a strategic workforce plan for EMS, recruitment and retention into more challenging areas e.g. rural and collaborative, Duty of Candour around call to door STEMI and stroke times; and commissioning of ambulance transfer services that respond to the needs of health boards and clinical networks. The CASC has indicated continued support for inverting the triangle/offer to the system, whilst striking a balance between core and transformation. Dialogue indicates that there may be opportunities to expand the offer in 2024/05. Mental health is an area of focus, with a particular concern about the Police plans to stop responding to mental health incidents. A focus on key enablers: implicitly digital, for example the wearables being piloted in the Connecting Support Cymru initiative, workforce planning and value remain key. The Trust will underpin these developments with the outputs from the independent and collaborative strategic EMS demand & capacity review, which will become available towards the end of Q4 2023/24.

The Trust has supported the Integrated Commissioning Action Plans (ICAPs) process through 2023/24, but ICAPs are currently paused as the new commissioning arrangements start to go live from 01 April 2024. This will see the merging of 111 commissioning, EMS/NETPS commissioning and specialist services commissioning all move into one new Joint Commissioning Committee (JCC).

The NEPTS intentions are essentially unchanged, reflecting service stability and a wider collaborative piece of work being undertaken led by commissioners on the long term strategy for NEPTS; however, there are a range of significant developments planned for Ambulance Care (NEPTS and UCS) in 2024/25 including: re-roster NEPTS transport, tightening the Ambulance Care scope of practice and improvements to the NEPTS CAD.

Finally, as mentioned above, the current commissioning arrangements will end on 31 March 2023, with the creation of the new Joint Commissioning Committee starting on 01 April 2024. There will be a period of transition in the first half of 2024/25, but in the medium term these new arrangements are expected to bring further opportunities for the Trust to integrate the three patient pathways that WAST is accountable for.

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WAST response to commissioning intentions

Commissioned Service	Summary of Priorities	Metrics	Response in this IMTP
111	<ul style="list-style-type: none"> Continue to review "what good looks like". Continue to review workforce skill mix and ratios of call handlers to clinicians. Identify opportunities for enhanced clinical practice. Support the Six Goals Programme e.g. urgent dental, palliative care etc. Collaborate on national reviews e.g. a "rapprochement" Complete the 111 CAS replacement and start to realise benefits from it. Undertake a review of the 111 digital platform. Review calls, dispositions and outcomes, including self care, number of touchpoints, flows into UPCC, GMS etc. Keep under review effectiveness of IVR messaging. Keep under review demand and the capacity (including productivity). Ensure 111 is reflected in WAST's strategic workforce plan. Ensure good workforce planning arrangements. Undertake a workforce training review. Undertake a roster review. Continue to develop a staff education matrix to ensure it aligned with agreed service model, in particular, the new 111 CAS. Reduce sickness absence. 	<p>WAST produces a monthly report to the 111 DAG and a bi-monthly WAST 111 Provide Report to the Interim 111 Board, which detail the key metrics that WAST is focused on. These include:-</p> <p><u>Our Patients</u></p> <ul style="list-style-type: none"> <5% call abandonment rate. 95% calls answering within 60 seconds. 90% of P1 patients to start their definitive clinical assessment within one hours of the end of the first contact. 90% of P2 patients to start their definitive clinical assessment within two hours of the end of the first contact. 90% of P3 patients to start their definitive clinical assessment within four hours of the end of the first contact). National Reportable Incidents. Datix as a % of total call volume. Themes and trends from quality metrics. <p><u>Our People</u></p> <ul style="list-style-type: none"> Staff in post v commissioned establishment for call handlers and clinicians. Abstractions (benchmark 30.7%). Sickness absence (IMTP ambition 5.99%). Clinical Advice Line usage rate by call handlers (lowest benchmark 20%). Shift fill compared to predicted demand. <p><u>System Contribution</u></p> <ul style="list-style-type: none"> Calls stopped at source i.e. by WAST. Calls referred to alternative pathway. Calls referred to 999/ED (18% the 2023 average). <p><u>Financial</u></p> <ul style="list-style-type: none"> Maintaining the core staff in post (call handlers and clinicians) inside the core commissioning control total of 190 FTEs and 101 FTEs. 	<p>WAST responded to the draft 111 commissioning intentions, which were signed off at 111 Board in Jan-24. The Trust sees the commissioning intentions operating at three levels:-</p> <p><u>Transition</u></p> <ul style="list-style-type: none"> The 111 commissioners wanted the Trust to focus on "stability" in 2023/24. The 111 service is much more stable with the abandonment rate being achieved for six consecutive months. However, it is not clear what the Trust is being commissioned on i.e. a monthly target or by day or by hour. Also there is no agreed demand & capacity review, which identifies the level of capacity (including efficiencies) to deliver the WG targets. The Trust will be working to lower commissioned control totals for call handlers and clinicians in 2024/25, which will have some impact on performance. Subject to funding by commissioners the Trust wants the roster review (including demand & capacity element) to be undertaken. <p><u>Transformation</u></p> <ul style="list-style-type: none"> The immediate transformation focus in 2024/25 will be on the implementation of the new 111CAS and starting to realise the business case benefits. A related focus will be on ensuring the workforce plan supports this delivery. The Trust will also focus on completing a business case on options for the 111 digital platform and how it can add greater value. The Trust will continue to actively support the Six Goals Programme e.g. urgent dental etc. The Trust will continue to work with commissioners and DHCW on a set of 111 ASIs. The Trust will engage with the Duty of Quality

			<p>through a work plan developed from its self-assessment against the core requirements.</p> <p><u>Longer Term/Strategic</u></p> <ul style="list-style-type: none">• The recent review by Professor Mark Llewellyn identified very different views on the future service model for 111. The Trust thinks it can do a lot more to support the system in the 111/Integrated Care/digital & telephone space, and wants to actively engage in the recommended “rapprochement”.
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Emergency Medical Services	<p><u>Clinical Response Model</u></p> <ul style="list-style-type: none"> • Increase the proportion of activity resolved at Step 2. • Right response first time: optimising conveyance at step 3. • A remote clinical support infrastructure, including mental health. • An optimizing conveyance plan. • Quality & Performance metrics for remote clinical activity. • Clinical Support Desk Outcomes: quarterly reporting. <p><u>Availability</u></p> <ul style="list-style-type: none"> • Workforce: reducing sickness, increasing retention, recruiting into difficult areas to recruit e.g. rural, core v transformation and the Civil Contingencies Act. • Rosters: on-going review of resources aligned to patient demand. • Forecasting and Modelling: using forecasting and modelling to support work across the five steps and develop a formal Forecasting & Modelling Framework. • Strategic Workforce Plan: finalise one that reflects shared ambitions and is connected to the HEIW education commissioning process. • Workforce Measures: abstractions, work force planning predictions, utilisation rates, production etc. <p><u>Productivity</u></p>	<ul style="list-style-type: none"> • 17% or more consult and close (WG target). • Clinically review and/or clinically assess all RED calls to ensure clinical appropriateness. • Red response ratio: 1:1 to 1:3. • Continued reduction in conveyance to ED (38% of verified demand in 23/24), but including unmet demand (patient cancellations and can't sends) being responded to. <ul style="list-style-type: none"> • Red performance: 65% of incidents responded to 8 minutes (60% health board) (WG target). • ROSC rate: continued improvement towards UK benchmarks. • Amber performance: median response to show 12 months improvement trend (WG target). • Amber Ideal response: improvement trend. • CHARU: full roll out of the 153 CHARU FTE requirement, including rural areas. • Commissioned UHP to be 95% for CHARU. • Three modelled scenarios for performance improvement, based on WAST improvements and different levels of handover (to be available in March/early April). • Trust Board approved Strategic Workforce Plan (and collaborative agreement with commissioners). • Abstractions and sickness absence: 30% and 5.99%. • Workforce: 95% staff in post v establishment % actual and predicted, with additional focus on rural stations. • Additionality: recruit additional FTEs to identified target number e.g. CSD staff (+23), APPs (+32). 	<p>See section 4.2 of the IMTP – which includes:</p> <ul style="list-style-type: none"> • The new telephony system “Finesse” is considered key to further improving the consult & close rate. • Delivering the agreed actions from the NCCU CSD review will help improve performance. • Connecting Support Cymru offers a further ability to improve the consult & close rate. • 2024/25 additionality may further support the CSD with FTEs (+23) to undertake red review and clinical screening. <ul style="list-style-type: none"> • Fully staffing the CHARU roster lines (95% UHP against modelled requirement) will improve clinical outcomes and boost red performance. • Continued focus on efficiencies and productivity (core): managing attendance programme, abstractions reduction and APP/CHARU utilisation. • Responding to the Manchester Arena Inquiry recommendations (Civil Contingencies Act). • A serious and material reduction in Amber performance is dependent on handover levels. • 2023 strategic EMS Demand & Capacity Review will set out the modelled future FTE requirements and will feed into the Strategic Workforce Plan, which will connect to education commissioning. • The Trust is already acting on the 2023 EMS Demand & Capacity Review and will increase its CSD and APP workforce in 2024/25 in support of reducing ED conveyance. • Make the case for inverting the triangle (transformation) through a formal engagement process with stakeholders. Transformation is viewed as a necessity to cope with extreme handover delays.
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	<ul style="list-style-type: none"> Reducing Post Production Lost Hours. Handover: a health board responsibility, but the Trust to support reduction. Workforce Modernisation: continue to improve practices including staff well-being. Utilisation: continue to refine measurement of and optimal level. <p><u>Value</u></p> <ul style="list-style-type: none"> Value-Based Health Care: including benchmarking, PLICS, PREMS and an overall organisational approach. <p><u>Harm & Outcomes</u></p> <ul style="list-style-type: none"> Patient Harm: including early identification, review and sharing with wider system. Compliance with the Duty of Quality and Duty of Candour. Core Requirement Compliance Clinical Indicator Plan and Audit Cycle The Welsh Out of Hospital Cardiac Arrest Registry. A unique patient identifier to support whole patient pathway data sets. 	<ul style="list-style-type: none"> Post Production Lost Hours to remain stable. Further reduction in shift overruns. 0 ambulance patients waiting for handover more than an hour (WG target), this equates to 7,800 hours. Third of 3 modelled scenarios with other two being no handover reduction (25,000 hours) and no >4 hour waits. CHARU utilisation 40%. EA utilisation to reduce (optimum level 57%). <p><u>Value</u></p> <ul style="list-style-type: none"> Suite of benchmarking metrics. Regular reporting of patient experience metrics from an increasing pool of surveyed patients. <p><u>Harm & Outcomes</u></p> <ul style="list-style-type: none"> Number of NRIs that remain open for more than 90 days (WG target): reduction trend or 0. Reduction trend in patient cancellations and “can’t sends” (currently averaging 8,750 per month). Reduction in estimated severe harm caused by long waits in the community and at hospital. 75% of concerns that receive a response within 30 days (WG target). Publication of Annual Quality Statement (progress against Act). Duty of Candour metric (to be determined and aligned with WG approach). Stroke and STEMI call to door times: reduction trend. Improved clinical indicator bundle compliance. Routine flow of cardiac data to registry. Commencement of data linking and WAST patient contacts with other parts of the system. 	<ul style="list-style-type: none"> The Trust continues to focus on its own efficiencies, but in 2024/25 the main focus will be utilisation of its assets (including a re-roster of the APP workforce) with PPLH expected to remain stable, but monitored. The results of the modelling on handover and WAST improvements will be available in early April 2024, shared with commissioners and WG and monitored through the year. Negotiations continue with TU partners, for example EMT3s. Benchmarks are notoriously difficult (apples and pears), so the Trust will focus on a report that provides lines of enquiry across inputs, efficiency and effectiveness. The Trust has a substantial range of metrics available, but does not collate them into one report. <p><u>Harm & Outcomes</u></p> <ul style="list-style-type: none"> The Trust will continue to report a patient harm mitigations report to Trust Board and key stakeholders. The Putting Things Right Team has received investment and a new structure. The Trust will continue to develop is quality management system and quality & performance management framework. Improved call to door times require a fundamental reduction in handover lost hours. The Trust will continue to report call to door times as part of its response to the Duty of Candour. The ePCR interface has received investment and been improved which should aid clinical indicator bundle compliance. Cardiac data linking is currently being tested and is expected to go live in early 2024/25. Health Informatics are aiming to complete data linking by Summer 2024, but in order to track WAST patients into the system, the Trust will
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	<p>Wider Health System</p> <ul style="list-style-type: none"> • System Flow: optimizing conveyance and flow. • Transfer & Discharge: partnership approach to development of solutions. • Escalation Plans: aligned WAST and health board plans. • Ambulance Transfers: commissioning of a transfer services that are able to respond to the needs of health boards and clinical networks. • System Pressure Dashboard: WAST to collaborate on the provision of information in support of. 	<ul style="list-style-type: none"> • Continued reduction in conveyance to ED (38% of verified demand in 23/24), but including unmet demand (patient cancellations and can't sends) being responded to. • Transfer & discharge metrics for new services will depend on what is commissioned. • Reduction in high periods of escalation and higher levels of the clinical safety plan. • Provision of a dashboard that helps improve the management of the unscheduled care system (WAST can support, but is not the lead). 	<p>need health boards to supply that data.</p> <ul style="list-style-type: none"> • Further reductions in conveyance to EDs is a product of increased consult & close, expanded see & treat (Connecting Support Cymru, falls vehicles and APPs) and pathways, including SDECs. • A new service offer for high acuity discharge & transfers with a continued focus on the core discharge & transfer service: percentage of discharge & transfer journeys booked in advance collected less than 60 minutes after their booked ready time; and percentage of discharge & transfer journeys booked on the same day collected within 4 hours after their booked ready time. • A reduction in periods of high escalation is dependent on a material reduction in handover. • The Trust will support the development of a system wide pressures dashboard, with regular flows of data and expertise.
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<p>Ambulance Care (NEPTS)</p>	<ul style="list-style-type: none"> • 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 of resources, effective rostering and appropriate transport. • Transforming and increasing capacity from within current resources. • Reducing lost capacity including minimising lost time at hospitals • Forecasting and Modelling Framework – strategic, tactical and operational focus. 	<ul style="list-style-type: none"> • Improvements in operational performance for oncology service patients • Reduction in the number of on the day cancellations <p>Reduction the number of bookings made on the day</p>	<p>See section 4.3 of the IMTP which includes:</p> <ul style="list-style-type: none"> • Continue to make improvements in efficiency and demand management, including re- rostering NEPTS transport, completing the NET Centre re-roster and new systems to reduce same day cancellations. • Continued development of the plurality model, in particular, further development of quality assurance mechanisms. • Transformation through a range of improvements to the CAD (upgrades and integration). • A strategic review to develop a long term vision for Ambulance Care (note: Trust is commissioned for EMS and NEPTS), facilitated by commissioners. • Development of a Trust wide Forecasting & Modelling Framework, that includes NEPTS.
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What are the risks that we are managing?

The Trust has further developed its 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.

Risk ID	Description	Score	Controls within this IMTP
223	The Trust's inability to reach patients in the community causing patient harm and death	25	Our plans for the EMS in section 4.2 set out a range of actions to increase capacity, but also change the way in which we respond to patients, trying to avoid unnecessary conveyance by providing alternatives within WAST or accessing alternative pathways. Section 1.3 sets out how we are seeking to evolve our future service model enabling us to protect resources for the most critically ill patients.
224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients	25	Our plans for the EMS in section 4.2 set out a range of actions to increase capacity, but also change the way in which we respond to patients, trying to avoid unnecessary conveyance by providing alternatives within WAST or accessing alternative pathways. Section 1.3 sets out how we are seeking to evolve our future service model enabling us to protect resources for the most critically ill patients. Section 3.6 also describes work we are doing to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition.
160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	20	Sections 5.1 and 5.2 set out the continued work of our managing attendance programme and the refresh of our Health and Wellbeing Plan. Also the range of actions we take across our People and Culture Plan are designed to develop a culture that supports staff wellbeing
201	Damage to Trust reputation following a loss of stakeholder confidence	20	Section 8.1 sets out our plans for stakeholder engagement including further reputation audits and working with our partners to improve our reputation.
163	Maintaining Effective & Strong Trade Union Partnerships	16	We expect this risk score to reduce, however we have set out plans in section 5.2 for continued

			partnership working with our trade union colleagues so that we continue to develop positive and collaborative relationships.
424	Resource availability (revenue & capital) to deliver the organisation's Integrated Medium-Term Plan (IMTP)	16	This risk will be reviewed in light of the 2024-27 IMTP and its financial plan (section 11).
458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services	16	This risk will be reviewed in light of the 2024-27 IMTP, its financial plan (section 11) and the EASC IMTP.
260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	15	Cyber security is one of five cornerstones for our developing digital plan set out in section 7 . We will publish a new Digital plan with Cyber Security at the forefront of its priorities.
543	Major disruptive incident resulting in a loss of critical IT systems	15	Everyday Essentials (i.e. ensuring are able to maintain our IT systems) is one of five cornerstones for our developing digital plan set out in section 7 . We will publish a new Digital plan with Everyday Essentials at the forefront of the priorities.
558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	15	Sections 5.1 and 5.2 set out the continued work of our managing attendance programme and the refresh of our Health and Wellbeing Plan. Also the range of actions we take across our People and Culture Plan are designed to develop a culture that supports staff wellbeing and enable them to speak up when things are not going well.
594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	15	Section 4.2.1 sets out how we will respond to the Manchester Arena inquiry and we will be discussing with WG and commissioners the requirements to ensure we have resources available for major incidents. However, this is also depended on resources being available from outside A&E departments. Our plans for the EMS in section 4.2 set out a range of actions to increase capacity, but also change the way in which we respond to patients, trying to avoid unnecessary conveyance by providing alternatives within WAST or accessing alternative pathways. Section 1.3 sets out how we are seeking to evolve our future service model enabling us to protect resources for the most critically ill patients.
139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	12	Our financial plan is set out in section 11 and sets out a balanced plan.
100	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	12	Section 8.1 sets out our plans for stakeholder engagement including further reputation audits and working with our partners to improve our reputation.

283	Failure to implement the EMS Operational Transformation Programme	12	This programme will close in 2024/25 and therefore this will no longer be a risk.
199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	10	Section 9.1 sets out the next steps in embedding a Working Safely culture across WAST.

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NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

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Templates are required for commitments aligned to the national programmes which continue to support delivery of services and reinforce best practice through quality, efficiency and patient experience.

A template will be required to detail milestones, actions and risks etc for the following areas:

- **Enhancing care in the community, with a focus on reducing delayed pathways of care**
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- **Planned Care and Cancer, with a focus on reducing the longest waits.**
- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

Progress on these expectations has been referenced in the planning framework and will be a focus of the planning process for 2024-25.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

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Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.				
Key focus should be on delivering		Pathway development in the following areas for NHS 111 Wales <ul style="list-style-type: none">Proposal for the introduction of additional skills in NHS 111 Wales: pharmacists, respiratory & paediatric specialistsPathways into urgent primary care, palliative care, dental services		
Ref:	Indicate if new priority or continued from 23/24			
	Skill mix – new Dental pathway – continued Other pathways - new			
Ref:	Resume of planning Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Dental	Support the NHS Wales Dental Review, and with commissioners to plan for roll-out of the 111 service to patients with urgent dental care needs	Development of urgent dental care	A performance review of dental pathway using relevant data conducted prior to wider roll out across Wales.	Plan to pilot an Urgent Dental Line in BCU
Progress synopsis		A dental pathway pilot was planned with BCU and HD using a digital platform for referrals utilising a new referral criteria. Pilot delayed.		Due to technical issues actions relating to urgent dental will need to rollover into the 2024-27 IMTP.
Ref:	Outcomes of delivering Ministerial Priorities:			
	We have seen growth in the average number of callers requiring care and advice for their dental needs. NB Q4 is total volume is incomplete due to template completion prior to end of March			
Ref:	Overarching outcome measures/ metrics:			
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Dental Calls	20,103 (Ave: 6,701)	21,926 (Ave: 7,309)	21,074 (Ave: 7,025)	14,491 (Ave: 7,246)
Ref:	Planned Milestones 24/25			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
111 skill mix	Task & finish group established for 111 MDT skill mix	Scoping paper to commissioners	(Subject to commissioner support) Project initiation & Business Case Developed	Business case submitted for funding

Priority area(s) to deliver 24/25: Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.				
111 Pathways	Dental pathway in BCU			
Measure of Success 24/25	>20,103 (Ave: 6,701)	>21,926 (Ave: 7,309)	>21,074 (Ave: 7,025)	>14,491 (Ave: 7,246)
Risks	Risks of Non-Delivery			
	Mitigations			
	Risks to Delivery			
	Commissioner support Funding availability Policy direction			
	Mitigations			
Early dialogue with new commissioning organisation Evidence base and benefits plan needs to be strong for development of case for change in these areas				
Critical Enablers	Finance			
	IMTP Financial plan includes existing developments across dental and call handler capacity in line with commissioned numbers Additional costs would need to be considered through Business Case development.			
	Workforce			
	For skill mix we need to finalise our Strategic Workforce plan and consider whether WAST employs or skills are brought in through contracts with other organisations			
	Digital			
	New 111 CAS system implementation is critical Integrated DOS			
	Other (Specify)			
Prevention & Population Health	Opportunities identified			

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Priority area(s) to deliver 24/25: <i>Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.</i>				
Key focus should be on delivering		Pathway development in the following areas: <ul style="list-style-type: none">Falls & Frailty ServicesDigitisation of pathwaysConnected Support Cymru and technology solution		
Ref:	Indicate if new priority or continued from 23/24			
	Falls & Frailty - continued Digitisation of pathways - new Connected Support Cymru - continued			
Ref:	Resume of planning Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
F&F			Expansion of Falls and Frailty Services Falls modelling v1 provided and evaluated, model to be re-run with different parameters.	
Progress synopsis			L1 commissioned in BCU, however demand spread across 3 localities with reduced ability to cover Northwest. Funding made available by Gwent RPB for expansion of level 1 night service and Level 2 Falls services.	
CSC	Evaluation of 'virtual ward' (now known as Connected Support Cymru) pilots to inform business case development	Evaluation of CSC complete		
Progress synopsis	Evaluation of initial stage of CSC deployment with St John complete with next stage business case written and recruitment of internal volunteers (Community Welfare Responders) taking place in Q3&4 and into 2024/25. Continued work planned through to end of year with SBRI to develop and test 'ambulance in a box' technology concept.			
Ref:	Outcomes of delivering Ministerial Priorities:			
Ref:	Overarching outcome measures/ metrics:			
	Baseline position			

Priority area(s) to deliver 24/25:
Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.

Performance Trajectories 23/24				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	L1 Falls attended incidents 2,739 44% conveyance, % attended as first response 21%	L1 Falls attended 2,770 47% conveyance, % attended as first response 22%	L1 Falls attended 2,790 47% conveyance, % attended as first response 22%	L1 Falls: attended 2,373, 48% conveyance, % attended as first response 24% 13% reduction in requirement to send Emergency ambulance
	L2: attended 573, 26% conveyance	L2 attended 607, 22% conveyance	L2: attended 443, 32% conveyance	L2 attended 232, 27% conveyance
	CSC: attended 78, 39 consult & close with CWR on scene, 38% conveyance,	CSC: 339 patients attended, 143 Consult & Close with CWR on scene, , 44% conveyance	CSC: 203 attended, 86 Consult & close with CWR on scene, 43% conveyed	CSC: 255 patients attended, 97 Consult & close with CWR on scene, 48% conveyance
Ref: Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Falls & Frailty	L1 - Assessment of the demand & capacity modelling undertaken L2 - Undertake evaluation of our existing services	Presentation of L1 options and benefits Present evaluation and options for sustainability of L2 services going forward	Implement new L1 model Develop and Implement L2 Plan	Monitor & evaluate impact on delivery Y2/3 Milestones for expansion of services across Wales
Digitised pathways	Evaluate the effectiveness of the new digital solution to make referrals to existing pathways and usage, reporting to our OCG	Develop further opportunity for digital notifications with Welsh portal	Implementation and roll out	
CSC	Recruitment of key roles to support CSC delivery (dependent on outcome of business case) Commenced recruitment of internal volunteers Testing 'ambulance in a box' in Care Homes in AB & BCU, evaluate and conclude forward plan	Engaging with key stakeholders and evaluating overall project data to determine resource requirements moving forward Commencement of recruitment and on-boarding on external partner organisations and ongoing recruitment and onboarding of internal volunteers Developing technology enabled care community pathways up until end of Nov; testing in Care Homes in AB & BCU and in patients homes Evaluate and conclude forward plan	Development of secondary business case to support sustainable implementation Develop business case for procurement of technology (subject to funding)	Submission of business case Y2/3 Milestones for expansion of services across Wales

Priority area(s) to deliver 24/25:

Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.

Measures of Success 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	> L1 Falls attended incidents, <% conveyance and >% attended as first response 21%, from Q1 23/24 baseline	> L1 Falls attended incidents, <% conveyance and >% attended as first response 21%, from Q2 23/24 baseline	Dependent on what new model is agreed.	Dependent on what new model is agreed. 24%
	> in L2: attended & % conveyance, from 23/24 baseline.	> in L2: attended & % conveyance, from 23/24 baseline.	Dependent on new L2 plan.	Dependent on new L2 plan.
	CSC: > attended, > consult & close with CWR on scene & <% conveyance, from Q1 23/24 baseline	CSC: > attended, > consult & close with CWR on scene & <% conveyance, from Q1 23/24 baseline	CSC: > attended, > consult & close with CWR on scene & <% conveyance, from Q1 23/24 baseline	CSC: > attended, > consult & close with CWR on scene & <% conveyance, from Q1 23/24 baseline
Risks	Risks of Non-Delivery			
	Delays in response resulting in long lies for those who have fallen resulting in poor patient experience and outcomes			
	Mitigations			
	Risks to Delivery			
	Commissioner support Funding availability Policy direction			
	Mitigations			
	Early dialogue with new commissioning organisation Evidence base and benefits plan needs to be strong for development of case for change in these areas			
Critical Enablers	Finance			
	Business Case submitted to Welsh Government			
	Workforce			
	CSC related workforce – 7 CSD clinicians, 7 Resource allocators, 4 clinical logistics plus support roles 600 volunteers			
	Digital			
	Ambulance in a box technology - Luscii			
	Other (Specify)			
Prevention & Population Health	Opportunities identified			
	Making every contact count opportunities: <ul style="list-style-type: none"> Responding to and promoting mental health and well-being Promoting healthy behaviours/decisions Delivering excellent clinical care to avoid hospital admissions. 			

Priority area(s) to deliver 24/25:

Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.

- Fostering resilient communities through engagement and education
- Promoting dignified care

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

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Priority area(s) to deliver 24/25: Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.				
Key focus should be on delivering		Goal 2: <ul style="list-style-type: none">Implement the new 111 SystemBusiness case for a new 111 website – including the development of the symptom checkersCommission demand & capacity review and re-roster call handlers		
Ref:	Indicate if new priority or continued from 23/24			
	Continued			
Ref:	Resume of planning Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Reach and maintain call handling establishment	New approaches implemented which add value to the advice lines in 111 service	Increase the capacity and capability of the clinical teams Voluntary fixed rosters, improved recruitment of new call handlers	New Integrated Information Solution (IIS) which will change in capability for our 111 teams
Progress synopsis	111 Commissioners indicated that 198 WTE call handlers and 102 WTE clinicians could be funded. In Sep-23, 173 WTEs were in post for call handlers, with a further 8 WTE capacity being provided by bank and overtime.	Paused pending further work to be completed around the continuity of the CAS system in 111.	Focus was on CAS implementation, which drew resources from our clinical team Fixed rosters continue to be rolled out but a formal roster review on hold	Delay to system implementation – new deadline in q1 24/25 Procurement process of CAS system complete
Ref:	Outcomes of delivering Ministerial Priorities:			
	High demand for calls to 111 with more being answered within 60seconds and less being abandoned. Growth throughout the year in the number of website hits, albeit patient experience feedback points to rapid improvements in the navigability and information on the website. We’ve seen good unit hours produced in call handlers, growing through the year. Clinician UHP has been broadly similar with a slight drop off in Q4.			
Ref:	Overarching outcome measures/ metrics:			
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Calls to 111	227,667 (Ave: 75,889)	212,436 (Ave: 70,812)	236,464 (Ave: 78,821)	154,523 (Ave: 77,262)
111 Call Answering (<60s)	46.2%	64.5%	58.4%	59.1%

Priority area(s) to deliver 24/25:

Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.

Call Abandonment	8.0%	3.7%	6.7%	5.3%
111 Website Hits	1,114,093 (Ave: 371,364)	1,221,749 (Ave: 407,250)	1,385,382 (Ave: 461,794)	1,026,232 (Ave: 513,116)
111 Call Handler UHP	51,730 (Ave: 17,243)	54,362 (Ave: 18,121)	56,849 (Ave: 18,950)	40,878 (Ave: 20,439)
111 Clinician UHP	35,004 (Ave: 11,668)	37,372 (Ave: 12,457)	34,273 (Ave: 11,424)	19,525 (Ave: 9,763)
Ref: Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
New 111 system (CAS)	Full implementation of new CAS system 30th April Decommission old system	Realise benefits in line with business case	Formal benefits realisation report shared with commissioners	
111 website & symptom checkers	Scoping exercise to review requirements of a 111 website – and develop options appraisal accordingly	Development of business case Review and develop requirements to improve symptom checkers, with potential require to procurement.	Finalise business case in readiness to Seek approval through organisational BC governance process Identify approach to improvement of symptom checkers	Secure funding and commence recruitment of website team as determined within business case process.
111 re-roster		Agreement with commissioners to proceed	Complete procurement process to undertake Demand and capacity review	Undertake demand and capacity review Re-roster takes place in year 2
Measures of Success 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Call Abandonment rate target 5% achieved (each month) > in website hits, from 23/24 baseline 95% UHP for call handlers and clinicians and/or > on 23/24 hours produced baseline	Call Abandonment rate target 5% achieved (each month) > in website hits, from 23/24 baseline 95% UHP for call handlers and clinicians and/or > on 23/24 hours produced baseline	Call Abandonment rate target 5% achieved (each month) > in website hits, from 23/24 baseline 95% UHP for call handlers and clinicians and/or > on 23/24 hours produced baseline	Call Abandonment rate target 5% achieved (each month) > in website hits, from 23/24 baseline 95% UHP for call handlers and clinicians and/or > on 23/24 hours produced baseline
Risks	Risks of Non-Delivery			
	Non-delivery of abandonment rate and call answering target			
	Mitigations			
	Risks to Delivery			
	Funding			
	Mitigations			
	Early engagement with commissioners			
Critical Enablers	Finance			

Priority area(s) to deliver 24/25: <i>Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.</i>	
	Website cost of 2xB8a, 2xB7 and 2xB6 plus £40k maintenance CAS cost?
	Workforce
	2xB8a, 2xB7 and 2xB6 plus £40k maintenance
	Digital
	CAS and related triage system procured and implemented by Digital team Digital and Partnerships & Engagement directorates lead the website development
	Other (Specify)
Prevention & Population Health	Opportunities identified

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Priority area(s) to deliver 24/25: Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.				
Key focus should be on delivering		Goal 3: <ul style="list-style-type: none">• Develop the remote clinical assessment speciality• Develop a fully remote working clinician offer (operations/training/digital)• Develop Pre-Dispatch Outcome Risk Stratification Tools linking CAD & ePCR data• Roll out of new integrated (111/clinical support desk) care model• Connected support Cymru• Extend use of video/ phone consultation• Urgent On-Scene Community Response• SDEC referral pathways		
Ref:	Indicate if new priority or continued from 23/24			
	Remote clinical assessment – new (in respect of Ministerial Priorities) Urgent on-scene community response (APPs) – new (in respect of Ministerial Priorities) SDEC - continued			
Ref:	Resume of planning Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SDEC	Through the national SDEC action group discuss national approach to pathway development and implementation for WAST Local implementation of the nationally agreed pathways – agree trajectories for increase in access from WAST clinicians on scene	Growth in SDEC referrals locally	Increased SDEC referrals to match the Goal 3 priority milestone for 2023/24	
Progress synopsis	WAST continued to engage through the national SDEC group and locally through ICAPs on SDEC pathways. Performance is not completely within WAST control.	This remains challenging. Conveyance to an SDEC unit throughout Wales has remained consistent with a 12 Month average of 0.16%. However, December 2023 conveyance rates dropped by 0.3% compared to December 2023 (0.15%), despite a modelled potential of 4% of incidents that could be suitable for SDEC.	Continued challenges in delivering SDEC pathways to ambulance services. A workshop led by WG in March 2024 to review current pathways and criteria and to consider how access can be opened up to ambulance services referrals. WAST also ensuring robust data collection on SDEC as final destination in its CAD and will reiterate criteria to all staff following outcomes of the workshop in March.	

Priority area(s) to deliver 24/25:

Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.

Ref: SDEC		Outcomes of delivering Ministerial Priorities:			
		We are still seeing low number of referrals through to SDEC. Data quality being checked but unlikely to increase figures significantly versus the modelled opportunity of 4% of responded incidents that could have an SDEC outcome.			
Ref: SDEC		Overarching outcome measures/ metrics:			
		Baseline position			
		Performance Trajectories 23/24			
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Consult & Close Through AS1		14.2%	13.2%	14%	14.1%
% Conveyed to SDEC		0.19%	0.20%	0.15%	0.18%
111 Clinical Triage P1CT		99.0%	99.1%	98.8%	97.0%
111 Clinical Triage P2CT		86.5%	92.6%	79.2%	60.1%
111 Clinical Triage P3CT		83.7%	91.7%	79.5%	61.8%
Ref:		Planned Milestones 24/25			
		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Remote clinical assessment		Stakeholder engagement health boards.	Finalised specification. Commence review/scope of opportunity to work in line with new 111 CAS System	Develop Training workstream for remotely precepting staff.	
Integrated (111/CSD) care model		Scoping of model commenced. Recruit full CSD clinical screening modelled requirement. Develop intelligible operating model for CSD.	Full roll out CSD clinical screening. Approve intelligible operating model for CSD	Scoping of model complete. Evaluate impact of clinical screening. Implement intelligible operating model for CSD.	Agreed model to move to implementation in year 2.
Connected Support Cymru		Recruitment of key roles to support CSC delivery (dependent on outcome of business case)	Engaging with key stakeholders and evaluating overall project data to determine resource requirements moving forward	Development of secondary business case to support sustainable implementation	Submit secondary business case
Develop Pre-Dispatch Outcome Risk Stratification Tools linking CAD & ePCR data		Agree specification and outputs of the Risk Stratification Tool	Reviewing CAD, EPCR and wider clinical data to identify preferred pre-dispatch outcome by MPDS code set aligned to emerging service model. Commencing work on the highest volume MPDS code sets.		

Priority area(s) to deliver 24/25:

Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.

Urgent on scene community response	T&F established to produce implementation plan for clinical supervision of advanced paramedic practitioners (APPs)	Commenced delivery of clinical supervision approach based on the clinical supervision policy	Implementation and roll out of APP clinical supervision	
	Develop framework for creating a WAST Advanced Practice Plan	Development of the Advanced Practice Plan and approval through governance routes	Implement & ongoing development of actions in plan	
	Recruitment of additional APPs coming out of training	Alignment of resources to deliver advanced practice plan Further APPs on MSc course	Develop targeted workforce plan (with health Boards) to inform recruitment and infrastructure plan for future years	Plan for APPs in training
	Continue to develop the APP Navigator model with Health Board Partners. Support health boards with deliver of integrated hubs.			
	Review tests of change to inform preferred APP dispatch model			
	Evaluate our Level 2 Falls and Frailty services	Present evaluation & options for sustainability of services going forward	Develop and implement plan	Monitor & evaluate impact on delivery
SDEC	Re-establish ICAPs with focus on SDEC Complete data quality assurance of end destination in CAD to ensure SDEC referrals fully captured	Implementation of SDEC criteria across WAST		
Measures of Success 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Consult & Close rate improving APP: 95%staff in post to establishment (88 FTEs) CSC: > attended, > consult & close with CWR on scene & <%	Consult & Close rate improving APP: 95%staff in post to establishment (88 FTEs) CSC: > attended, > consult & close with	Consult & Close rate improving APP: 95%staff in post to establishment (120 FTEs) CSC: > attended, > consult & close with CWR on	Consult & Close 17% APP: 95%staff in post to establishment (120 FTEs) CSC: > attended, > consult & close with CWR on scene & <% conveyance,

Priority area(s) to deliver 24/25:

Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.

	conveyance, from Q1 23/24 baseline	CWR on scene & <% conveyance, from Q1 23/24 baseline	scene & <% conveyance, from Q1 23/24 baseline	from Q1 23/24 baseline
	APP: non-conveyance rate 65% and above	APP: non-conveyance rate 65% and above	APP: non-conveyance rate 65% and above	APP: non-conveyance rate 65% and above
	SDEC > % of conveyed to, from 23/24 baseline (modelled benchmark is 4% of activity)	SDEC > % of conveyed to, from 23/24 baseline (modelled benchmark is 4% of activity)	SDEC > % of conveyed to, from 23/24 baseline (modelled benchmark is 4% of activity)	SDEC > % of conveyed to, from 23/24 baseline (modelled benchmark is 4% of activity)
SDEC	Re-establish ICAPs with focus on SDEC Complete data quality assurance of end destination in CAD to ensure SDEC referrals fully captured	Implementation of SDEC criteria across WAST		
Risks	Risks of Non-Delivery			
	Reduced service to those with complex falls and frailty, long lies			
	Mitigations			
	Evaluation of existing falls services			
	Risks to Delivery			
	Lack of sustainable funding impacting on recruitment for falls and frailty services			
	Mitigations			
	Early engagement with commissioners			
Critical Enablers	Finance			
	16FTE APPs b7 costed into the IMTP financial plan 23FTE CSD clinicians b6 costed into plan 1FTE Service Manager b8b required Sustainable funding for falls and frailty services			
	Workforce			
	16FTE APPs B7 to be recruited Up to 20 APPs on MSc 23FTE CSD clinicians b6 costed into plan 1FTE Service Manager b8b required Sustainable funding for falls and frailty service to support recruitment			
	Digital			
	Integrated systems with health boards			

Priority area(s) to deliver 24/25: <i>Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.</i>	
	Interoperability of 111 and 999 system post CAS implementation
	Other (Specify)
	Training resources HEIW support for APP training
Prevention & Population Health	Opportunities identified
	Making every contact count opportunities: <ul style="list-style-type: none"> • Responding to and promoting mental health and well-being • Promoting healthy behaviours/decisions • Delivering excellent clinical care to avoid hospital admissions. • Fostering resilient communities through engagement and education • Promoting dignified care

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

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- **Mental Health, including CAMHS, with a focus on delivery of the national programme.**

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Priority area(s) to deliver 24/25: <i>Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.</i>				
Key focus should be on delivering		Goal 4: • Full roll out of CHARU • Capacity in rural areas • Sickness absence reduction NB plan for goal 3 supports the ability to protect resources to respond to the most life threatening incidents		
Ref:	Indicate if new priority or continued from 23/24			
	CHARU – new (in respect of Ministerial Priorities) Rural capacity - new (in respect of Ministerial Priorities)			
Ref:	Resume of planning Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Progress synopsis				
Ref:	Outcomes of delivering Ministerial Priorities:			
	CHARU UHP has gradually increased through the year but utilisation remains low. We have seen a spike in sickness absence which can be attributed in part to seasonality but we will continue to monitor and implement improvement actions through the managing attendance programme and health and wellbeing plan implementation. Red performance has continued to be challenging and will be a focus of our operational and transformation programmes next year.			
Ref:	Overarching outcome measures/ metrics:			
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
CHARU Comissioned UHP	117%	134%	141%	164%
CHARU Full Roll Out UHP	57%	66%	69%	81%
CHARU Utilisation	23.6%	25.3%	27.2%	27.9%
EMS Sickness Absence	9.42%	9.58%	9.85%	8.96%
RED 8 Minute	54.02%	50.57%	48.53%	49.35%
Amber 1 Median	00:56:12	01:13:01	01:22:45	01:24:37
Amber 1 95 th Percentile	04:11:13	05:44:55	05:59:20	06:54:49
Measures of Success 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Further progress towards CHARU full roll out	CHARU full roll out completed (153 FTEs)	95% CHARU full roll out UHP	95% CHARU full roll out UHP

Priority area(s) to deliver 24/25:

Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.

		Full roll out implies rural coverage		
		95% CHARU full roll out UHP		
	CHARU utilisation improvement trend (towards modelled 40%)	CHARU utilisation at modelled 40%	CHARU utilisation at modelled 40%	CHARU utilisation at modelled 40%
	Year on year EMS sickness absence downward trend (ambition remains 6%)	Year on year EMS sickness absence downward trend (ambition remains 6%)	Year on year EMS sickness absence downward trend (ambition remains 6%)	Year on year EMS sickness absence downward trend (ambition remains 6%)
	Red & Amber performance: 3 scenarios for handover reduction, with WAST delivering full CHARU roll out, 17% Consult & Close, impact of 32 more APPs & 30% abstraction rate	Red & Amber performance: 3 scenarios for handover reduction, with WAST delivering full CHARU roll out, 17% Consult & Close, impact of 32 more APPs & 30% abstraction rate	Red & Amber performance: 3 scenarios for handover reduction, with WAST delivering full CHARU roll out, 17% Consult & Close, impact of 32 more APPs & 30% abstraction rate	Red & Amber performance: 3 scenarios for handover reduction, with WAST delivering full CHARU roll out, 17% Consult & Close, impact of 32 more APPs & 30% abstraction rate
Ref: Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
CHARU	Complete CHARU recruitment. Improve utilisation rate to modelled benchmark.		Improved staff in post to establishment	
Rural	Complete CHARU recruitment. Continue process of targeted recruitment and process of smoothing i.e. aligning SIP to establishment. Build rurality results from 2023 EMS Demand & Capacity Review. Agree Implementation Plan with commissioners		Continued targeted recruitment in rural areas	
Sickness reduction	Continuation of managing attendance programme.			
	Implement health & wellbeing plan			
Risks	Risks of Non-Delivery			
	Continued high sickness. Poor utilisation of CHARU Wide variation in red performance			
	Mitigations			
	Risks to Delivery			

Priority area(s) to deliver 24/25:

Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.

	Mitigations
Critical Enablers	Finance
	100FTEs in EMS now recurrently funded in 2024/25 plan
	Workforce
	100FTEs in EMS CHARU
	Digital
	Other (Specify)
Prevention & Population Health	Opportunities identified
	<p>Making every contact count opportunities:</p> <ul style="list-style-type: none"> • Responding to and promoting mental health and well-being • Promoting healthy behaviours/decisions • Delivering excellent clinical care to avoid hospital admissions. • Fostering resilient communities through engagement and education • Promoting dignified care

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Priority area(s) to deliver 24/25: <i>Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.</i>				
Key focus should be on delivering		Goals 5&6: <ul style="list-style-type: none">All Wales Transfer & Discharge model		
Ref:	Indicate if new priority or continued from 23/24			
	New (in respect of Ministerial Priorities)			
Ref:	Resume of planning Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Progress synopsis				
Ref:	Outcomes of delivering Ministerial Priorities:			
Ref:	Overarching outcome measures/ metrics:			
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
% of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time	82%	80%	79%	85%
% of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time	98%	97%	97%	98%
Hours Lost Waiting at Hospital	3,924 (Av 1,962)	6,080 (Av 2,027)	5,764 (Av 1,921)	5,039 (Av 1,680)
Ref:	Planned Milestones 24/25			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Transfer & Discharge	Engagement on modelled options for transfer services with health boards Implementation of new MTPS protocols within the Computer Aided Dispatch (CAD) system.	Development of reporting against new protocols within the CAD post MTPS implementation Agree outline service model for further engagement with Health Boards. Develop business case/principles for All Wales service. Develop business case for 24/7 Major Trauma Desk following outcome of Gateway 5 review.	Develop implementation plans dependent on outcome of commissioning discussions.	Integration of long term developmental plans into ambulance care service vision. Develop implementation plans for major trauma desk.

Priority area(s) to deliver 24/25: <i>Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.</i>				
Measures of Success 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	90% of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time 95% of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time Handover reduction (health board responsibility) Further metrics dependent on what health boards commission	90% of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time 95% of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time Handover reduction (health board responsibility) Further metrics dependent on what health boards commission	90% of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time 95% of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time Handover reduction (health board responsibility) Further metrics dependent on what health boards commission	90% of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time 95% of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time Handover reduction (health board responsibility) Further metrics dependent on what health boards commission
Risks	Risks of Non-Delivery			
	Mitigations			
	Risks to Delivery			
Critical Enablers	Finance			
	B6 post costed into IMTP			
	Workforce			
	B6 to co-ordinate regional service change agenda			
	Digital			
	Implementation of MTPS protocols within EMS CAD Interoperability of EMS and NEPTS CAD			
	Other (Specify)			
Prevention & Population Health	Opportunities identified			
	Making every contact count opportunities: <ul style="list-style-type: none"> • Responding to and promoting mental health and well-being • Promoting healthy behaviours/decisions • Delivering excellent clinical care to avoid hospital admissions. • Fostering resilient communities through engagement and education 			

Priority area(s) to deliver 24/25:

Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.

- Promoting dignified care

NHS WALES PLANNING FRAMEWORK 24-27- TEMPLATES

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Priority area(s) to deliver 24/25: Planned Care and Cancer, with a focus on reducing the longest waits.				
Key focus should be on delivering		Improvements in NEPTS: <ul style="list-style-type: none">Roster review of NEPTS Ambulance Care AssistantsEnhanced hub for oncology patientsQuality assurance of external providers		
Ref:	Indicate if new priority or continued from 23/24			
	Continued			
Ref:	Resume of planning Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Revised oncology performance parameters. Working with health boards and providers of oncology services on our proposed establishment of an enhanced hub to improve the service for our oncology patients.		No Q3 milestones for NEPTS and Ambulance Care against this priority – however there is an action to work with health boards on the development of an enhanced hub, merging the renal hub with oncology call handling	Delivery of an enhanced hub working with health boards and providers of oncology services
Progress synopsis	A new oncology target went live from 01 April 2023 and is being regularly reported via the MIQPR. Local management teams are worked closely with Health Board colleagues to develop local actions in response to the current level of Oncology performance. This should address the lack of cohesive planning that includes transport as we have in Renal services. The renal hub began the transformation from a renal only service into an enhanced service hub focused service. The first piece of work they will focus on will be the creation of a group of oncology focused volunteers and a buddy system for those patients that have regular transport patterns. This will improve patient experience and performance. A separate workstream was also created focused on data management on ready and pick up times. The hypothesis is that this will improve overall performance and ensure a more robust data set.		The work to develop an enhanced hub carried forward to Q4 in line with the Q4 milestones in our plan	This is an ongoing project and milestones have rolled over into 2024/25
Ref:	Outcomes of delivering Ministerial Priorities:			
	UHP across Ambulance Care services have improved at ACA1 level and remained fairly consistent for ACA2s. We have seen some improvement in our oncology performance.			
Ref:	Overarching outcome measures/ metrics:			
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
ACA1 UHP	84%	84%	89%	87%
ACA2 UHP	91%	92%	93%	90%

Priority area(s) to deliver 24/25: <i>Planned Care and Cancer, with a focus on reducing the longest waits.</i>				
Oncology KPI	71.61%	69%	68.18%	72.35%
Oncology Completed Journeys	11469 (Av 3823)	11673 (Av 3891)	10432 (Av 3477)	7038 (Av 3519)
External Providers	160 (100%)	158 (100%)	159 (100%)	N/A
Ref: Planned Milestones 24/25				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Roster review	Continue with NEPTS Demand & Capacity work, in particular, undertake NEPTS transport roster review.			Complete NEPTS roster review and start to review benefits.
Oncology transport	Establish expected outcomes & principles to develop enhanced oncology service	Develop action plan to deliver the required change	Action plan for oncology implemented	Enhanced hub live
Quality assurance		Welsh Ambulance Quality Standard award implemented		Review award and update as required
Measures of Success 24/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	ACA1/AC2 improved, from 23.24 baseline Oncology (and Renal) core target 70%	ACA1/AC2 95% UHP Oncology (and Renal) core target 70%	ACA1/AC2 improved, from 23.24 baseline Oncology (and Renal) core target 70%	ACA1/AC2 improved, from 23.24 baseline Oncology (and Renal) core target 70% Roster review benefits should include reduced overtime and improved outpatient performance.
Risks	Risks of Non-Delivery			
	<ul style="list-style-type: none"> Inefficiencies impacting on ability to manage demand Increased use of overtime Lack of improvements in oncology metrics 			
	Mitigations			
	Risks to Delivery			
	<ul style="list-style-type: none"> Capacity to support roster reviews Increasing demand for services 			
	Mitigations			
	<ul style="list-style-type: none"> Funding to support roster and project management Collaborative work with oncology providers to maximise efficiency 			
Critical Enablers	Finance			
	£150-200k for roster review plus project management costs			
	Workforce			
	External support for roster review B6 project manager or B7 senior project manager			
	Digital			
	Linked systems to minimise inefficiencies through cancellations			
	Other (Specify)			
	Opportunities identified			

Priority area(s) to deliver 24/25:

Planned Care and Cancer, with a focus on reducing the longest waits.

**Prevention &
Population
Health**

Making every contact count opportunities:

- Responding to and promoting mental health and well-being
- Promoting healthy behaviours/decisions
- Delivering excellent clinical care to avoid hospital admissions.
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Key focus should be on delivering		Improvements in NEPTS: <ul style="list-style-type: none">Develop and implement a referral pathway for 111 Press 2 teamsMental Health Response VehiclesRight Care Right PersonMental Health and Dementia PlanMental Health Practitioners in CSD		
Ref:	Indicate if new priority or continued from 23/24			
	Continued			
Ref:	Resume of planning Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	111 Press 2 in place			
Progress synopsis	111 Press 2 for mental health is now an established service		Whilst there were no specific milestones set out in our Ministerial Templates, there is a commitment within WAST to continue to improve Mental Health response and funding has been received through Gwent RPB to trial a Mental Health Response Vehicle.	The pilot for mental health response vehicle in Aneurin Bevan is ongoing and we expect the evaluation of the pilot to come through in Q1 2024/25
Ref:	Outcomes of delivering Ministerial Priorities:			
Ref:	Overarching outcome measures/ metrics:			
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref:	Planned Milestones 24/25			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
111 Press 2	Completion of 111 CAS system implementation	New CAS system will provide resolution to Press 2 pathway		
Mental Health Response	Collating and presenting evidence from pilot within AB, discussing outcomes and options for further pilots	Undertake further pilot (pending agreement) Continuing to engage with national evidence across UK	Prepare business case dependent on outcomes	Presenting outcomes and business case to commissioners for MHRV for Wales (dependent on outcomes)
Right Care Right Person	Engaging with Police Services In Wales, NHS partners, Local Authorities and third sector providers	Assess impact to WAST Possible update to 2023 EMS Demand & Capacity Review results	Develop Business case	Present business case to commissioners

Priority area(s) to deliver 24/25: <i>Planned Care and Cancer, with a focus on reducing the longest waits.</i>				
Mental Health Practitioners	Assess demand and capacity plan outlining future needs for the team and training requirements	Share plan with commissioners for further discussion	Training implemented (subject to cost and funding)	Recruitment of MHPs required (subject to funding)
Measures of Success	Quarter 1	Quarter 2	Quarter 3	Quarter 3
	#2: monitor activity coming in on main 111 line (and speed of transfer) MH Response: Dependent on outcome of pilot. MHPs: recruitment of 6.8 FTE MHPs.	#2: monitor activity coming in on main 111 line (and speed of transfer) MH Response: Dependent on outcome of pilot. MHPs: induction and training complete.	#2: monitor activity coming in on main 111 line (and speed of transfer) MH Response: Dependent on outcome of pilot. MHPs: improving consult & close rate.	#2: monitor activity coming in on main 111 line (and speed of transfer) MH Response: Dependent on outcome of pilot. Right Care, Right Person: activity identified, modelled and mitigations agreed. MHPs: 17% consult & close rate, including MHP element.
Risks	Risks of Non-Delivery			
	Mitigations			
	Risks to Delivery			
Critical Enablers	Finance			
	Funding required for MH response via RPBs or Health board ICAPs			
	Workforce			
	Digital			
Prevention & Population Health	Opportunities identified			
	Making every contact count opportunities: <ul style="list-style-type: none"> Responding to and promoting mental health and well-being Promoting healthy behaviours/decisions Delivering excellent clinical care to avoid hospital admissions. Fostering resilient communities through engagement and education Promoting dignified care 			

Appendix 4

Welsh Ambulance Services NHS Trust 2024/25 financial plan

1. This is presented as a balanced revenue financial plan for the 2024/25 financial year. This is based on some key funding and cost assumptions included with it and additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2024/25 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2026/27.
2. Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2024/25 financial year based on the following key financial assumptions:
 - a. The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 3.67% uplift provided to Health Boards in the 2024/25 NHS Wales Allocation Letter issued on 19th December 2023, applied to all of the Trust's key commissioning agreements. On top of this an element of additional funding (£0.45m) specifically ringfenced in the above allocation for additional energy costs support for WAST;
 - b. That the first call on the above uplift is to ensure that the recurring costs and subsequent funding base for the Trust is put on a sustainable footing and includes that recurring assumed at the outset of the 2023/24 financial year. Specifically this means that, in the short to medium term in any case, the full costs of an additional 100 frontline EMS staff appointed through the latter half of the 2022/23 financial year are now funded in full recurrently. It is noted that the longer term requirement for such staffing levels are subject to ongoing review and linked, at least in part, to demand and capacity challenges placed on the Trust, including as a result of hospital handover delays;
 - c. That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated and now, in some cases, specifically funded within it. These are likely to be similar to that faced across the NHS in Wales, within an ambulance sector context and in particular relates to energy, utilities, fuel, general non pay inflation, and a range of costs either having had to be incurred or committed in 2023/24, or will unavoidably need to be spent in 2024/25 due to continuing service demand and system pressures and the delivery of the range of commissioning intentions placed on the Trust;
 - d. The ability to fully deliver on a range of cost containment, cost avoidance and savings of a minimum of £6.4m, or 2.2% of cost baseline, which will be key to delivery of a balanced financial position in year;

- e. That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
 - i. As per the above allocation letter issued to the NHS in Wales, costs relating to the 2024/25 pay deal, along with the recurrent costs of the 2023/24 pay deal, still to be confirmed;
 - ii. Any costs relating to any proposed banding change for EMT / technician level posts following the issuing of updated national A4C job profiles during the latter part of 2023,
 - iii. Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, which will need to be subject to a separate business case for funding consideration, and
 - iv. Any and all costs associated with the recently submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.
3. Despite the level of general uplift being assumed by the Trust for the upcoming financial year, the financial context and outlook for the Trust, along with the rest of the NHS in Wales and indeed the public sector UK wide, remains very challenging. The combination of increasing costs, costs remaining for enhancements that were put in as a result of the COVID-19 pandemic, a cost of living crisis, and continuing service and demand pressures, including that resulting from the ongoing challenges and levels of hospital handover delays inevitably result in choices and a continuing high level of productivity, efficiency and savings having to be made if the Trust is to continue its excellent recent financial performance of delivering a balanced position year on year.
4. This plan presents a way forward in the shape of what needs to be done to deliver a balanced financial performance for the 2024/25 financial year. However it is built on a range of assumptions in relation to both income and funding and expenditure, including some of the key ones already set out, that will need to be delivered in order to do so.
5. The financial plan as presented is the culmination of a range of activity delivered over a number of months, both pre and since the publication of the Welsh Government 2024/25 draft budget and the NHS Wales Allocation Letter. Alongside the more general sessions developing the rest of this IMTP, this includes the key financial ones as follows:
 - a. A specific “key enablers” to the plan workshop held on 11th January 2024;
 - b. A half day Executive Finance Group discussion on 31st January 2024;
 - c. The finance “touchpoint” meeting with WG and NHS Executive Finance colleagues on 2nd February 2024;
 - d. Key national discussions with DoFs and DDoFs on 19th January, 7th February and 16th February 2024;
 - e. Various touchpoint meetings with the CASC and his team through January and February 2024, and
 - f. A Board Development Day on 22nd February 2024.

6. At each of the above, various iterations of the development of the Trust's 2024/25 revenue financial plan were presented. In the earlier discussions this presented a range of potential scenarios, as some of the key financial planning assumptions were confirmed. In particular in relation to the full pass through of the general uplift and some of the key unavoidable cost estimates, this was further refined to the following high level summary iterative financial plan for 2024/25, which forms the basis of the Trust's overall gross financial plan and subsequent budget setting for the upcoming financial year:

2024/25 iterative revenue financial plan

	2024/25 £m
Gross additional funding assumed from commissioners 2024/25:	
- EASC (EMS) 3.67%	-8.0
- EASC (NEPTS) 3.67%	-1.0
- EASC (111) 3.67%	-0.4
- Other NHS Org uplifts 3.67%	-0.1
Plus ringfenced energy funding in NHS Wales HB Allocation Letter - WAST	-0.5
Additional funding 2024/25	-9.9
To maintain the additional 100 WTEs frontline EMS staff first appointed in 2022/23 - balance of residual funding (equivalent to maintaining an additional 60 WTEs)	3.0
FYE / cost pressures / in year 2023/24 (to include PTR team, EMSC staffing, SPs, FSP infrastructure)	1.6
Unavoidable cost pressures from 2023/24 (covered non recurring in year):	
Covid inquiry and recommendations	0.5
Final pension costs	0.5
Increasing fleet maintenance linked to reduced capital funding / aging fleet	1.0
Estates backlog maintenance (recent limited assurance IA)	0.5
Pentrox replenishment	0.3
Impact of capital schemes	0.3
Costs held in year due to income variations / reductions	0.4
2024/25 inflationary and unavoidable cost pressures:	
2024/25 Non Pay Inflation	1.8
Additional WRP contribution	0.1
Vehicle Fumes - Monitoring	0.1
New waste legislation 2024/25	0.2
Medicines management staffing	0.1
111 staffing - to be finalised with Commissioners and currently linked to 111 uplift	0.4
Cost pressures relating to service and system pressures, including the impact of handover delays, plus delivery of commissioning intentions. This includes:	4.2
- Additional remote clinical triage - CSD staffing - c23 WTEs	
- Clinical navigation	
- Maximising the value of APPs previously trained - 16 WTEs	
- Additional clinicians to support "shift left" / reduced conveyancing - c16 WTEs	
- Potential NEPTS impact following strategic review	
- Support costs to deliver the above	
Additional senior clinical leadership (in part to support the above)	0.3
Additional digital costs, including e timesheets, robotics, cyber security	0.4
Additional organisational and corporate costs to support the above	0.5
(inc NEPTS efficiencies and roster review, Freedom to speak up, WL compliance and greater regionalisation)	
Other 2024/25 cost pressures	0.3
Required savings delivery 2024/25	-6.4
Summary financial planning position - 2024/25	0.0

7. The key points to note from this are as follows:

- a. The above is a summary of the Trust's iterative revenue financial plan for the 2024/25 financial year. As such, the baseline for this is the recurring plan approved, and for which the initial 2023/24 budget was set and approved by the Trust Board.
- b. Due to that subsequently received in terms of funding through the 2023/24 financial year, and the non recurring nature of this in some part, the first call on this agreed with commissioners has been to ensure that the previously planned recurring baseline is now delivered on a sustainable basis. This element in particular relates to the full funding requirement for the costs of an additional 100 WTEs frontline EMS staff recruited through the latter part of the 2022/23 financial year.
- c. The total additional funding required through commissioners, across the full range of services funded, in 2024/25 therefore, based on that provided through the NHS Wales Allocation letter is **cf£9.9m**, over and above that actually received in 2023/24.
- d. From the areas of resulting spend that this gross funding will be incurred, it can be seen that between 75% - 80% of this is on direct front line resources, including that which will be able to further manage demand on the wider urgent and emergency care system in Wales, further reduce the reliance on hospital conveyance and more safely manage those waiting for a response.
- e. As is almost always the case, cost pressures have arisen through the 2023/24 financial year, which have needed to be managed through delegated budgets, the Trust contingency or managed through variances elsewhere, which now need to be recognised within the plan, the majority now at a greater level than in the 2023/24 financial year given the full year effect going forward. These include pressures within the PTR team, EMSC staffing and structure, an element of additional costs in relation to the previous Senior Paramedic development and an ability to fully capture the future benefits in relation to the Financial Sustainability Programme.
- f. On top of the above, there are a range of further cost pressures that have emerged over the last year or so that also now need to be fully recognised within the Trust's financial plan. Again managed through non recurring means in 2023/24, including in part through any accountancy gains that have been able to be realised, the most significant of these are:
 - i. Fleet maintenance. The continuing impact of the inability for the full capital funding for the fleet replacement programme to be able to be supported, in line with the previously endorsed Fleet SOP. The immediate initial impact of this is a revenue cost one; running an on average older fleet than would have been expected means greater levels of breakdowns, maintenance, repairs and servicing. Added to this the Trust does now have a small number of additional vehicles than when the fleet maintenance budgets were last fully reviewed and set;
 - ii. Building on that recognised in a recent limited assurance internal audit and, despite some of the significant improvements made across much of the WAST estate, backlog maintenance remains an issue. Coupled with reducing capital availability to update, and in some cases replace, some of the Trust estate,

- additional revenue costs continue to be incurred in order to try and keep higher risk elements of the Trust's backlog maintenance to a minimum;
- iii. Current and ongoing costs of the Covid inquiry and emerging recommendations.
- g. The final element of spend that then needs to be recognised within the 2024/25 plan is that which will unavoidably be incurred in year, predominantly as a result of the following:
- i. Non Pay inflation, currently estimated at an average of c3.2% of non pay spend;
 - ii. New waste management legislation;
 - iii. Linked in part to that recognised as a funding uplift for the 111 service, and subject to further discussions with commissioners, but a further review of the level of required 111 staffing going forward, and whether the funding level currently suggested within the overall NHS Wales Allocation for the 111 service is sufficient. On top of this discussions are required in relation to the continuation of 111 digital development and the availability of any additional resources to support this;
 - iv. A range of cost pressures as a result of continuing demand, service and system pressures being put on the Trust, including as a result of hospital handover delays and continuing long community waits for a response, as well as that required to seek to deliver all that required of the Trust through a range of commissioning intentions. This includes, but is not limited to, the following:
 - The need to continue the enhancement of remote clinical triage and the number of clinicians working on the Clinical Support Desk. To provide further enhanced safety and cover for long community waits as well as deliver and sustain further improvements in Consult and Close rates;
 - The need to maximise the value of previous investments made in a cohort of APP developments, as well as a further need for a similar cohort to ensure a continuing pipeline for both the Trust's transitional and health board's operational requirements;
 - The potential for some costs to emerge from the upcoming commissioner led strategic review of the NEPTS service;
 - A required level of support and infrastructure costs to deliver this.
 - v. An ongoing pressure and requirement to further enhance senior clinical decision making in the Trust, in part linked to some of the above, and
 - vi. A small level of additional digital and wider organisational costs to support much of this, noting the lack of increase in many of these areas for a number of years.
- h. All of the above results in the requirements for a savings plan of a minimum of £6.4m in 2024/25 in order to balance. More detail on the current status of this is provided in **Annex 1**, being in part made up of:
- i. Full year effect of schemes enacted part way through the 2023/24 financial year – as a minimum this will be in the region of c£1.4m;
 - ii. A range of new schemes already identified to the order of a minimum of £2m;

- iii. Further detailed work progressing on additional potential areas of income generation, and
 - iv. How that previously identified as non recurring in delivery can either be delivered again in 2024/25, or what alternative, in some cases similar, savings can be achieved.
8. This result of all of the above is the following high level summary gross Income & Expenditure plan for the 2024/25 financial year. More detail will also be provided in a separate budget setting paper, which is planned to be presented to the Trust Board on 28th March 2024, for approval:

	Opening Budgets 24/25	Planned Savings	Revenue Set Budgets 24/25
	£m	£m	£m
Income	-289.133	-0.640	-289.773
Operating Expenses	281.148	-5.481	275.667
Profit on Disposal	-0.445		-0.445
Interest Payable	0.100		0.100
Interest Receivable	-0.500	-0.300	-0.800
Depreciation and Impairments (Baseline)	15.251		15.251
Total Expenditure	295.554	-5.781	289.773
Planned Budget Surplus (-) / deficit	6.421	-6.421	0.000

Risks

9. No financial plan is risk free. The main risks that will need close monitoring and mitigating actions through the upcoming financial year, include:
- The recovery of all of the income assumptions this balanced financial plan now makes, in particular ensuring the commitments and elements supported within the EASC IMTP are fully delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;
 - No other developments, enhancements or cost increases not currently funded within budgets, including potentially some linked to proposed areas of development within this IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However the ability to do this in the context of the current total savings already required to balance in year makes this unlikely. This includes that identified in paragraph 2e;

- The ability to therefore deliver a minimum of c£6.4m in savings and efficiencies in year. This equates to c2.2% of the Trusts discretionary income and would be the 2nd year of having to achieve such a level, following the c40% increase required in savings delivery from 2022/23 (which in itself delivered over 50% more savings than that required over the previous two financial years). Finance & Performance Committee (F&PC) will be continue to be provided with significantly enhanced monitoring of the savings plan and wider FSP updates;
- Despite an element of additional funding provided, some cost elements are still hard to predict through the coming 15 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2024/25 to manage any such variations;
- That the upcoming proposed changes in commissioning have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services, etc;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

Draft Capital Programme 2024/25

10. The capital programme has continued to be developed in parallel with our service, estate and fleet plans. The Trust is broadly in a good position with WG endorsed 10 year SOPs for both fleet and estates, with a number of business cases aligned to these in varying stages of development. Despite more recent challenges in terms of the ability to see our annual fleet replacement programme fully funded in line with the endorsed SOP, and recognising the current capital funding outlook, the Trust is progressing with business cases so that when funding does become available this can be bid for and further work can be completed at that point to progress with schemes, essentially maximising opportunities as they arise.
11. As in previous years, the 2023/24 financial year is yet to be fully closed, however it is known that a small number of the All Wales Capital Schemes are not going to fully deliver in year to their revised programmes, and as such discussions have already been held with WG to agree brokerage arrangements of these monies between internal schemes to ensure achievement of the 2023/24 CEL and the best way to manage schemes that inevitably straddle financial year end. As in previous years, a detailed update on the final impact of the 2023/24 financial year end on the 2024/25 programme is due to be presented to both F&PC and the Trust Board in May 2024.
12. At the time of writing the Trust is still awaiting the outcome of the business case submitted for its fleet replacement requirements for the coming financial year. Including an element of that needed to catch up on that not funded in 2023/24, this requested funding for the replacement of 157 vehicles at a cost of c£24.4m. Indications have been received from WG that not all of this will be able to be afforded in the 2024/25 financial year; once the level of fleet replacement funding for this financial year is confirmed further work will be progressed on the need to significantly update and re-write the Trust's fleet strategy going forward.

Discretionary Capital

13. The Trust was notified in January 2024 of a discretionary capital allocation of a net c£5.5m for 2024/25, after the agreed Trust 30% contribution towards a range of EFAB funded schemes. From this it will be necessary to fund a range of estates, digital, medical equipment and other schemes.
14. The organisation has continued to strengthen its overall approach to capital planning, with the now well established Capital Management Board, supported by SOP Delivery Groups which meet monthly and oversees all aspects of capital planning. On top of this, if funding is available, there is a specific discretionary capital Task & Finish Group that meets twice yearly to prioritise the discretionary capital schemes. These are all then taken to the F&PC via Capital Management Board, and, where required, Trust Board for approval.
15. Due to the way a number of schemes approved from the Trust's discretionary capital funding have been progressed through the 2023/24 financial year, scheme lead times, scheme development times and the expected phasing of some of these through to the 2024/25 financial year, a reasonable amount of the confirmed discretionary capital funding for the coming financial year is already committed. However, there are also some emerging challenges to some of the costs previously estimated for some of these and as such, a recent session of the Trust's ELT and ADLT therefore sought to further reconfirm a number of priorities for the coming year, alongside agreeing the process for prioritisation of the residual available funding, which will be confirmed once the final spend values for a range of these schemes in the 2023/24 financial year is known.
16. The table below shows a draft plan for the 2024/25 discretionary capital funding therefore, considering items which the Trust has recently reconfirmed its priority to deliver, along with that currently proposed as the "top slice" for funds which allows the Trust to progress with smaller less complex schemes.

	£m
2024/25 Net Discretionary Capital Allocation	5.46
Scheme	
Previously committed and re-confirmed as priorities:	
Dolgellau - estimated revised max spend based on tendered costs	0.90
Llangunnor - current estimate of likely 2024/25 spend	0.50
North CCC: Ty Elwy - current updated maximum spend	0.50
Clinical Equipment Asset Management System	0.11
Top slices 2024/25:	
Estates (inc fees)	0.45
Digital	0.30
Fleet	0.25
Project / staff costs	0.18
Total	3.19
Balance remaining - 2024/25	2.27

17. This would then leave a minimum residual value of c£2.3m to commit from the Trust's discretionary funding for the 2024/25 financial year, in the updated plan being progressed via an ongoing prioritisation exercise and which will be confirmed and finalised as soon as possible after the 2023/24 financial year end. Schemes being proposed include the following:

- a. Bangor fleet workshop replacement;
- b. Enhancements and improvements to Monmouth station;
- c. A replacement for a number of mobile devices;
- d. A potential to reconfigure and rationalise some call centre estate within the Swansea area, and
- e. Further enhancements linked to the Trust's Decarbonisation Action Plan.

18. Work is however also progressing through the above groups and Boards to ensure cases are available for additional capital schemes; it is envisioned that the schemes which are unable to be progressed at this stage will be held in reserve should further monies become available throughout 2024/25 and beyond.

19. On top of the above, there are other schemes such as Swansea Ambulance Station & MRD, Llanelli, Newport, and Llandrindod Wells Ambulance Stations, which will all likely be submissions as part of the All Wales Capital Programme funding BJC and business case process.

Annex 1

Savings Performance by Scheme 24-25		
Scheme	PLAN 24/25	
	Recurring	Non Recurring
	£000	£000
Accident Repair	80	
Apprentice Income		200
Balance Sheet Flexibility	200	
End of Shift Overrun	250	
Fuel (forecourt price saving against budget)	150	
Fuel (swipe, chip & pin and reduction in misfuelling etc)	100	
Income Schemes	140	
Interest Receivable	300	
MS Office VAT Rebate		300
Non Pay Local Schemes - Corporate	600	
Non Pay Local Schemes - Operations	514	
Pay Cost Management (Variable / Net Vacancies) - Operations	1,312	
Pay Vacancy Management - Corporate		2,275
OVERALL TOTALS	3,646	2,775



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

AGENDA ITEM No	8
OPEN or CLOSED	Open
No of ANNEXES	1 (2)

INITIAL 2024/25 REVENUE BUDGET

MEETING	Finance & Performance Committee
DATE	19 March 2024
EXECUTIVE	Executive Director of Finance and Corporate Resources
AUTHOR	Jason Collins, Head of Financial Management
CONTACT	Jason.Collins@wales.nhs.uk

EXECUTIVE SUMMARY

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2024/2025 is translated into delegated budgets, the key assumptions made and any remaining choices required in doing so.
2. Following the requested approval of this initial 2024/25 budget and then onward for Trust Board approval to be held on 28th March 2024, as in previous financial years, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2024/25 budgets, in accordance with the Trust's Standing Financial Instructions (SFIs). These meetings will take place as early in Q1 2024/25 as practically possible.
3. In accordance with the SFIs, annual budget setting and IMTP timetable, budgets for the 2024/25 financial year have been produced within the framework of the Trust's anticipated resource envelope.

RECOMMENDATION: - Finance & Performance Committee are asked to:

- **Endorse** the initial 2024/25 revenue budget, building on the WAST Financial Plan included in the IMTP and then recommend it for onward approval at Trust Board on 28th March 2024.

KEY ISSUES/IMPLICATIONS

1. The current planned resource envelope (planned income) for the Trust for the financial year 2024/25, as per the financial plan within the IMTP, totals **£289.8m** of which £277.0m is via (former) EASC commissioned services (£237.0m is planned EMS, £29.3m is Ambulance Care and £10.7m for 111 related services), £7.0m from other NHS Welsh Organisations, £4.6m from Welsh Government (WG) and £1.2m from other sources, of which £0.6m is assumed to be delivered via WAST Savings programme.
2. Key elements of planned income includes that the additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 3.67% uplift provided to Health Boards in the 2024/25 NHS Wales Allocation Letter issued on 19th December 2023, applied to all of the Trust's key commissioning agreements. On top of this an element of additional funding (£0.45m) specifically ringfenced in the above allocation for additional energy costs support for WAST. No income (or expenditure) assumptions have been included for the 2024/25 pay deal, as values are currently unknown, although Welsh Government (WG) have advised this will be fully funded and hence cost neutral.
3. Core initial operating revenue budgets for 2024/25 for Pay, Non Pay, plus any profit on sale of assets, interest payable and receivable and depreciation totals **£295.6m**. This recognises the full year impact of 2023/24 developments and brought forward cost pressures as well as inflation pressures and unavoidable cost pressures for 2024/25. As noted, no expenditure assumptions have been included for the 2024/25 pay deal and costs are assumed as fully funded and hence cost neutral. Also excluded in this opening financial plan are costs relating to any proposed banding change for EMT / technician level, costs emerging from the recommendations of the Manchester Arena Inquiry and costs associated with the recently submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants as these areas will need to be subject to separate business cases for funding consideration. WAST savings programme has identified £5.8m from its operating revenue budgets and hence budget will be set at **£289.8m**, providing **an opening balanced financial plan for 2024/25**.
4. The initial savings requirement for the 2024/25 financial year within the balanced financial plan is **£6.4m** of which £0.6m is income related and £5.8m from operating revenue budgets. Themes and schemes have been identified to this value and their continued development, delivery and monitoring of their performance will be via the Financial Sustainability Programme. Finance & Performance Committee (F&PC) will be provided with regular monitoring of the savings plan via its normal Financial Reporting papers and agenda items.

5. Key risks and issues identified in the financial plan include the need to ensure full recovery of all the updated income assumptions via commissioners, delivery of a £6.4m savings target as a minimum and the control of increasing costs such as enhancements that were put in as a result of the COVID-19 pandemic, a cost of living crisis, and continuing service and demand pressures, including that resulting from the ongoing challenges and levels of hospital handover delays.

REPORT APPROVAL ROUTE

Final financial plan to be presented to Trust Board on 28th March 2024 as part of IMTP submission.

REPORT APPENDICES

Appendix 1 includes the detail and narrative to support the Financial Plan for 2024/25. This includes two annexes of:

- Annex 1 – Savings Schemes
- Annex 2 – Directorate Revenue Budgets

REPORT CHECKLIST

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

WELSH AMBULANCE SERVICES NHS TRUST

INITIAL 2024/25 REVENUE BUDGET

SITUATION / BACKGROUND

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2024/2025 is translated into delegated budgets, the key assumptions made, and remaining choices required in doing so.
2. Following the approval of the initial 2024/25 budget, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2024/25 budgets, in accordance with the Trust Standing Financial Instructions (SFIs).
3. A final financial plan for 2024/25 will be presented to Trust Board and included in the IMTP on the 28th of March 2024. The revenue elements of this paper are consistent with that contained within the current IMTP financial plan and hence forms the basis of the revenue budget for 2024/25 with a recommendation to the Finance & Performance Committee for endorsement.

ASSESSMENT

4. In accordance with the SFIs, annual budget setting cycle and IMTP timetable, budgets for the 2024/25 financial year have been produced within the framework of the Trust's anticipated resource envelope.

KEY INCOME ASSUMPTIONS

5. As detailed in the updated financial plan, the current WAST planned resource envelope for the 2024/25 financial year is currently **£289.8m**, summarised in the table below.

Income Sources	£m	£m
<i>EASC / WHSSC</i>		
EMS	237.0	
Ambulance Care	29.3	
111	10.7	
<i>Total EASC / WHSSC</i>		277.0
<i>Welsh NHS Organisations</i>		
Ambulance Care Services	2.9	
EMS Services	2.7	
Other	1.4	
<i>Total Welsh NHS Organisations</i>		7.0
<i>Welsh Government</i>		
HART / CBRN / SORT	3.2	
PIBS	1.0	
Mental Health & Dementia	0.4	
<i>Total Welsh Government</i>		4.6
<i>Other Income</i>		
Savings Targets	0.6	
Other Sources	0.6	
<i>Total Other Income</i>		1.2
Total Income Assumptions		289.8

“Core” (former) EASC / future JCC income

6. As can be seen above, the biggest single funding source to the Trust is via (former) EASC and current assumed income for 2024/25 is currently of **£277.0m** with £237.0m for EMS related services, £29.3m for Ambulance Care and £10.7m for 111 services (with this element transferred to “EASC” / the new Joint Commissioning Committee (JCC) in 2024/25 where in 2023/24 was funded via Aneurin Bevan Health Board as main commissioner):

EMS Income baseline changes for 2024/25 includes the following:

- £8.0m for the 3.67% growth uplift;
- £12.4m for the recurrent cost of 2023/24 pay awards that was funded direct by WG;
- £0.5m for additional energy support costs and £0.3m for strategic depreciation support as identified in the NHS Wales Allocation Letter issued on 19th December 2023;
- c£3.5m of funding for the cost to support the Grange University Hospital inter transport service which, whilst funded specifically by ABUHB, the funding for which

flows through to the Trust via this route. This service provision has reduced which has resulted in the income baseline reducing by c£1m for 2024/25 with a corresponding reduction in expenditure budgets;

- Funding is also assumed to continue to flow from Welsh Government (WG) to EASC / JCC for the 2024/25 cost estimates of delivering the Emergency Services Mobile Communications Programme (ESMCP) & airwave extension costs;
- All other income values in the 2023/24 baseline are assumed to rollover into 2024/25.

Ambulance Care Income baseline changes for 2024/25 includes the following

- £1.0m for the 3.67% growth uplift;
- £1.7m for Transfer of Services from NHS Health Boards (£1.1m from Powys Health Board and £0.6m from Cwm Taf Health Board);
- All other income values in the 2023/24 baseline are assumed to rollover into 2024/25

111 Income baseline changes for 2024/25 includes the following

- As noted for 2024/25, 111 services income is now passed through EASC / JCC, where in 2023/24 this was funded via Aneurin Bevan Health Board as its main commissioner;
- Opening income value is £10.3m and then £0.4m for the 3.67% growth uplift for 2024/25 resulting in an initial income budget value of £10.7m. Discussions continue with commissioners over the full funding required to deliver this service.

2024/25 Income from other Welsh NHS Organisations

7. The main items included here are as follows:

- Ambulance Care income of £2.9m includes of £0.7m for Velindre NHS Trust of which funding cannot flow via EASC as it's a not a Health Board, £0.7m for Renal Transport Services commissioned locally via Betsi Cadwalader Health Board, £0.2m of recharged costs to WHSSC for renal transport costs and then a mix of local Health Board commissioned services provided by Urgent Care Services (UCS) functions such as Neo Natal Transport and Ambulance Care local support to capacity demands totalling £1.3m;
- Locally commissioned EMS services include services such as prompt cardiac transport, dedicated discharge services, APP support to primary care services, FALLS support services and neonatal clinical transport total £2.7m;

- Other health board income totals £1.0m and includes fleet maintenance income, rental income from WAST Estate, provision of Occupational Health Services, operational CPD income support and external secondments.

Income from Welsh Government

8. Included here are the following:

- Income from WG includes directly funded services for Hazardous Area Response Team (HART), Special Operations Response Team (SORT) and Chemical, Biological, Radiological and Nuclear (CBRN) totalling £3.2m;
- WG also provide support for the cost of Personal Injury Benefit Cases (PIBS) to which a corresponding expenditure budget has been set, thus assuming overall neutrality to WAST. Value assumed at the outset of 2024/25 is £1.0m;
- No additional income has been included currently for 'technical adjustments' of Depreciation and Impairments above baseline (baseline depreciation is funded via EASC contracts and for 2024/25 the value is £15.3m). Any additionality is invoiced on actual values as the year progresses. Corresponding expenditure budget has been set at the same baseline value, so any fluctuation is cost neutral;
- WG also provide funding to support WAST activities for mental health and dementia totalling £0.4m.

Other Income

9. Other income includes:

- £0.6m of the £6.4m savings target for 2024/25 and this includes £0.2m for apprentice income and £0.3m VAT recovery challenge as part of an overall NHS Wales reclaim and £0.1m for other income increases;
- £0.6m from other income sources include Ambulance Care provision provided to English NHS organisations, Compensation Recovery Unit (CRU) for Road Traffic Accidents, Welsh Universities for Paramedic Training and Operational Cover at Sports Events.

OPENING REVENUE BUDGETS

10. The Trust is required to set expenditure budgets within the total resource income available, and which are set to achieve financial balance in line with the Trust's SFIs, statutory break-even duty that align to the operational delivery plans of the organisation. From a high-level budget setting perspective, the financial plan for 2024/25 is summarised below.

	Opening Budgets 24/25 £m	Planned Savings £m	Revenue Set Budgets 24/25 £m
Income	-289.133	-0.640	-289.773
Operating Expenses	281.148	-5.481	275.667
Profit on Disposal	-0.445		-0.445
Interest Payable	0.100		0.100
Interest Receivable	-0.500	-0.300	-0.800
Depreciation and Impairments (Baseline)	15.251		15.251
Total Expenditure	295.554	-5.781	289.773
Planned Budget Surplus (-) / deficit	6.421	-6.421	0.000

11. The Operating Expenses line is where the main Divisional and Directorate budgets will be delegated within, primarily split between pay and non-pay budgets. Whilst a key budget setting principle is that such budgets are initially set based on the recurring "rollover" position from the 2023/24 budget, the current and future expected expenditure against each of the existing budgets has been scrutinised in detail as part of the budget setting process.

Pay

12. The pay budget for 2024/25 has been set based on the following assumptions.

13. NHS pay award rates for the 2024/25 financial year are currently unknown and therefore pay scales have been set at 2023/24 pay rates. Overall directorate budget control totals will manage the pay progression up spinal points together with attrition salary differences and mostly vacancies have been set at entry point of scales. The following other key assumptions have been made:

- Funded whole time equivalents (WTEs) are rolled over from 2023/24 and flexed for their full year impacts in 2024/25 including any skill mix changes;
- Pay costs include estimated staff costs for cost pressures in relation to service and system pressures and delivery of commissioning intentions, in line with that included within the IMTP financial plan;
- Budgets for the main variable cost elements of overtime, enhancements and overrun will be broadly set on a mix of roster relief calculations for 2024/25 and forecast outturn position for 2023/24.

14. The plan provides that £0.180m of pay costs will be capitalised to support the development of the 2024/25 capital schemes with a corresponding requirement being highlighted against the discretionary capital allocation for 2024/25.

Non-pay, technical items and contingency

15. Non pay budgets for 2024/25 will be set taking into consideration the existing budget levels together with 2023/24 forecast expenditure outturn. Recognition of inflation uplifts on certain non-pay expenditure budgets at c3%-3.2% will be applied but there is an expectation that some of this will be required to be met within directorate core budgets and saving schemes. Revenue cost increases of the 2023/24 approved capital business cases have also been funded as part the 2024/25 budgets and these are predominately around fleet and estates, again fully in line with that included in the IMTP financial plan.
16. Non pay budgets will include full year impact of those unavoidable cost pressures from the 2023/24 financial year and those identified for the 2024/25 financial year.
17. As noted in pay budgets, a similar approach for non-pay costs will apply and budgets will include estimates for cost pressures in relation to service and system pressures and delivery of commissioning intentions.
18. As per previous years a contingency budget is included and the 2024/25 value proposed is £1.0m.
19. For the 2024/25 financial year, the opening profit on asset disposal budget is £0.445m. This includes the sale of vehicles, obsolete and replaced equipment.
20. Interest receivable budget brought forward from 2023/24 was £0.5m but due to the significant increase in interest rates now received on government and commercial accounts then an estimated recovery of an additional £0.3m has been included as part of the savings programme. Hence proposed budget for 2024/25 is £0.8m. Interest payable budgets have been 'rolled over' at 2023/24 values.
21. Depreciation and impairment budgets correspond with an income budget totalling £15.3m. This does not include any additionality in depreciation or indexation planned for 2024/25 and when this figure is available any impact will be cost neutral as these areas are assumed as 'ring fenced' allocation by Welsh Government with under spends clawed back and agreed increases because of capital investments funded, therefore assumption is no under or overspends in this area during the 2024/25 financial year.

Unavoidable Cost pressures, System Pressures and Commissioning Intentions

22. Further to that included in the pay and non-pay budgets sections of this paper then below summarises the main components included in the 2024/25 financial plan for the unavoidable cost pressures, system pressures and commissioning intentions;

	2024/25 £m
FYE / cost pressures / in year 2023/24 <i>(to include PTR team, EMSC staffing, SPs, FSP infrastructure)</i>	1.6
Unavoidable cost pressures from 2023/24 (covered non recurring in year):	
Covid inquiry and recommendations	0.5
Final pension costs	0.5
Increasing fleet maintenance linked to reduced capital funding / aging fleet	1.0
Estates backlog maintenance (recent limited assurance IA)	0.5
Pentrox replenishment	0.3
Impact of capital schemes	0.3
Costs held in year due to income variations / reductions	0.4
2024/25 inflationary and unavoidable cost pressures:	
2024/25 Non Pay Inflation	1.8
Additional WRP contribution	0.1
Vehicle Fumes - Monitoring	0.1
New waste legislation 2024/25	0.2
Medicines management staffing	0.1
111 staffing - to be finalised with Commissioners and currently linked to 111 uplift	0.4
Cost pressures relating to service and system pressures, including the impact of handover delays, plus delivery of commissioning intentions. This includes:	4.2
- Additional remote clinical triage - CSD staffing - c23 WTEs	
- Clinical navigation	
- Maximising the value of APPs previously trained - 16 WTEs	
- Additional clinicians to support "shift left" / reduced conveyancing - c16 WTEs	
- Potential NEPTS impact following strategic review	
- Support costs to deliver the above	
Additional senior clinical leadership (in part to support the above)	0.3
Additional digital costs, including e timesheets, robotics, cyber security	0.4
Additional organisational and corporate costs to support the above	0.5
<i>(inc NEPTS efficiencies and roster review, Freedom to speak up, WL compliance and greater regionalisation)</i>	
Other 2024/25 cost pressures	0.3

SAVINGS AND EFFICIENCIES

23. A key part of the financial plan, and which therefore also needs to be reflected in the budget setting, is the savings target for 2024/25. As above, this is currently £6.421m of which themes and schemes have been identified to this value and these are included in **Annex 1**.
24. This value equates to c2.2% of WAST baseline and is a further stretch than the £6m planned and is forecast to be delivered in the 2023/24 financial year.
25. Financial Sustainability Programme and workstreams will have oversight of the savings target and the schemes delivery and monitoring. Finalisation of the profile of savings over the financial year by month is currently being worked through prior to its reporting in the Minimum Data Set (MDS) that will be submitted in conjunction with the IMTP.

26. Key risk is the ability to deliver this value and manage any other in year cost pressures as they arrive, within the small contingency this financial plan continues to hold. Despite this, in the current environment this remains a challenging target, the size of which proportionality is not out of the range being suggested by large parts of the rest of the NHS in Wales. There is also a clear track record of recent achievement within WAST.
27. Further development of the detailed plans and delivery and monitoring of the achievement of this will be via the Financial Sustainability Programme, through to the Strategic Transformation Board. Finance & Performance Committee (F&PC) will also be provided with monitoring of the savings plan via its normal financial reporting reports that are also provided to ELT, Trust Board and externally to Welsh Government and Commissioners.

Initial Directorate Budgets

28. **Annex 2** therefore provides a summary of much of the above and how these translate into proposed opening 2024/25 revenue budgets by Directorate. Due to the continuation of work on some service and system pressures most of these budgets are currently held in reserves and will be rolled out to directorate budgets when some of this unavoidable spend is incurred. This is however expected to be included in final budget values to be discussed in budget meetings planned with CEO, Director of Finance and Corporate Resources and each delegated Executive Director budget holder, for final agreement and formal sign off, as required by the Trust's SFIs.

Key risks

29. No financial plan, or resulting budget set is risk free. The main risks that will need close monitoring and mitigating actions through the upcoming financial year, as highlighted within the IMTP financial plan, include:
- The recovery of all of the income assumptions this balanced financial plan now makes, in particular ensuring the commitments and elements supported within the EASC / JCC IMTP are fully delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;
 - No other developments, enhancements or cost increases not currently funded within budgets will be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere;
 - The ability to deliver a minimum of c£6.4m in savings and efficiencies in year. This equates to c2.2% of the Trusts discretionary income;
 - Despite an element of additional funding provided, some cost elements are still hard to predict through the coming 13 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2024/25 to manage any such variations;
 - That the upcoming proposed changes in commissioning have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services, etc;
 - That the profile and pattern of additional unavoidable spend in year is as currently projected, with any significant variances to this being able to be managed in year whilst ensuring maximum value, and

- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

RECOMMENDATION:

30. Finance & Performance Committee are asked to:

- **Endorse** the initial 2024/25 revenue budget, consistent with the financial plan contained within the IMTP, and recommend it for onward approval at Trust Board on 28th March 2024.

Savings Performance by Scheme 24-25		
	PLAN 24/25	
Scheme	Recurring	Non Recurring
	£000	£000
Accident Repair	80	
Apprentice Income		200
Balance Sheet Flexibility	200	
End of Shift Overrun	250	
Fuel (forecourt price saving against budget)	150	
Fuel (swipe, chip & pin and reduction in misfuelling etc)	100	
Income Schemes	140	
Interest Receivable	300	
MS Office VAT Rebate		300
Non Pay Local Schemes - Corporate	600	
Non Pay Local Schemes - Operations	514	
Pay Cost Management (Variable / Net Vacancies) - Operations	1,312	
Pay Vacancy Management - Corporate		2,275
OVERALL TOTALS	3,646	2,775

Annex 2

Opening Revenue Budgets 2024/25							
	Income Budgets			Pay & Non Pay Budgets			
	Core Budgets	Savings to Directorates	Opening Budgets	Core Budgets	Savings to Directorates	Opening Budgets	Net Opening Budgets
	£000	£000	£000	£000	£000	£000	£000
Chief Executive Directorate	0	0	0	1,858	-139	1,719	1,719
Board Secretary	0	0	0	495	-36	459	459
Partnership & Engagement	0	0	0	628	-46	582	582
Operations	-9,084	0	-9,084	211,333	-2,601	208,732	199,648
Finance & Corporate Resources	-1,614	-300	-1,914	38,710	-1,050	37,660	35,746
Planning & Performance	0	0	0	2,576	-83	2,493	2,493
Quality, Safety and Patient Experience	-425	0	-425	6,994	-479	6,515	6,090
Digital Directorate	-23	0	-23	15,461	-508	14,953	14,930
People & Culture	-657	-200	-857	6,189	-389	5,800	4,943
Medical & Clinical	-29	0	-29	3,742	-250	3,492	3,463
Trust Core Income	-276,951	0	-276,951	0	0	0	-276,951
Reserves	-350	-140	-490	7,568	-200	7,368	6,878
TRUST TOTAL	-289,133	-640	-289,773	295,554	-5,781	289,773	0



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

AGENDA ITEM No	10
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

Financial Sustainability Programme Position Paper

MEETING	Finance & Performance Committee
DATE	19 March 2024
EXECUTIVE	Angela Lewis, Director of People and Culture Chris Turley, Executive Director of Finance & Corporate Resource
AUTHOR	Gareth Taylor, Project Manager
CONTACT	Email: gareth.taylor3@wales.nhs.uk

EXECUTIVE SUMMARY

1. This paper sets out the Quarter 4 interim position for the Financial Sustainability Programme and highlights key areas of progress against key schemes within Achieving Efficiency and Income Generation.
2. As of the end of M10 FY2024/25, there is an over performance of £655,000 against the established planned total (YTD) of £5.028m, with a cumulative total of £5.683m. It is expected that the forecast total by Year End will deliver a break-even position, and a reduced cumulative total when accounting for upcoming Year End expenditure.
3. As noted in the November 2023 and January 2024 Finance & Performance Committee updates, work has been ongoing to identify and plan for 2024/25 and beyond and are outlined in this paper. Based on the 2% savings requirement from Welsh Government (of total turnover), £6.4m of potential savings opportunities have been identified, and earmarked for delivery in 2024/25.

RECOMMENDED: The Finance & Performance Committee are asked to note the Q4 interim position of the Financial Sustainability Programme.

REPORT APPROVAL ROUTE		
WHERE	WHEN	WHY
FSP Lead Executives	16/02/2024	For Noting
Finance & Performance Committee	19/03/2024	For Noting

REPORT APPENDICES
None

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

1. Context

- 1.1. This paper sets out the Quarter interim 4 position for the Financial Sustainability Programme and highlights key areas of progress against key schemes within Achieving Efficiency and Income Generation.
- 1.2. A targeted savings target of £6m was set for the 2023/24 financial year, a £1.7m uplift on 2022/23. To achieve this, the organisation took steps to identify a greater range of savings and income schemes via the Financial Sustainability Programme.
- 1.3. The challenging financial climate within the public sector continues the need for all public sector organisations to deliver sustainable recurrent savings especially based on reducing costs. As a result, the savings target (2% of turnover, set by Welsh Government, increases to £6.4m for 2024/25
- 1.4. The Q3/Q4 interim report noted work had begun (earlier than previous years) to identify potential areas of savings ahead of the new financial year.
- 1.5. The result is a set list of potential areas to work on in 2024/25, grouped into themes to manage new ideas as they come forward.
- 1.6. While there is an evident overperformance against the established 2023/24 savings target, there has been an opportunity to scope and assess the challenges that presented over the year, along with opportunities to learn and mitigate as we head into a new financial year.
- 1.7. As a long-term workstream, the FSP will continue to evolve as outlined later in the paper.

2. Current Areas of Focus

- 2.1. During FY2023/24, Achieving Efficiency has focussed on four key areas of delivery.
 - **Service and Provision Reviews:** This area looks to provide an evidence-base for long-term efficiency across the organisation by undertaking an audit of Administrative and Support Staff provision, and an audit of Service provision across the organisation which will establish the basis for an annual review process.
 - **Short-term Efficiency Savings:** Identify, scope, and deliver opportunities for cash-related savings in the short-term, contributing to the FY23/24 financial savings target.

- **Long-term Efficiency Savings:** Identify, scope, and deliver opportunities for long-term cash-related savings, contributing to targets beyond the FY23/24 financial savings target.
- **Process Efficiencies:** Identify, scope, and deliver opportunities for non-cash-related savings opportunities.

2.2. Income Generation is currently focussing on three key areas of delivery,

- **Income Generation Schemes:** *Scope and deliver 'small-wins' to support the delivery FY23/24 financial savings target.*
- **Commercial Structures and Long-Term Planning:** *Scope potential dedicated structure for delivery and oversight of commercial opportunities beyond 23/24 and to support long-term financial sustainability.*
- **Commercial and Financial Mindsets – Training and Development:** *Explore opportunities for commercial and business training and embed a culture of commercial capability across the organisation.*

3. Achieving Efficiency

3.1. Administrative and Corporate Roles Review, and Service Review Update

- 3.1.1. The area focusses on the two in-depth reviews commissioned to assess the efficiency and effectiveness of current provision and structures within WAST and identify opportunities for efficient change.
- 3.1.2. As noted in the November update, ADLT are currently taking forward recommendations from the Administrative and Corporate Services Review and have developed a 22-point Action Plan accordingly, which
- 3.1.3. To maintain an additional level of scrutiny, this Action Plan currently provides continued updates into the Financial Sustainability Programme via the Achieving Efficiency workstream.
- 3.1.4. The Service Review is underway and at time of writing, the initial data collection exercise has been completed, and discussion packs circulated.

3.2. Short Term Savings Opportunities

- 3.2.1. Progress within this key area has included 'short-term' wins (including a deep dive into Fuel Efficiencies and consumables spend). While the Consumables pilot has now completed with satisfactory results, the

ongoing delivery of savings will transition into the relevant operational areas.

- 3.2.2. Working with AllStar, fuel spend hotspots were identified and a baseline determined as of September 2023. A Task & Finish Group developed a communications plan complete with material provided by internal and external partners. The work has transitioned into BAU with continued monitoring, and targeted saving set within the 2024/25 plan.
- 3.2.3. Following the lease and hire car audit mandated by the Achieving Efficiencies Group, work has both mitigated potential areas of Trust Risk surrounding the use of lease and hire cars, and reduced avoidable spend. A new process for requesting vehicles was also implemented in November 2023. Following the transition of this work back to BAU, further income generation opportunities are currently being scoped into the new year.

3.3. Long Term Savings Opportunities

- 3.3.1. As per the January update, capacity remains an issue. The Digital team presented an options paper to ELT on the 13th December 2023. The proposal included an outline of the Robotics and Process Automation delivery structure, a request form for potential processes being submitted for automation, and a proposed panel for approving the processes submitted for automation. The delivery of this structure is based upon adequate resource availability.

3.4. Process Efficiencies

- 3.4.1. Process efficiencies are often a by-product of pursuing financial savings opportunities. Efficiency recommendations from both reviews, as well as the processes automated by the Robotics and Process Automation Scheme will all be recorded as non-cash related benefits in 24/25. Currently, recommendations from the administrative and corporate services review are being actioned via ADLT, while the outcomes from the Service Review will be actioned throughout 2024/25.
- 3.4.2. Minor process changes already delivered in 2023/24 include a renewed process around Hire & Lease Cars, automated stock replenishment (due to be fully rolled out in 2024/25 and 2025/26, and improved awareness of fuelling processes.

4. Income Generation

4.1. Commercial Structures and Long-Term Planning

- 4.1.1. In May 2023, it was raised at a meeting of the FSP Governance Group that the income generation schemes delivering to date were largely market-reliant scheme, while proposed ideas were often deemed non-viable based on several reasons. The common themes were collated via a deep-dive and presented to STB on the 18th of September.
- 4.1.2. The ask from the Deep Dive was to present an options appraisal, during the Executive Team Away Day on the 6th of December 2023. This included a proposal paper outlining four potential commercial options, and a case study presented by North-East Ambulance Service.
- 4.1.3. Following the Executive Team away day there was a request to undertake a market analysis of opportunities in the commercial sector, and at time of writing a preferred bidder is due to meet with FSP Stakeholders in February to prepare a review of requirements by Year End.

4.2. *Income Generation Schemes*

- 4.2.1. As noted in the commercial update, the focus since last reporting period is to focus attention delivering a comprehensive market intelligence report, ahead of new scheme proposals in the new financial year.

4.3. *Commercial and Financial Mindsets – Training and Development*

- 4.3.1. Discussions at STB have acknowledged changes required and identified the need to do more to embed a commercial mindset in a public sector organisation like WAST.
- 4.3.2. Early advice has been sought from Value in Health, Health Trusts, and HEIW around commercial training provision. HEIW is due to provide some example materials, and this will support an appropriate development programme.
- 4.3.3. Further development in this area will follow the completion of the work around commercial structures in Q4.

5. Challenges and Lessons Learnt

- 5.1. The Financial Sustainability has evolved over the last 18 months, and awareness among WAST colleagues of the significance of sustainability and efficiency has been supported by several key workstreams.
- 5.2. The Financial Sustainability Programme has been successful in delivering an appetite for change, evidenced by the number of schemes that have been proposed, and while many have been deemed non-viable, it is

positive that innovation to drive sustainable change is evident among colleagues.

- 5.3. As the programmes sets its objectives for 2024/25, it is important to note the challenges faced and lessons learnt. These include,
 - 5.3.1. Recognising the need for resource. Both financial sustainability workstreams operate as a forum for innovation, bringing forth new ideas and opportunities. It was evidenced in the September deep-dive (and remains important to consider with the ongoing commercial work) is the impact these innovations have on capacity of the teams whose responsibilities it will be to deliver schemes deemed viable.
 - 5.3.2. Maintaining lines of communication outside the remit of FSP. It was noted that the process in place for scheme submission and initial scoping, allowed for key potential stakeholders within the host directorate to be omitted from progress updates. This will be mitigated by a new process around scheme and idea submission as we head into the new financial year.
 - 5.3.3. Reporting lines and structural governance. It was noted that following the initial scoping or project initiation, the role of the FSP is limited regarding to certain schemes. Queries have been raised around the need for schemes to continue reporting into the relevant FSP workstream for assurance or noting purposes only. It is crucial the FSP maintains some lines of communication in order to record benefits and outcomes, however on occasion it has been noted that certain schemes are providing assurance to multiple forums. This will be mitigated in 2024/25 by agreeing responsibilities beyond Phase 1 (Scope) and Phase 2 (Plan) when schemes move into Phase 3 (Deliver).

6. 2024/25 Planning

- 6.1. As of February 2024, a draft £6.4m savings plan has been produced, based on the 2% target set by Welsh Government. Broken into themes, £6.4m in potential savings and income has been identified across key areas such as Fleet, Workforce Efficiencies & Transformation, Fuel Expenditure, Vacancy Management, and other local non-pay schemes.
- 6.2. As noted in Section 5, work is also ongoing to adapt the Financial Sustainability Programme to address changes in process and natural evolution over the last financial year.
- 6.3. As well as the changes to scheme reporting and idea submission, a revamped communications plan will be implemented including a host tile

on Siren, complete with relevant documents, scheme submission portal, scheme successes, and relevant FAQs.

- 6.4. As per the draft IMTP, the FSP will continue to target the same key areas (listed above in Sections 3 & 4) as reported over the last financial year.

7. Financial Progress

- 7.1. As of the end of M10 FY2024/25, there is an overperformance of £655,000 against the established planned total (YTD) of £5.028m, with a cumulative total of £5.683m. It is expected that the forecast total by Year End will deliver a break-even position, and a reduced cumulative total when accounting for upcoming Year End expenditure.

- 7.2. Schemes in the table below are RAG Rated against the following justification.

Current Schemes – Tracked Savings

- Green Schemes – Meeting or Exceeding Planned financial target
- Amber Schemes – Below financial Plan but meeting forecast target and now on-track
- Red Schemes - Below financial Plan, Forecast target and off-track
- Grey – not yet commenced

	Annual	In Month			Cumulative			Forecast			RAG
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	
Accident Repair	20	3	1	-2	14	10	-4	20	16	-4	
Acting Up Allowances	11	6	6	0	6	6	0	11	11	0	
Apprentice Income	350	29	0	-29	292	66	-226	350	66	-284	
Asset Disposal (Defib)	225	25	25	0	175	175	0	225	225	0	
Balance Sheet support	200	20	20	0	160	160	0	200	200	0	
CSD - ECNS Non Pay	20	2	2	0	18	27	9	20	29	9	
Decarb	2	0	0	0	2	2	0	2	2	0	
End of Shift Overrun	30	3	14	11	24	214	189	30	235	206	
Fuel (forecourt price saving against budget)	306	15	18	3	266	430	164	306	465	159	
Fuel (swip, chip & pin and reduction in misfuelling etc)	33	5	2	-2	24	17	-7	33	24	-9	
FYE of 22/23 VERS	66	7	7	0	52	52	0	66	66	0	
Intelligence Routine Platform	100	0	70	70	0	90	90	100	109	9	
Interest Receivable	500	30	38	8	440	732	292	500	807	307	
MS Office VAT Rebate	250	36	0	-36	180	0	-180	250	0	-250	
Net - Vacancy Management (111 EASC-funded and non frontline)	27	0	0	0	27	27	0	27	27	0	
Net - Vacancy Management (CSD and non frontline)	120	0	0	0	120	118	-2	120	118	-2	
Non Pay Local Schemes	530	31	20	-11	483	425	-58	530	450	-80	
Other local schemes - Non Pay (Travel etc)	26	2	9	6	21	34	13	26	38	13	
Overtime	254	28	56	27	198	389	191	254	500	246	
Private Providers	250	21	21	0	210	210	0	250	250	0	
Reduction in variable pay	38	3	3	0	31	31	0	38	38	0	
Stock Control (MSE etc)	50	8	0	-8	35	25	-10	50	40	-10	
Taxi Review	50	4	4	0	37	33	-4	50	46	-4	
Vacancy Management	2,275	161	170	9	1,992	2,152	160	2,275	2,379	104	
Vacancy Management (non frontline)	51	0	0	0	51	55	4	51	55	4	
Vacancy Management (non frontline)	151	10	11	1	131	137	6	151	159	8	
Additional Volunteer Car Drivers	66	5	5	0	40	67	28	66	93	28	
Totals	6,000	453	501	48	5,028	5,683	655	6,000	6,448	448	



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

AGENDA ITEM No	11
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – January/February 2024

MEETING	Finance and Performance Committee
DATE	19 March 2024
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett - Assistant Director, Commissioning & Performance Mark Thomas – Commissioning & Performance Manager Melanie O'Connor - Commissioning & Performance Officer
CONTACT	Hugh.Bennett2@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Melanie.O'Connor@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 **January/February 2024**.

Our response times to 999 callers remains of concern with red 8-minute performance at 49.9% in February 2024 and Amber 1 median at 1 hour and 27 minutes, and we know that this leads to avoidable patient harm. The Trust continues to work on actions within its control to mitigate this risk including, for example, maintaining high levels of production and rolling out the CHARU service fully. Work continues on an action plan to increase our consult and close rates to the target 17%, as this is modelled to have a significant impact on response times.

The Trust lost nearly 24,000 hours to handover in February 2024, and this level of lost capacity is difficult to compensate for, despite all of the actions being taken.

111 performance has broadly stabilised and the service is in a more resilient place than last winter, although there are some impacts as a result of work on implementation of the new CAS system, which takes capacity away for training and has also impacted in the short term on recruitment activities.

Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, with oncology remaining above target and renal performance achieving its target.

The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People & Culture Plan. Sickness absence was 8.89% in January 2024 compared to 9.54% in December 2023. The 23/24 IMTP ambition is to reach 6% but it is unlikely that this will be achieved, with some further scrutiny expected from commissioners.

The Trust continues with its programme of transformation, which is required in order to ensure that patients receive the right care in the right place every time. The Trust is nearing the completion of the strategic EMS Demand & Capacity Review, which simulates what the transformed service model might look like.

RECOMMENDATION

FPC is asked to: -

- **Consider** the January/February 2024 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.
 - b) Whether further information, scrutiny or assurance is required, or
 - c) Further remedial actions are to be undertaken through Executives.

SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **January/February 2024**.

BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -
 - Our Patients (Quality, Safety and Patient Experience);
 - Our People;
 - Finance and Value; and
 - Partnerships and System Contribution
3. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust's plans (Integrated Medium-Term Plan - IMTP) and strategies. A revised set were agreed for 2023/24. All the updates for the revised set have now been completed, with the exception of: a metric on the duty of candour where we will need to determine our own metric whilst national reporting is agreed; completed symptom checkers; and value indicators for 111/CSD – it is likely that this one will be difficult to determine.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

4. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
5. **999** call answering times have improved to 3 seconds in January 2024, therefore achieving the 6 second target. The 65th percentile and median performance remain very good.
6. **111 call answering performance remains broadly stable**, although the call abandonment performance at 6.2% in February was slightly off target. The Trust has almost recruited up to the 198 FTE call handler commissioning control total for 2023/24 with very good levels of production. It should be noted that the Trust is anticipating a reduction in the commissioned level of FTEs next year and discussions are ongoing with commissioners in terms of the impact that this will have on performance. There will also be a short term dip in staffing numbers linked to the imminent 111 CAS go live and the need to re-programme training

capacity away from new recruits and towards the existing workforce on the new system.

7. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 95.8%. Unfortunately, response times for lower priority calls deteriorated and are some way below target. This drop in performance has been affected by a rise in call demand, but also high clinician sickness absence. As with call handling performance, there is likely to be some further deterioration linked to staff abstracted to undertake training for the new system.
8. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for February 2024 was 49.9% remaining below the 65% target. However, as total red demand has increased, so has the actual number of red incidents attended within 8-minutes. The Amber 1 median in February was 1 hour 27 minutes and the Amber 1 95th percentile was 6 hours 51 minutes. These long response times have a direct impact on outcomes for many patients.
9. Factors which affect response times together with actions being taken are set out in the paragraphs below.

Capacity:

- Recruitment: The Trust currently has 95% of commissioned front-line posts in place. This very small vacancy factor compares very favourably with other health care organisations. Recruitment of another cohort of EMTs has been undertaken in Feb-24.
- Some additional funding was made available to pilot the new Connected Support Cymru service in partnership with St John Cymru (SJA). The Trust is also continuing with this project through the volunteer Community Welfare Responders, which is producing some positive early results.

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

- The Managing Attendance Programme continues, delivered through this year's ten-point plan. There was a reduction in overall sickness levels during the middle part of 2023, and although increases have been seen over the past few months, further work is still on-going to reduce to 6% during 2023/24. It is however unlikely that we will meet that target. The Chief Ambulance Services Commissioner has asked for a formal update on the programme at the next EASC Management Group meeting in April 2024.

Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close numbers over the past 12 months, with 4,657 successful consult and close outcomes achieved during February 2024. However, the actual percentage achieved during February 2024 was 13.9%, below the Trust's 2023/24 ambition of 17%. A corrective action plan is in place

including a focus on recruitment and abstractions, but also a new telephony system (interim solution in place), which enables individual clinician activity and performance data. Further capacity will be added to the team over the next 12 months.

Red Improvement Actions

- For Cymru High Acuity Response Units (CHARUs) the aim is to fully populate the CHARU roster keys (153 full time equivalents), with the current estimated staff in post of 127 FTEs. However, recruitment into the more rural parts of Wales is proving problematic. The Clinical Directorate is leading on CHARU recruitment and training, with more scheduled for February 2024 (11 expressions of interest). If this does not prove successful, the Integrated Technical Planning Group (ITPG) will look at whether the Trust can recruit fully qualified paramedics (FQP's) into these vacant posts, recognising that there has to be sufficient vacancies in the EA lines to fund this.
 - Red review. This rapid review of all red calls by a clinician in the CSD is being undertaken within additional resource, when possible, but ideally, as previously identified, would require additional capacity. It is hoped that this can be addressed in the next financial year.
 - A more efficient response logic, which went live on 19 June 2023, is reducing the number of multiple attendances to certain categories of red call, releasing resource to respond to other calls.
 - CHARU utilisation rates, with a focus on aspects of post-production lost hours and data analysis of utilisation and missed reds.
10. One of the key factors in relation to response times is the capacity lost to **handover outside Emergency Departments**. 23,896 hours were lost during February 2024. These levels remain so extreme that all the actions within the Trust's control cannot mitigate or offset this level of loss. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus, with other health boards reporting that they are seeking to learn lessons. This is discussed at each of the EASC meetings and is also a part of the agenda at Health board IQPD meetings with Welsh Government.
11. **Ambulance Care (Patient Experience)**: Oncology performance in February 2024 was 71.28%, hitting the 70% target. Renal performance also remains above target at 73.69%. Advanced discharge & transfer journey booked in advance performance increased compared to the previous month to 85%; however, remains below the 95% target. Overall demand for NEPTS continues to increase but remains below pre-pandemic levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance. Subject to final approval, the Trust is anticipating re-rostering NEPTS transport in 2024/25 which will better align our capacity with demand patterns.

- 12. National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported three NRI's to the NHS Executive in January 2024, a slight increase from the one reported in December 2023; and 16 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In January 2024 complaint response times decreased to 53%, down slightly on the 58% in December 2023, and remaining below the 75% target, with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust is currently recruiting to a new structure for the Putting Things Right (PTR) team, which will increase capacity and leadership.
- 13. Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 77.3% in January 2024, remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) compliance rate decreased to 13.9% in January 2024 compared to 17.6% in December 2023. Work is currently being undertaken to identify the reason for this decline.
- 14.** The Trust is now able to report on call to door times for Stroke and STEMI patients. For January 2024 these highlight call to hospital door times of two hours and 14 minutes for stroke patients and two hours and sixteen minutes for STEMI. Clearly these times are too long and are representative of the longer response times for all calls as a result of the pressures and issues outlined in this report.
- 15.** In February 2024, 8,623 patients **cancelled** their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 460 callers.
- 16.** A formal programme to take forward the transformation of our service model continues. The Trust has proceeded with growing the numbers of APPs this year with the 2023/24 establishment now at 89 FTEs. The current focus is on developing a strategic case for change, which will be supported by the 2023 EMS Demand & Capacity Review. The Trust is anticipating further increasing its APP establishment by a further 32 in 2024/25.

Our People (workforce resourcing, experience, and safety)

- 17. Hours Produced:** The Trust produced 118,349 Ambulance Response unit hours in February 2024, a decrease from the 132,508 produced in January 2024. Emergency ambulance unit hours production (UHP) was 95% in February 2024, achieving the 95% target. Key to the number of hours produced are roster abstractions.

- 18. Response Abstractions:** EMS abstraction levels decreased to 29.95% in January 2024, below the 30% benchmark figure for the first time since the pandemic. EMS Response sickness abstractions stood at 9.79% (benchmark 5.99%).
- 19. Trust sickness absence:** the Trust's overall sickness percentage was 8.89% in January 2024, a slight decrease on the 9.54% recorded in December 2023. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The CASC has requested an update on the programme to the next EASC Management Group.
- 20. Staff training and PADRs:** PADR rates did not achieve the 85% target in February 2024 but have been steadily improving (79.25%). Compliance for Statutory and Mandatory training increased slightly to 77.73%.
- 21. People & Culture Plan:** The Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook a pan-Wales round of CEO Roadshows in November 2023. Feedback from attendees identifies workloads as the main cause of stress and pressure. The next round of CEO Roadshows is in April 2024.

Finance and Value

- 22. Financial Balance:** The reported outturn performance at Month 10 is a surplus of £108,000, with a forecast to the year-end of breakeven.

Summary

- 23.** The indicators used at this high-level highlight that the 111, EMS and Ambulance Care performance are stable; however, 111 and EMS performance are not where the Trust want them to be.

111 has seen a clear improvement in performance over the past 12 months, which is largely being sustained. The Trust and commissioners will need to keep the level of demand under review and determine whether a reduction in capacity will affect performance into next year.

EMS performance has been recognised as problematic for a long time. Transformation of our service offer is a necessity (not an option) for reducing handover lost hours along with handover reduction by health boards. The Trust also needs to continue its focus on core activities like abstractions, production and utilisation.

RECOMMENDATIONS

FPC is asked to: -

- **Consider** the January/February 2024 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.
 - b) Whether further information, scrutiny or assurance is required, or
 - c) Further remedial actions are to be undertaken through Executives.

REPORT APPROVAL ROUTE	
Date	Meeting
11th March 2024	Executive Director Strategy, Planning & Performance
19th March 2024	FPC

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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

Welsh Ambulance Services NHS Trust

Monthly Integrated Quality & Performance Report

January / February 2024

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Annex 1 – Top Indicator Dashboard
Version 1.0
Released: March 2024

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators	Target 2023/24	2 Year Average	Jan-24	Feb-24	RAG	Top Monthly Indicators	Target 2023/24	2 Year Average	Dec-23	Jan-24	Feb-24	RAG
Our Patients						Health & Well-being						
Timeliness Indicators						Sickness Absence (<i>all staff</i>)	6.0%	9.18%	9.54%	8.89%	N/A	R
NHS111 Call Handling Abandonment Rates	< 5%	11.0%	4.4%	6.2%	A	Mental Health Absence Rates	Reduction Trend	2.39%	2.79%	N/A	N/A	R
111 Clinical Triage Call Back Time (P1)	90%	97.6%	98.2%	95.8%	G	Staff Turnover Rate	Reduction Trend	10.26%	9.50%	8.95%	8.83%	A
999 Call Answer Times 95th Percentile	00:06	00:35	00:03	N/A	G	Statutory & Mandatory Training	>85%	79.19%	76.55%	77.13%	77.73%	R
999 Red Response within 8 minutes	65%	50.2%	48.8%	49.9%	R	PADR/Medical Appraisal	>85%	71.32%	78.2%	74.09%	79.25%	R
999 Amber 1 Median	00:18	01:24	01:21	001:27	R	Number of Shift Overruns	Reduction Trend	3816	4020	4289	3944	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	72.7%	73.4%	71.3%	G	Inclusion & Engagement / Culture						
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	84.4%	84.0%	85.4%	A	NEPTS % of Total Calls Answered in Welsh	Increasing Trend	1.2%	1.5%	1.5%	1.7%	A
Clinical Outcomes / Quality Indicators						Value						
Return of Spontaneous Circulation (ROSC)	Increasing Trend	18.2%	13.90%	N/A	A	Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	N/A	G
Stroke Patients with Appropriate Care	95%	77.3%	77.30%	N/A	A	EMS Utilisation Metric (CHARU)	Increasing Trend	31%	29.0%	27.7%	28.0%	R
Stroke Call to Hospital Door Times	Reduction Trend	02:25	2:14	N/A	A	Average Jobs per Shift (All Vehicles)	Increasing Trend	2.40	2.34	2.22	2.22	R
Acute Coronary Syndrome Patients with Appropriate Care	95%	42.7%	31.9%	N/A	R	NEPTS on the Day Cancellations	Reduction Trend	19.6%	22.9%	22.3%	19.6%	A
National Reportable Incidents reports (NRI)	Reduction Trend	5	3	N/A	A	Partnerships / System Contribution						
Can't Send & Cancelled by Patient Volumes	Reduction Trend	10937	10568	10065	A	Inverting the Triangle						
Concerns Response within 30 Days	75%	37.8%	53%	N/A	R	Successful Consult & Close Outcome	17.0%	13.2%	14.1%	14.3%	13.9%	A
Our People						% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.4%	11.88%	12.22%	N/A	A
Capacity						Number of Handover Lost Hours	15,000	23,337	22,756	26,984	23,896	R
Hours Produced for Emergency Ambulances	95-100%	94%	99%	95%	G	NHS111						
						NHS111 Dental Calls	Increasing Trend	6,345	6,971	7,496	6,995	A
						Consult & Close Volumes by NHS111	Increasing Trend	1,090	919	616	800	A

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (*To Be Determined*)

Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators

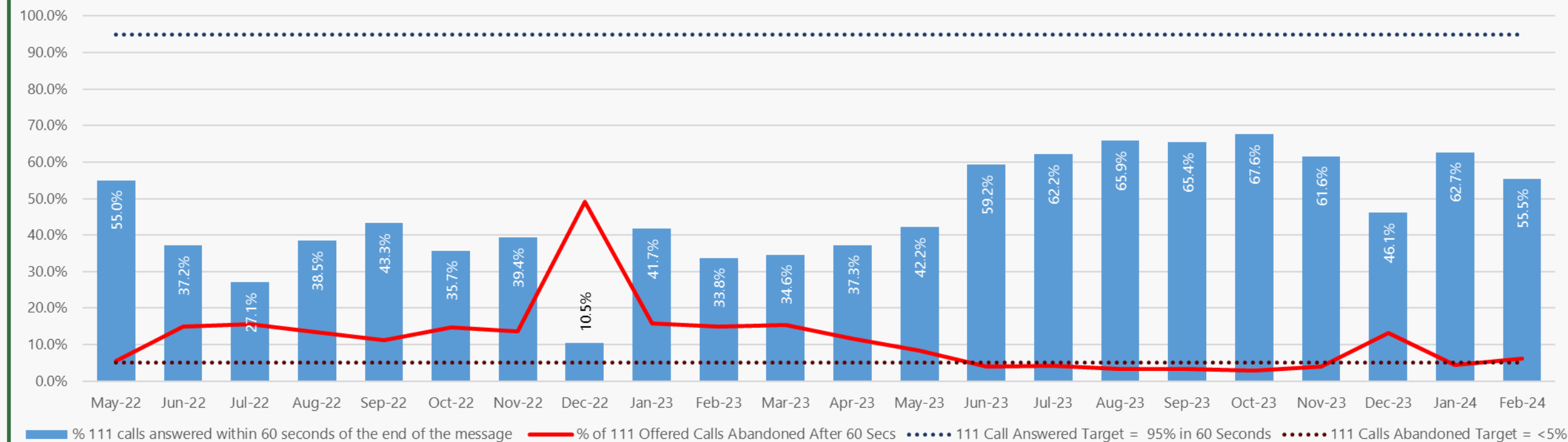
Influencing Factors – Demand and Call Handling Hours Produced

(Responsible Officer: Lee Brooks)

Abandonment Rate
A

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NHS111 Calls Answered vs Calls Abandoned within 60 Seconds



Analysis

The 111-call abandonment rate worsened from 4.4% in January 2024 to 6.2% in February 2024 and failing to achieve the 5% target. This figure is still well below the 14.9% abandonment rate recorded in February 2023 and, significantly, is also below the abandonment rates seen per month in both January and March 2023.

The percentage of 111 calls answered within 60 seconds decreased, from 62.7% in January 2024 to 55.5% in February 2024. Although this remains below the 95% target, it again is an improvement on the 33.8% figure seen last February. The drop in performance during December 2023 was due to a spike in demand, to its second highest level over the past two years, but due to increased staffing levels now in place the impact on performance was far less significant than seen during previous months of higher demand. Demand has remained high and was 17% higher in Feb-24 compared to Feb-23.

Abstractions due to sickness absence decreased confirming the longer-term downward trend, and overall, 111 abstractions remain lower (better) than benchmark.

Remedial Plans and Actions

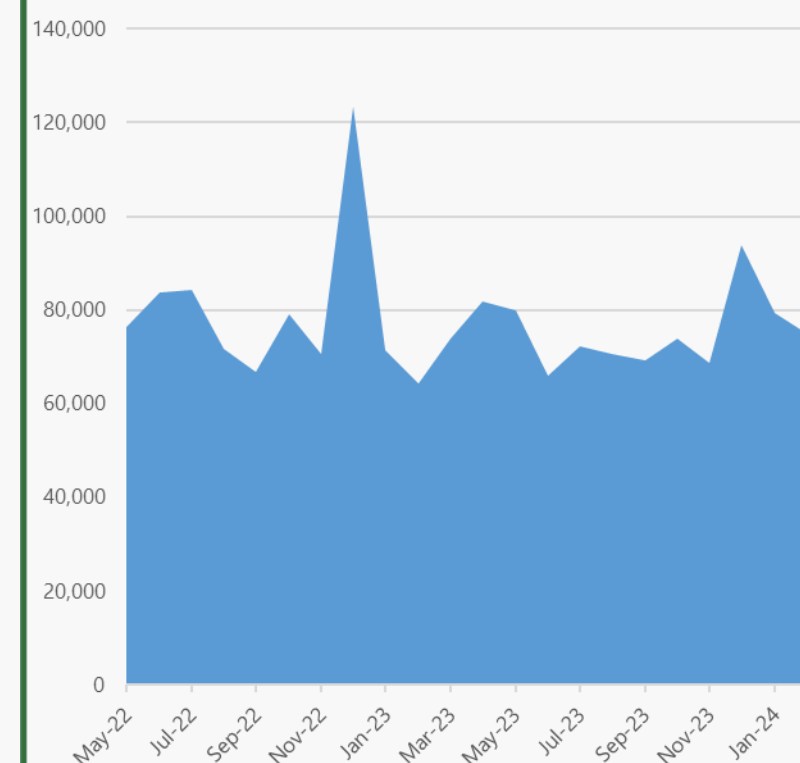
The key to improving call answering times is having the right number of call handlers, rostered at the right time to meet demand, and to maximise efficiency.

- Agreement has been reached with commissioners that 198 WTE call handlers will be funded in 2023/24. In Dec-23, 179 WTEs were in post for call handlers, with a further 8 WTE capacity being provided by bank and overtime. Call handler numbers are projected to increase to 195 WTEs in Jan-24.
- Work continues sickness absence in line with the Trust's managing absence work programme with an IMTP aim to get organisational sickness down to 6% by the end of 23/24.
- A roster review was planned in collaboration with the 111 commissioners to review rosters and ensure that capacity was aligned to demand, and to try and even out performance through the week. However, funding has been withdrawn, so this project is now paused.

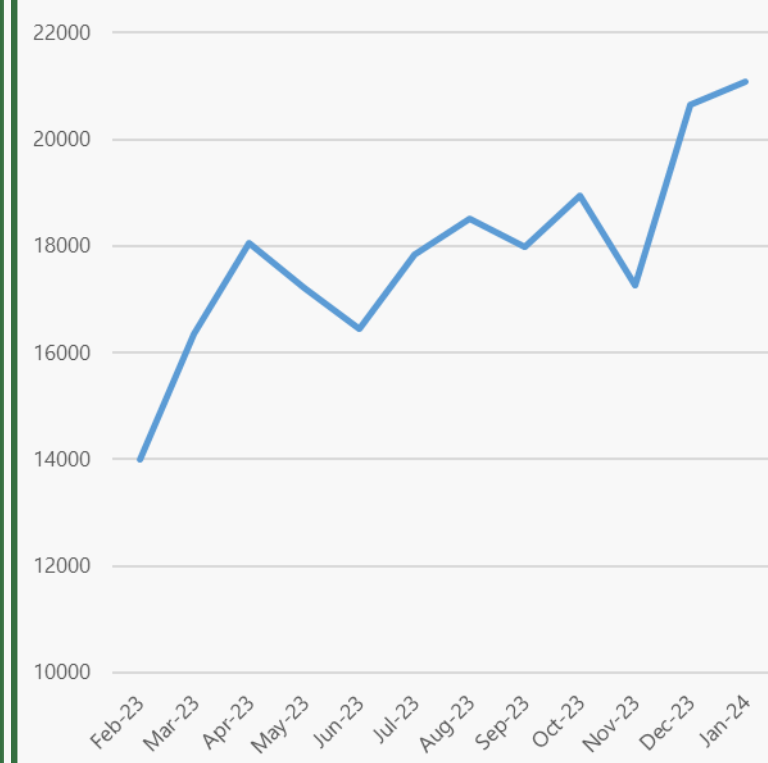
Expected Performance Trajectory

The Trust has improved ICT, compared to last winter, and improved processes and is recruiting up towards the commissioned FTE totals.

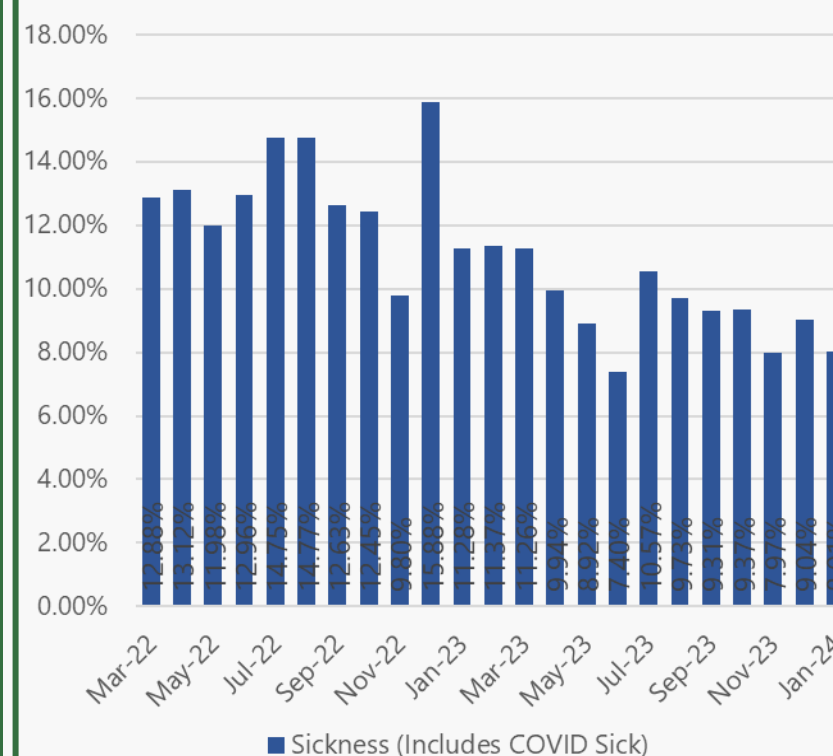
Total NHS111 Calls Expected to be Answered



NHS111 Call Handler - Total Actual Shift Fill



NHS111 Call Handler Sickness Absence



Our Patients: Quality, Safety & Patient Experience

111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced

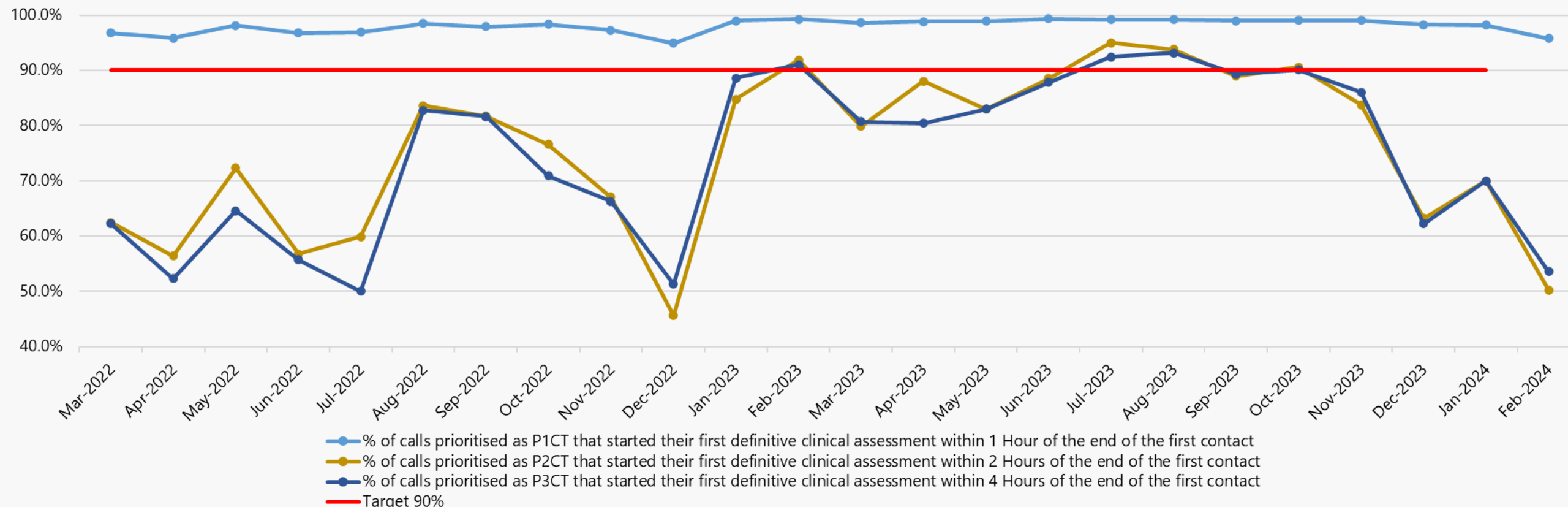
(Responsible Officer: Lee Brooks)

P1CT

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111 Timely Clinical Triage of Patients



Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 95.8% in February 2024.

Lower category calls both worsened during February, repeating a previous deterioration in performance. This drop is primarily due to an uplift in demand but was also compounded by staff abstractions for new systems training.

P2CT decreased from 70% in January 2024 to 50% in February 2024, while P3CT dropped from 70% to 54%.

Clinical staff capacity decreased to 11,021 hours during January 2024, down by 414 hours when compared to December 2023. Clinician sickness absence decreased to 15.63% in January 2024 from the 18.68% reported in December 2023.

Sickness absence management is another core component of capacity and workforce. Current levels within the 111 service, indicate that clinician absence remains too high in Jan-24 and further work is required.

As during December 2022, there was a significant spike in demand during December 2023, although performance levels did not decline as much as in previous months of higher demand, due to the increased staffing levels in place, which has helped to mitigate against these increased demand levels in the months since.

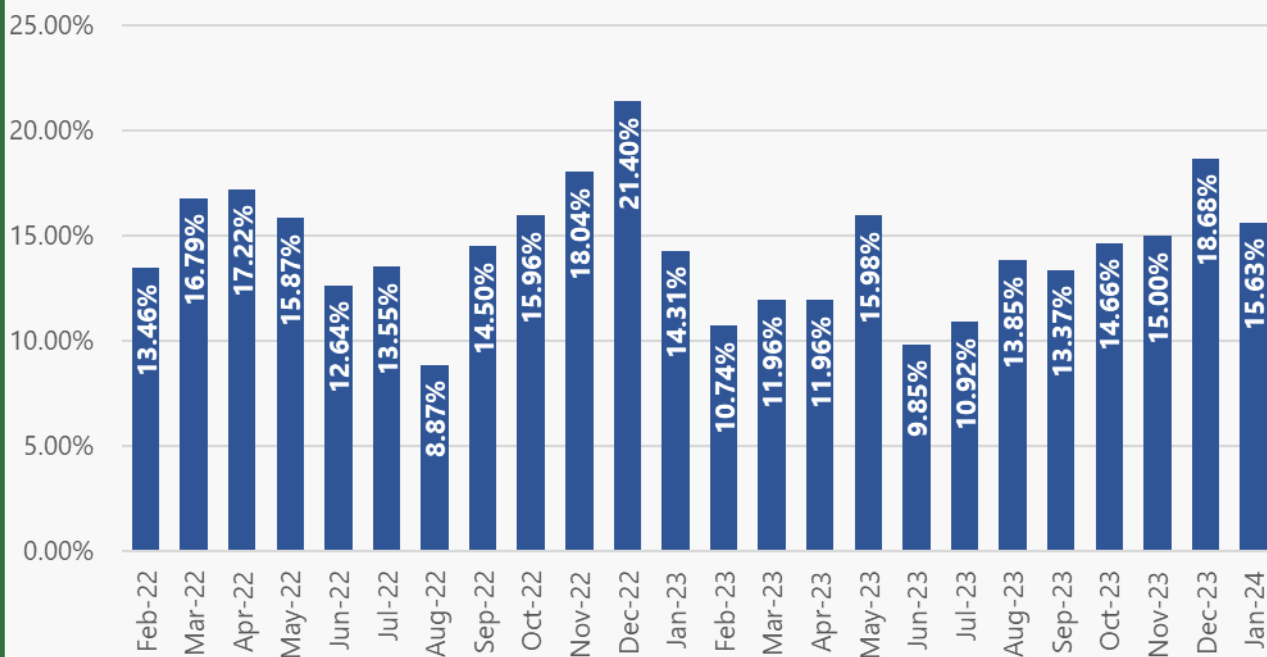
Remedial Plans and Actions

The main driver for improved performance will be the correct number of clinicians in post to manage current and expected demand. There were 94 WTE clinicians in post in Dec-23, rising to a projected 101 WTEs in Jan-24 with a further capacity being provided by bank and overtime (9 FTEs in Dec-23) and commissioners have indicated that they have funding available for 102 WTE, albeit this could change next year.

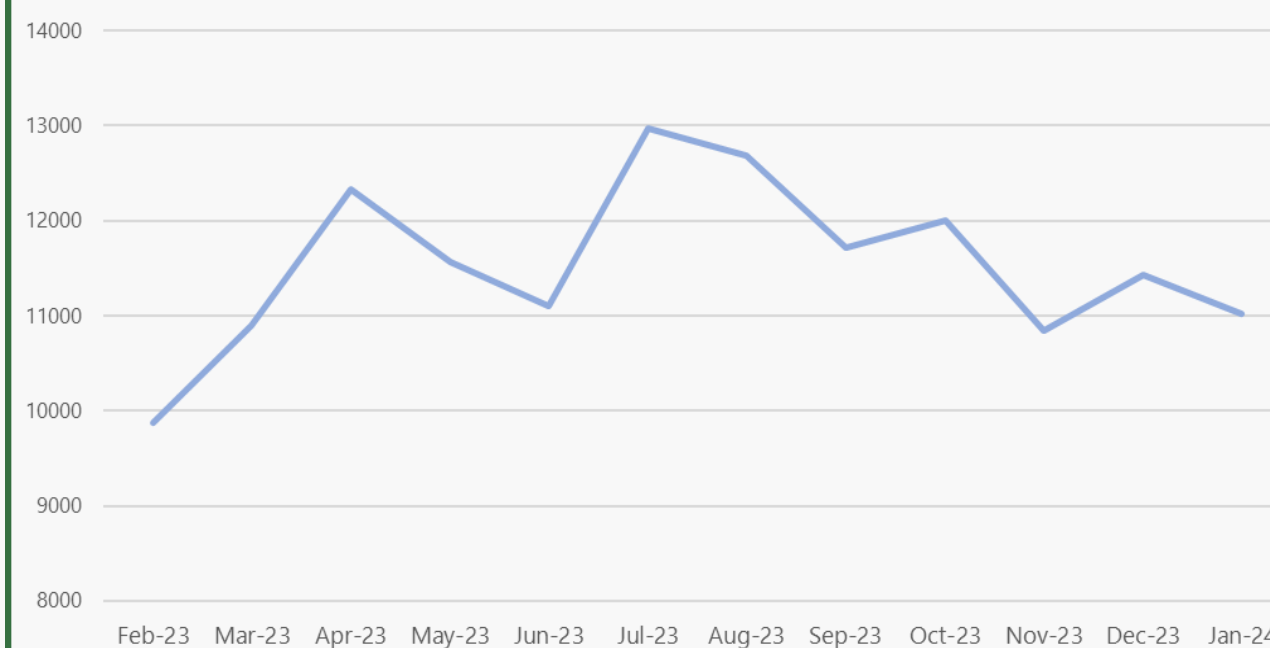
Expected Performance Trajectory

The Trust has now moved into the winter period. The Trust has improved ICT, compared to last winter, and improved processes and is recruiting up towards the commissioned FTE totals. The 111Wales CAS business case has been approved by Welsh Government with the project proceeding at high pace with a hard back stop of needing to have moved to the new system by 30 April 2024. As highlighted above, the increased demand during December 2023 did negatively impact upon performance, albeit not to levels seen during previous demand spikes, and it is anticipated that the service will return to delivering and achieving the targets again, once demand returns to normal monthly levels.

NHS111 Clinician Sickness Absence



NHS111 Clinicians - Total Actual Shift Fill

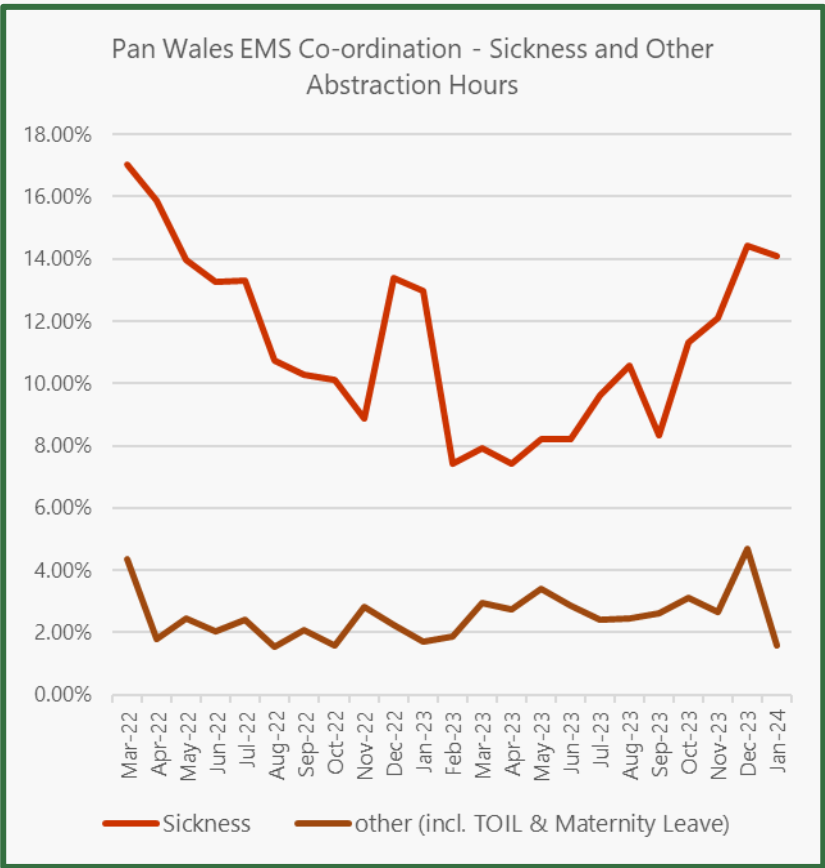
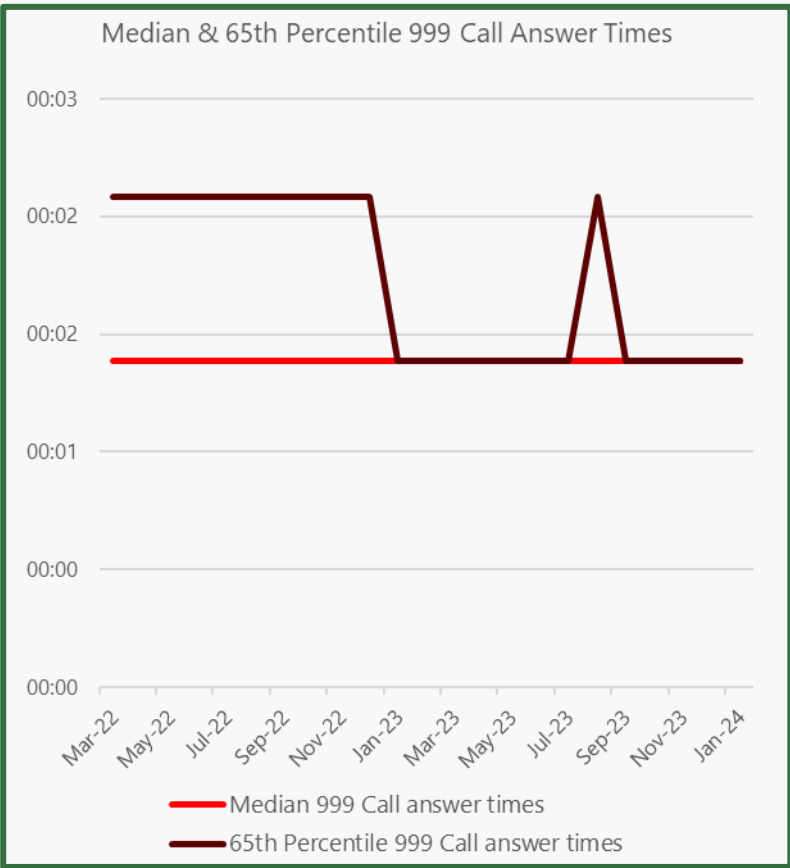
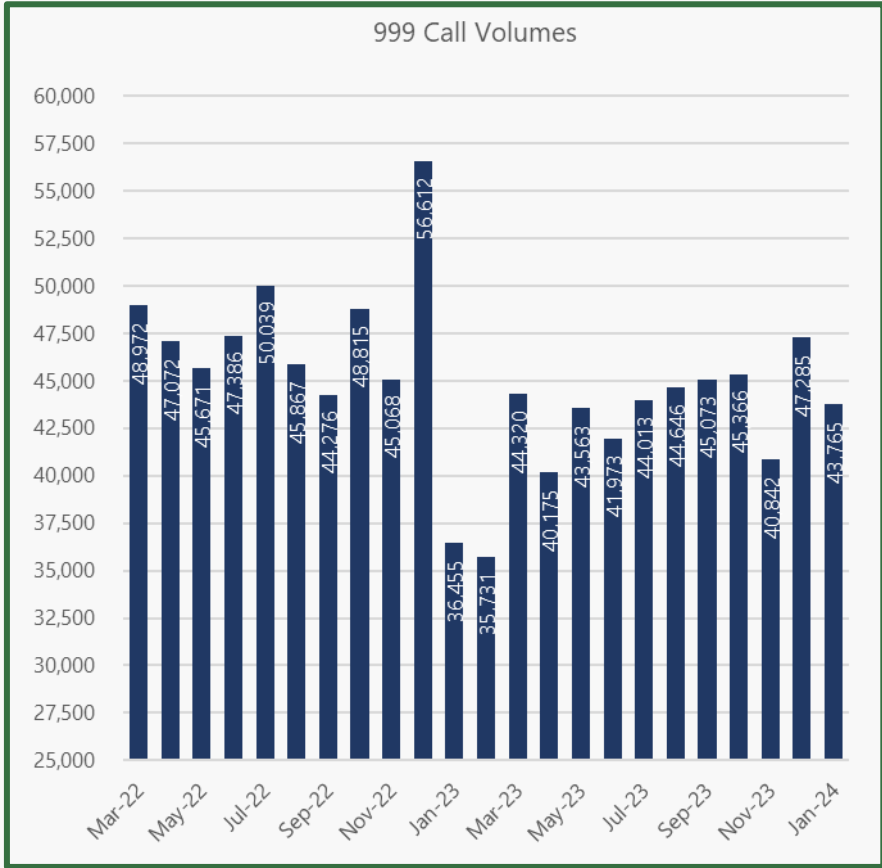
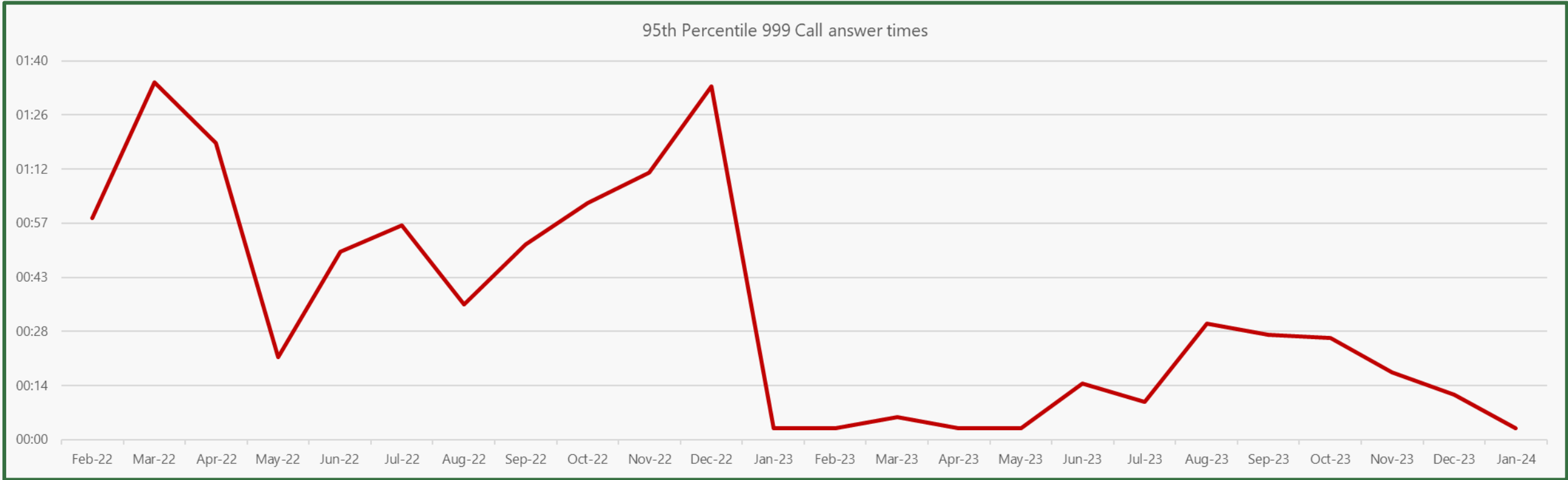
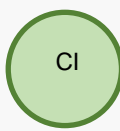
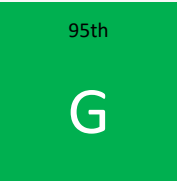


Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors – Demand and Hours Produced

(Responsible Officer: Lee Brooks)



Analysis
The 95th percentile 999 call answering performance improved to 3 seconds in January 2024, down from 12 seconds in December 2023, and achieving the 6 second target. The median call answer time for the 999-service remained consistent at 2 seconds.

The Trust received 43,765 emergency 999 calls in January 2024, a decrease from the 47,285 calls received during December 2023.

Overall sickness abstractions within EMS Coordination had risen over the past four months, after being on a downward trajectory until April 2023, however, sickness decreased to 14.1% in January 2024. These factors are likely to be having an impact on overall call answering performance which has not achieved the 6 second target since May 2023 until January 2024.

Remedial Plans and Actions

- Call takers establishment 21.56 FTE, up 5.05 following ongoing recruitment. Recruitment by the end of March 2024 will produce an additional 22 FTE.
- There is a future recruitment drive planned for April to August which should provide an additional 36 (if successful in recruiting) which would mitigate against attrition as well as the Bryn Tirion move to Ty Elwy.
- Over establishment has been approved for EMSC by the Executive Director of Operations
- Intelligent Routing Platform is now in operation following configuration changes.
- Three workstreams are being progressed through the EMS Reconfiguration project (the complete reconfiguration has not commenced due to cost pressures required to fund the agreed model approved by ELT). This is on hold currently but will re commence in the next few weeks pending outcome and approval of a proposed new Structure for EMSC. This will require consultation.

Roster Review. Having successfully implemented an EMD roster review in February 23 the project has now progressed to commencing a dispatch roster review for Allocators and Dispatchers. About to restart, after the revised structures were agreed at Operations SLT in early January 2024.

Boundary changes. EMS Coordination intend to realign dispatch boundaries to balance workload and pressures for individual dispatch teams About to restart as above..

Broader Ways of Working. This project is looking to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and lack of variation across centres. About to restart as above.

Expected Performance Trajectory
Performance is expected to get back on track as demand levels decrease and actions being taken to improve performance take effect.

Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

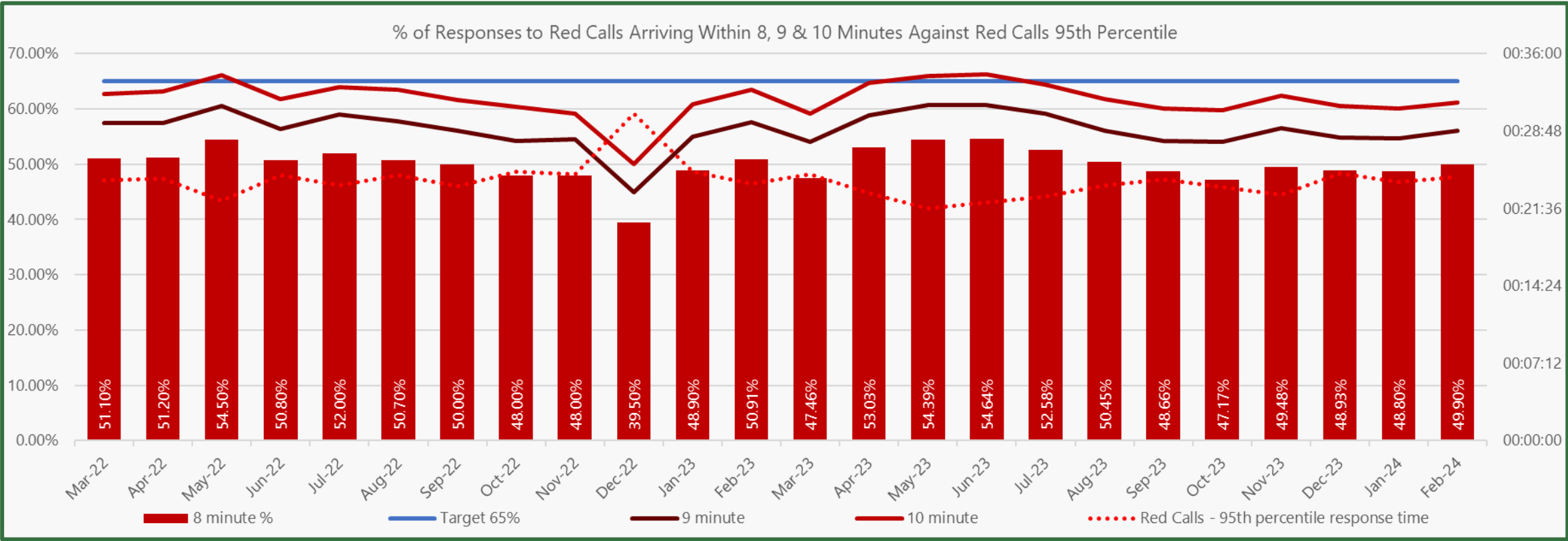
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Analysis

Red 8-minute performance continues to remain below the 65% target but increased marginally during February 2024 to 49.9%. This is a slight improvement compared to January 2024 (48.8%), and is the highest rate recorded since August 2023, over months where demand was significantly lower than that seen during both January and February.

Red 10-minute performance for February 2024 was 61.2%, a slight improvement from 60% in January 2024.

The bottom right graph shows that as demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for February 2024 being 2,269. This is above the 12-month average (2,186) and would indicate that performance in this area is remaining stable and is mirroring the rise experienced in demand during the month.

The lower left graph demonstrates the correlation between overall Red performance and hospital handover lost hours. February 2024 (23,896) saw an increase on the 19,110 recorded in February 2023, although this coincides with an increase in red demand during this February compared to last year.

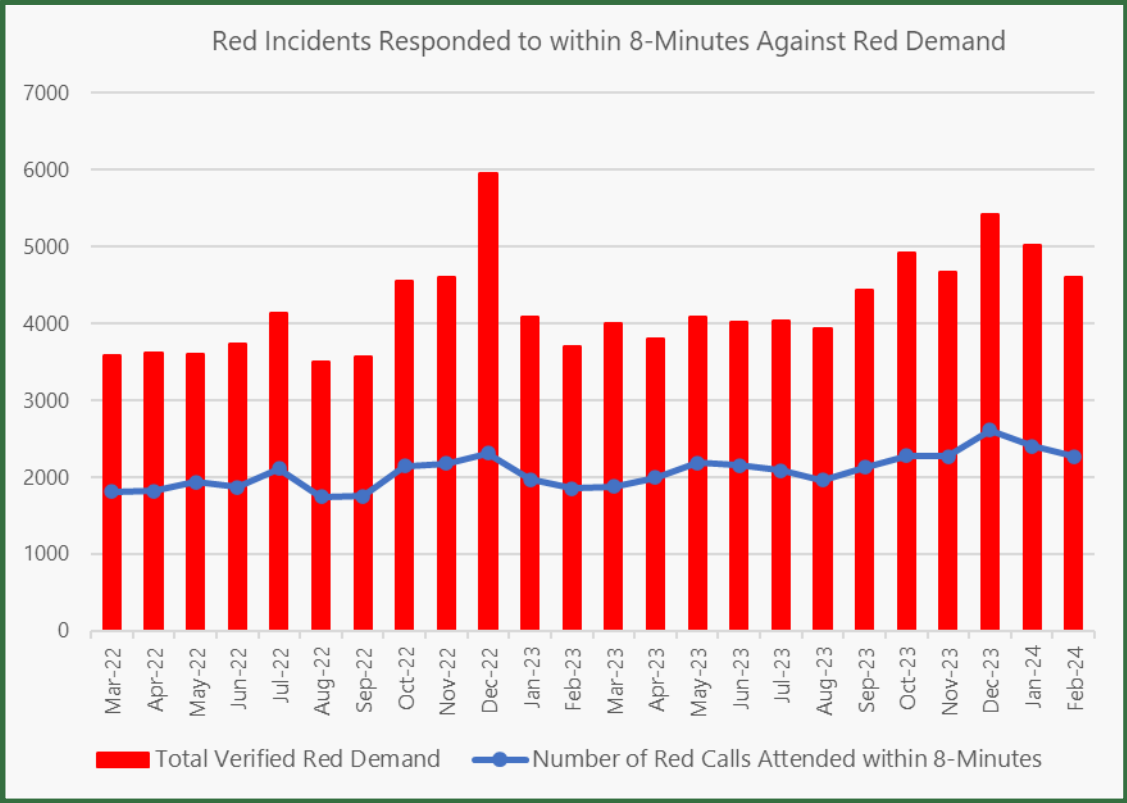
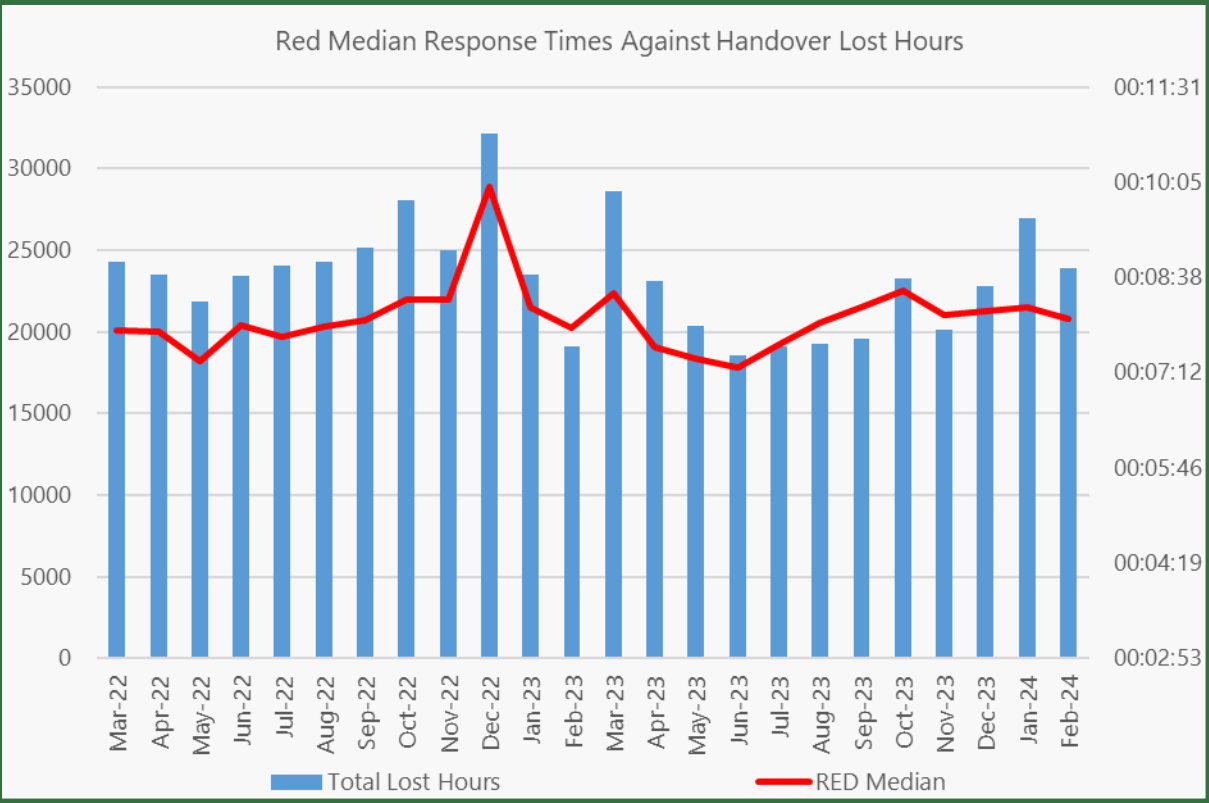
Remedial Plans and Actions

The main improvement actions are:

- To maintain commissioned establishment levels overall. WG have confirmed funding for the additional 100 will remain in place for this financial year
- Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete (127 FTEs v target of 153 FTEs) with the exception of some hard-to-reach areas. Further actions to address;
- Changes to the response logic and clinical screening of red calls, which are now live (19 June 2023);
- Reduce hours lost through sickness absence via managing attendance programme – trajectory for improvement in place as part of the IMTP (6% Mar-24);
- Working closely with Health Boards to support reduction in lost hours and a reduction in conveyances to ED. This is undertaken within local Integrated Commissioning Action Plan meetings and will include work on improvements in referrals to Same Day Emergency Care Units (SDECs).

Expected Performance Trajectory

Based on the winter modelling, red 8-minute performance has not recovered to the levels expected during Q4. The tactical focus is now shifting to spring forecasting and modelling, which will be completed by the middle of Mar-24.



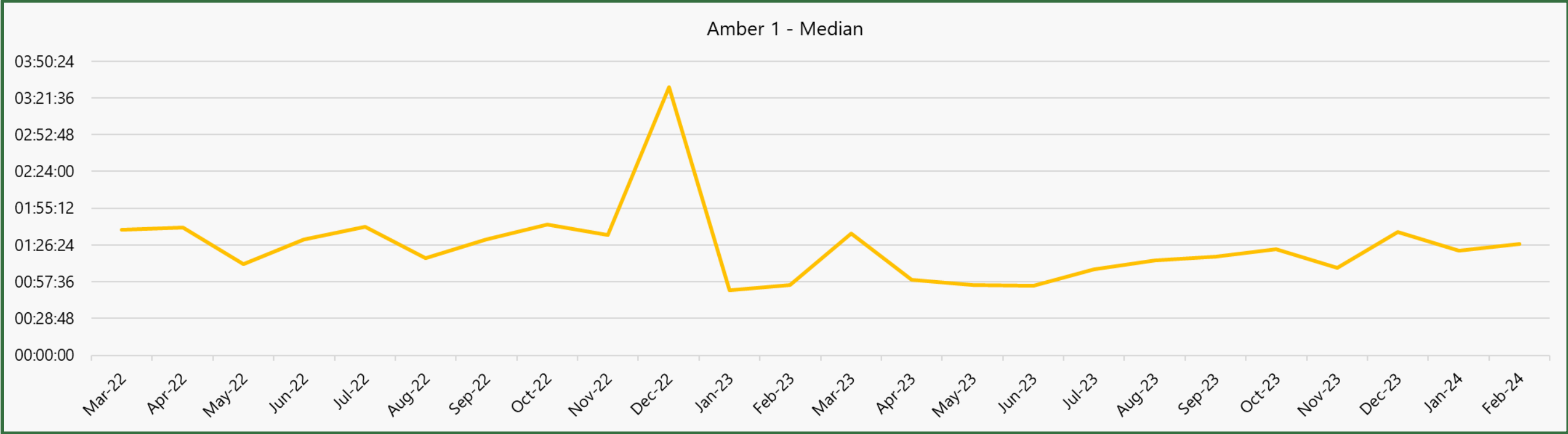
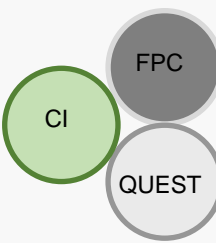
*NB: Data correct at time of abstraction

Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Analysis

Amber 1 median performance time increased during February 2024 to 1 hour 27 minutes, from the 1 hour 21 minutes recorded in January 2024. Although this figure is also higher than the 55 minutes recorded for February 2023, it is against a month of significantly higher Amber demand (+2,745) and an unprecedented level of hours lost to handover at hospitals. The ideal Amber 1 median response time remains at 18 minutes, although this has yet to be achieved during the 3-year reporting period.

The Amber 1 95th percentile also decreased slightly during February 2024 to 6 hours and 51 minutes from 6 hours 58 minutes in January 2024.

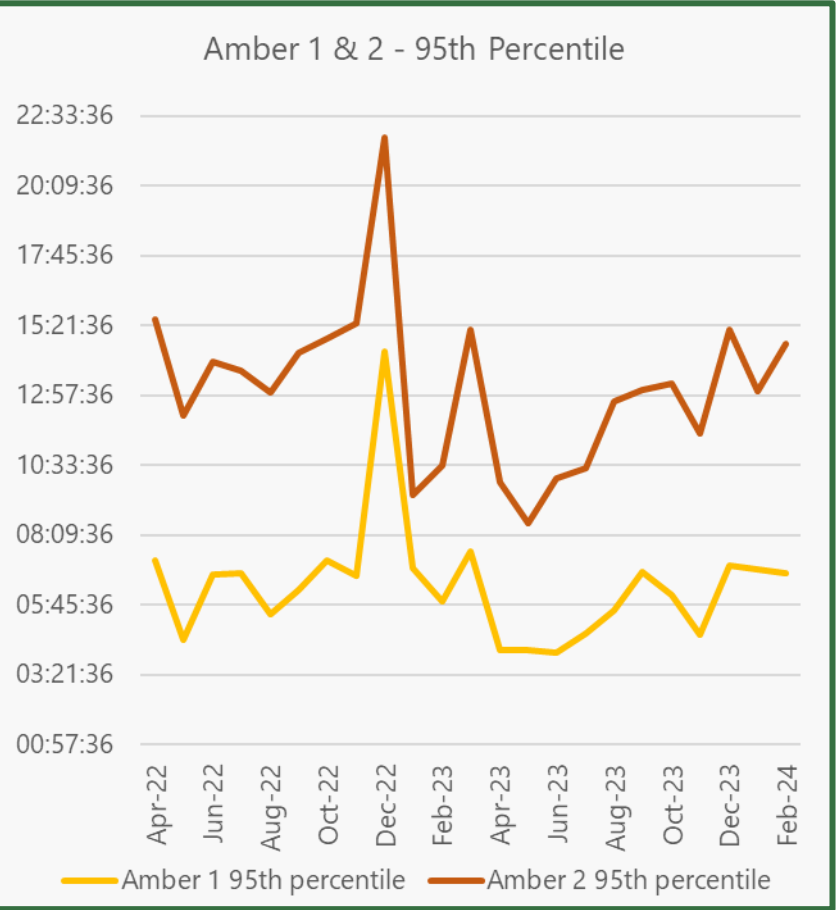
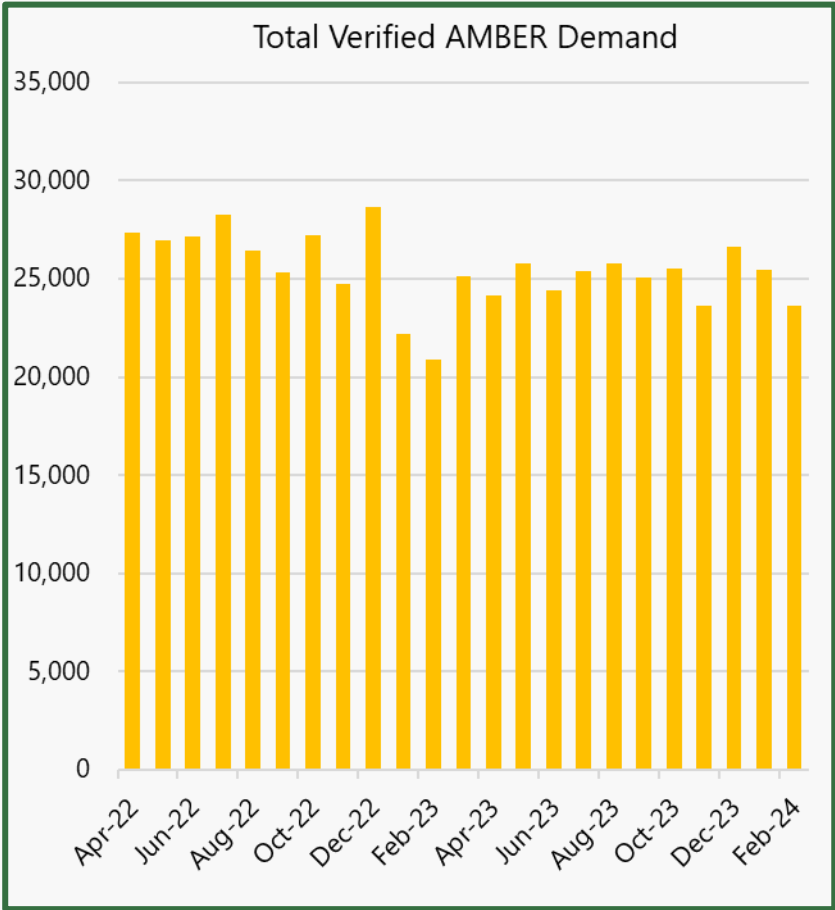
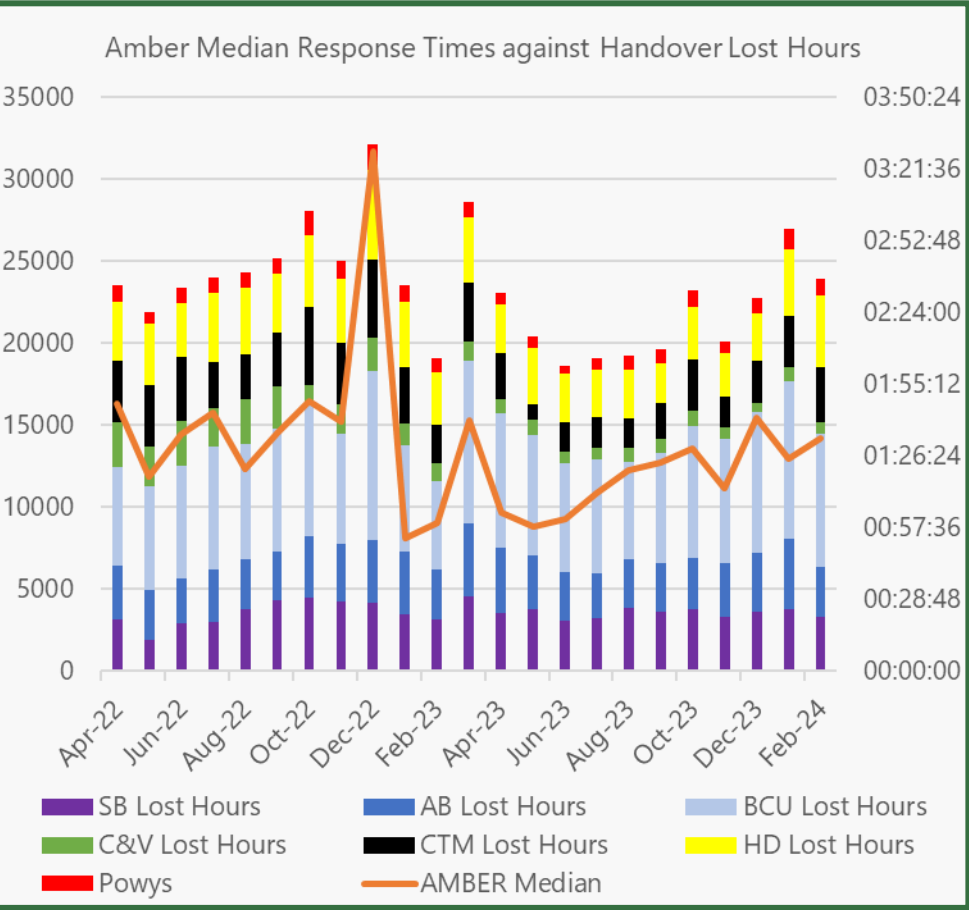
As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays.

Remedial Plans and Actions

The actions being taken are largely the same as those related to Red performance on the previous slide.

Expected Performance Trajectory

The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments and system efficiencies, not all of which are within the Trust's control. This programme is now coming to an end, but the Trust is now well advanced with the strategic EMS Demand & Capacity Review.



Our Patients: Quality, Safety & Patient Experience

Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Oncology

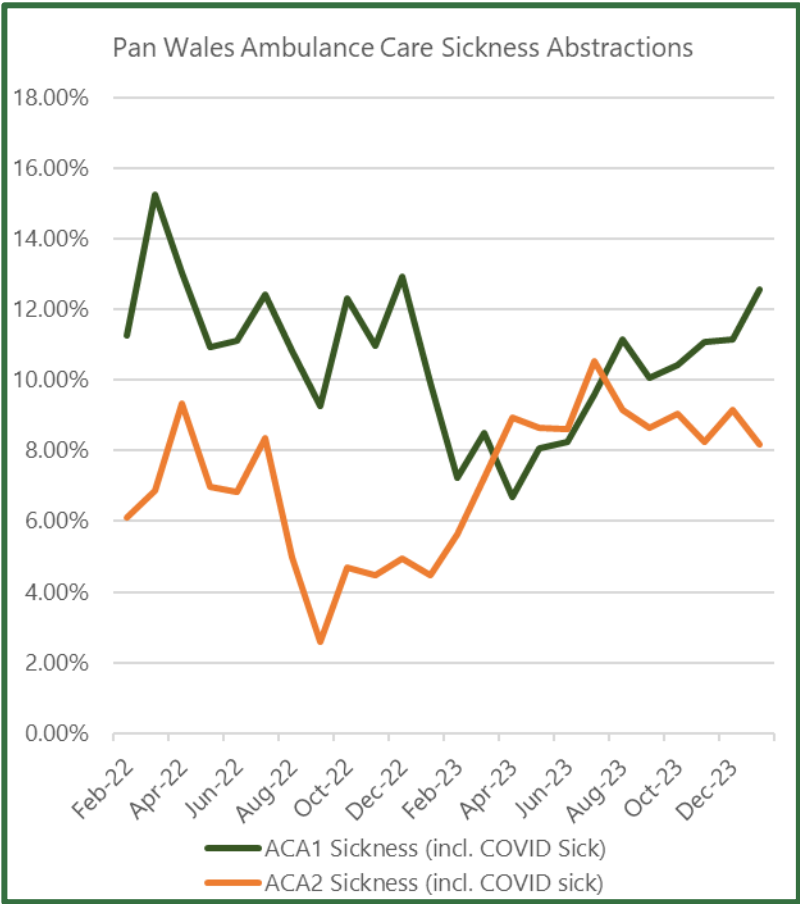
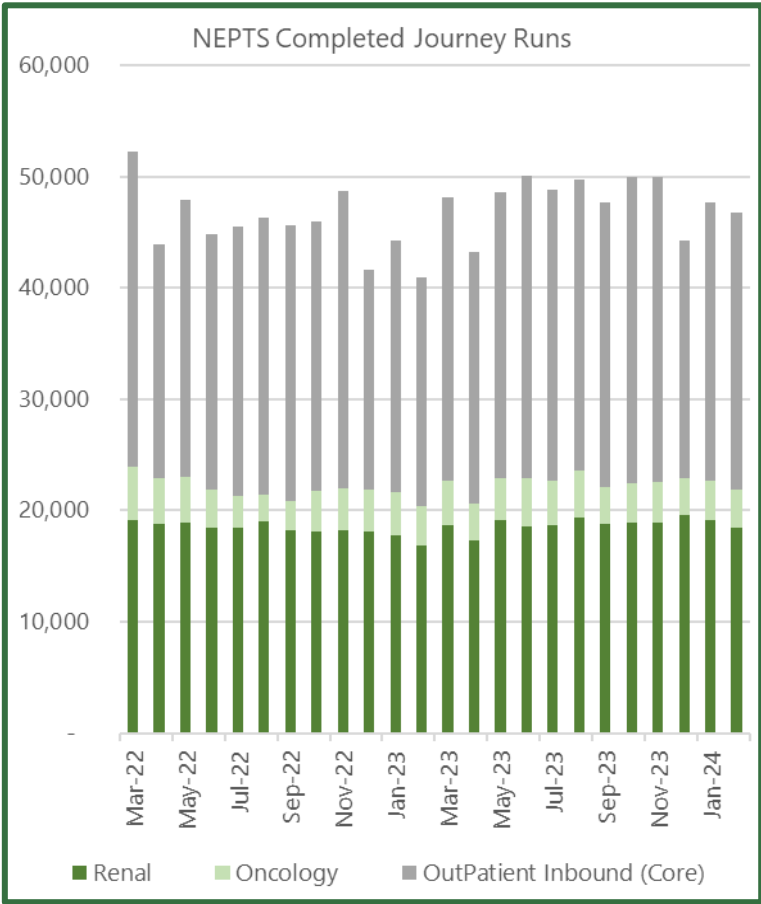
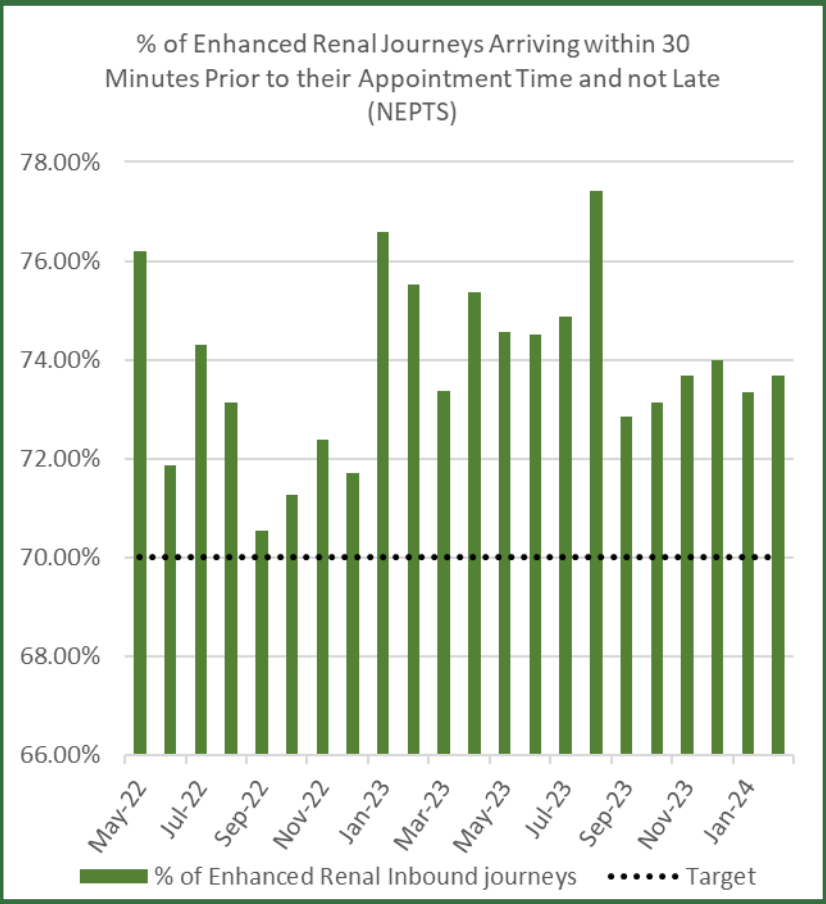
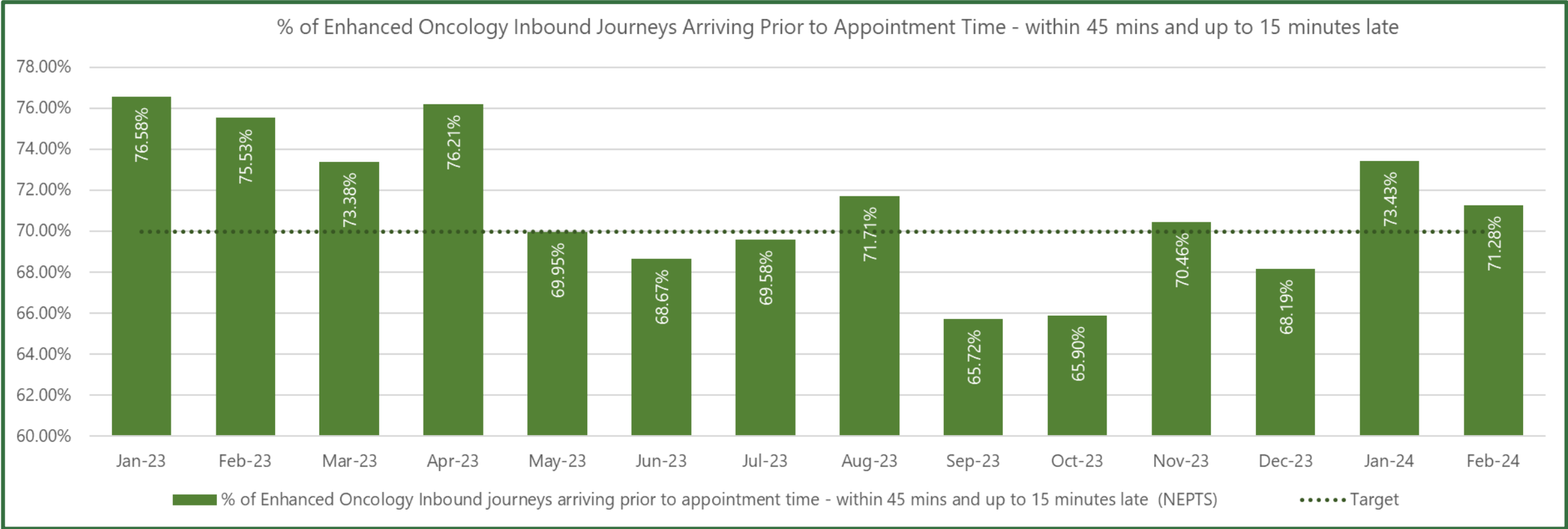
G

Welsh Calls

A

FPC

CI



Analysis
Ambulance Care (NEPTS element) performance decreased slightly during February 2024. 71.28% of enhanced oncology journeys arrived within 45 minutes prior and up to 15 minutes late to their appointment time, a decrease from 73.4% in January 2024, however still achieving the 70% target. Enhanced Renal journeys, however, saw a slight increase, from 73.34% in December 2023 to 73.69% in February 2024.

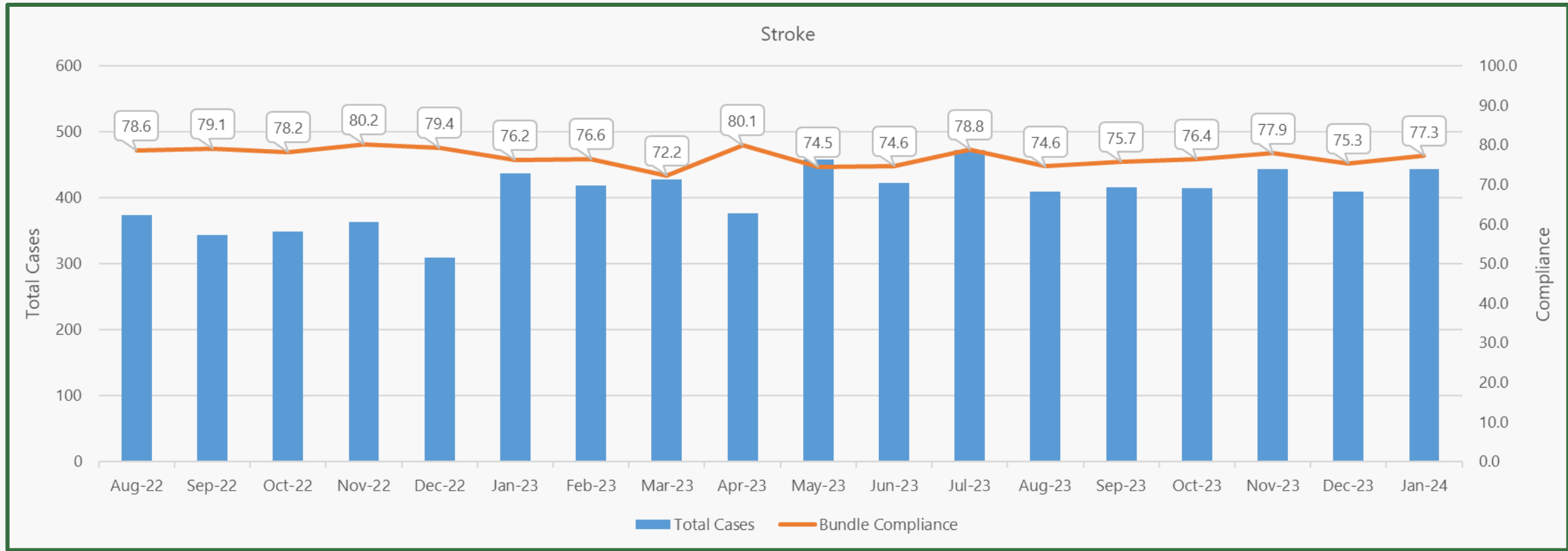
- Overall demand has continued to increase as the planned care system continues to reset. In particular:-
- Completed journeys for Patients requiring Ambulance Transport – Non T1 & C3 mobility (exc. Discharge & Transfer) are at or in excess of levels seen prior to the pandemic.
 - At the heart of the increases are constant increases in renal transport, these journeys are always our highest priority and increases here will reduce capacity elsewhere within the team.
 - There has been a notable increase in requests for discharges from the ED. This correlates with EMS no longer facilitating these requests. However, despite good performance in Cardiff & Vale and Cwm Taf Morgannwg, the proportion of bookings made in advance for discharges and transfers has not increased.

Call volumes answered decreased slightly in February 2024 (18,067) compared to January 2024 (18,810), however this is still 1,697 calls higher than the same month last year. The average speed of call answering improved slightly in February 2024 (00:03:59) for the first time since November 2023 compared to January 2024 (00:04:05).

ACA1 (NEPTS) sickness increased in January 2024 to 12.56% compared to 11.16% in December 2023. However, ACA2 (UCS) sickness decreased to 8.19% in January 2024 compared to 9.14% in December 2023.

- Remedial Plans and Actions**
- Local management teams are working closely with Health Board colleagues to develop local actions in response to the current level of Oncology performance. This should address the lack of cohesive planning that includes transport as we have in Renal services.
 - The volunteer team are bringing online an additional 20+ volunteers during Q4, these will be focused on Oncology performance initially

Expected Performance Trajectory
With the implementation of the above actions, it was anticipated that Oncology performance would improve over Q3/Q4. Initial improvement trends have already been seen after just a few of the actions have been partly implemented.



Analysis

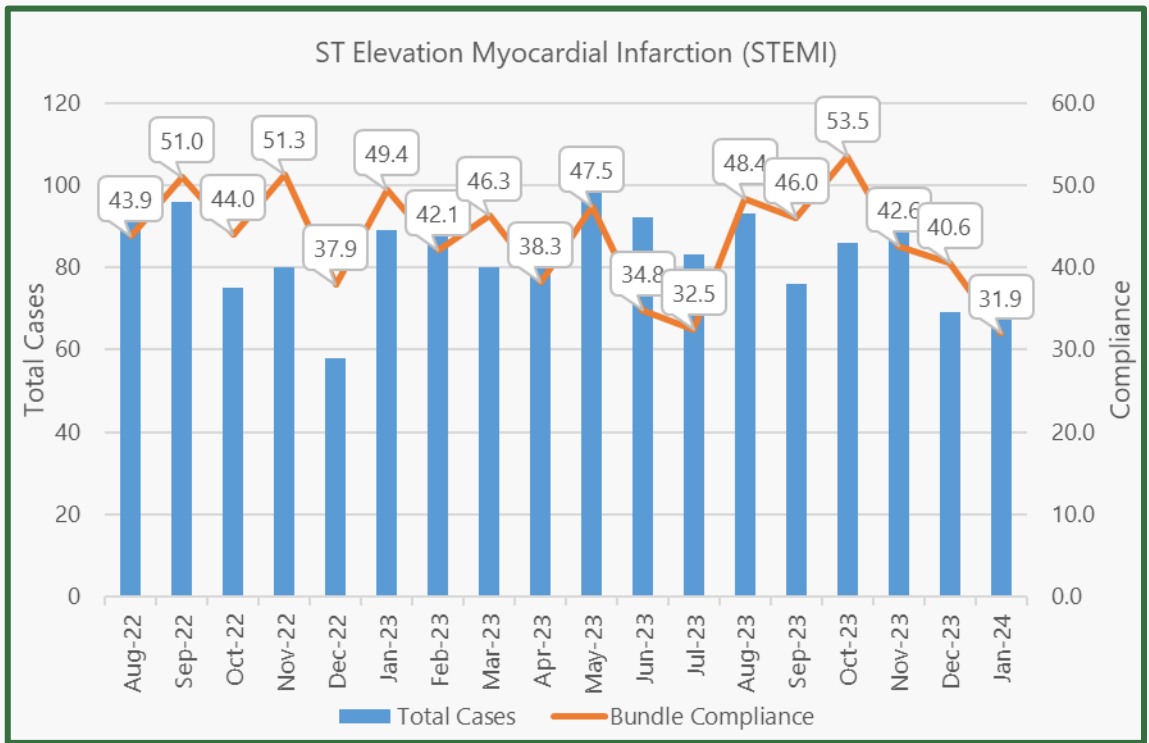
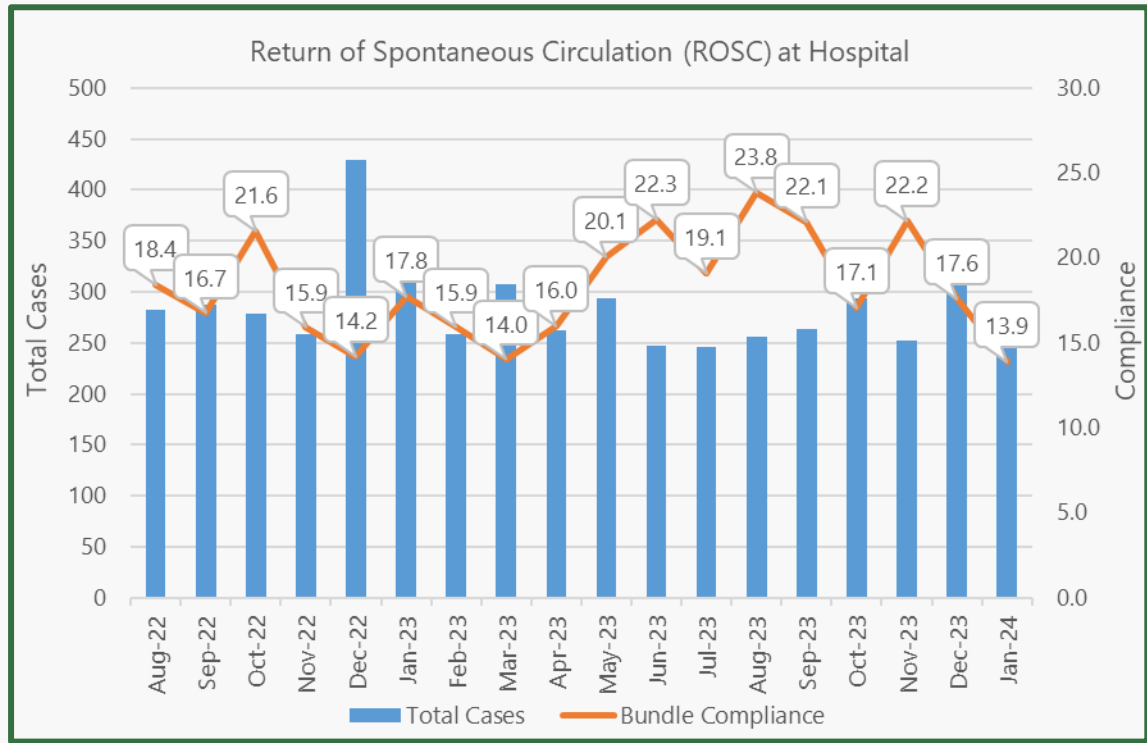
The percentage of suspected stroke patients receiving an appropriate care bundle in January 2024 was 77.3%. This was a slight increase from the 75.3% recorded in December 2023. This was against a total case number of 444 during the month of January. There is a correlation between documenting FAST and the care bundle, this will inform the improvement plan.

The ROSC rate for January 2024 was 13.9% a decrease from 17.6% in December 2023. This was against a total case number of 288 during the month of January. The highest rate recorded since the implementation was seen in August 2023, achieving 23.8% of ePCR.

Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts.

The factors that influence this may include:

- Response Times
- Bystander Resuscitation
- Response Type/Numbers



The percentage of suspected STEMI patients receiving an appropriate care bundle in January 2024 was 31.9%, a decrease from 40.6% in December 2023. This was against a total case number of 72 during the month of January. There is a correlation between documenting of Aspirin and the care bundle, this will inform the improvement plan.

All Clinical Indicators remain within the normal bundle control limits/parameters.

Updates to the User Interface for the ePCR were rolled out on 12th December 2023, in particular around elements of the application that affect the CIs

We were aware that changing from Digital Pen to ePCR necessitated a change in data collection and anticipated a reduction in compliance as Clinical Indicators are now compiled from data recorded by clinicians and is not subject to any validation process.

In addition, other UK ambulance services reported a reduction in clinical indicator compliance when using ePCR data only. We generated risk 535 with three key mitigations to work on:

- User understanding and behaviour with the ePCR application
- Adapting the user interface
- Reviewing the coding used to draw data from the data warehouse

Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

Hypoglycaemia, Neck of Femur (NOF) and Time-Based metrics (Stroke & STEMI)

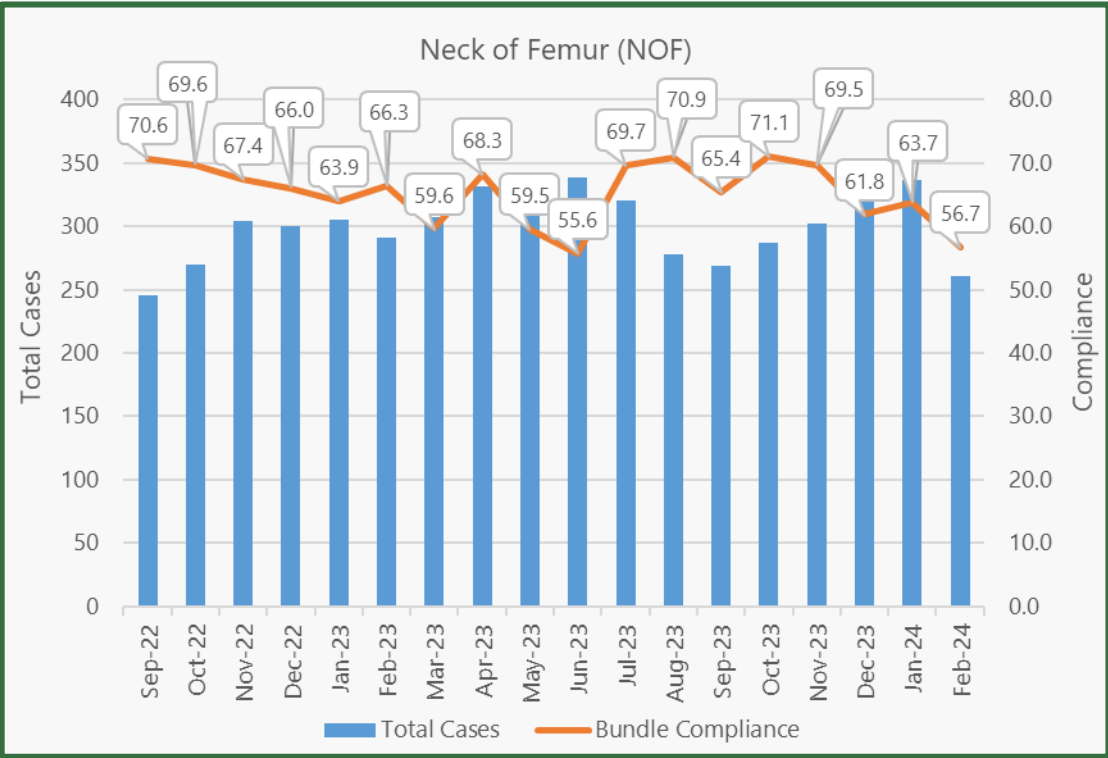
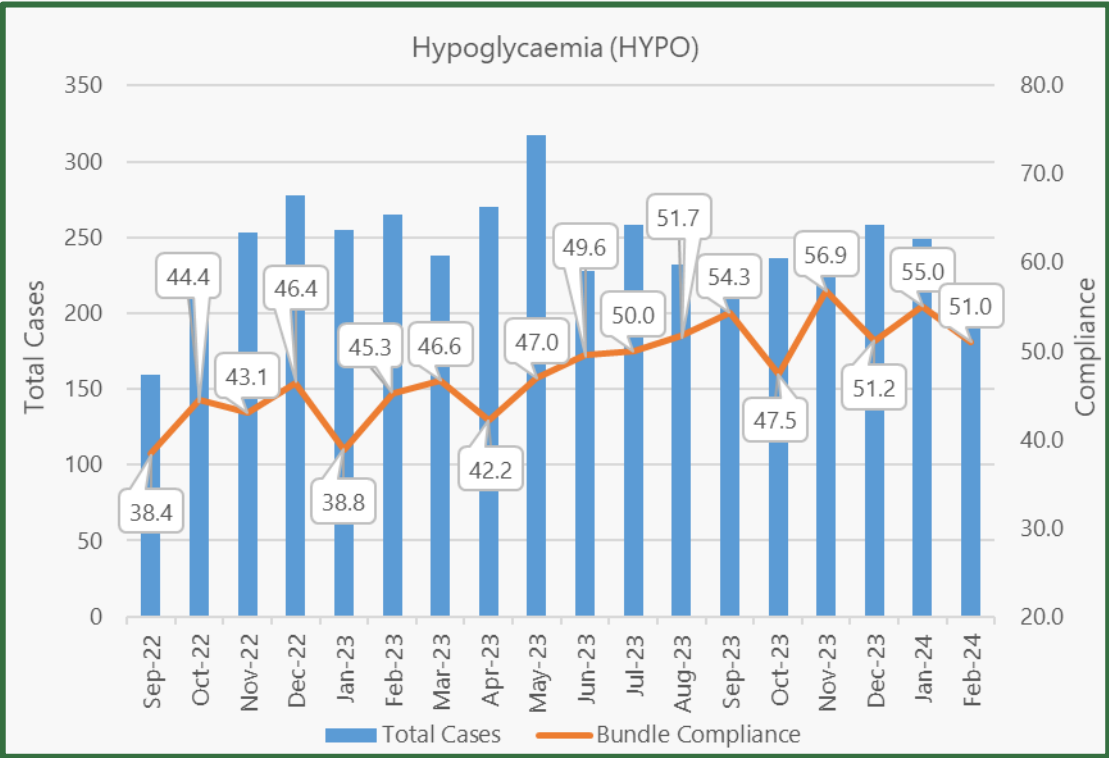
(Responsible Officer: Andy Swinburn)

Stroke Door to Doot

A

Self-Assessment:
Strength of Internal
Control: Moderate

QUEST



Analysis

The percentage of hypoglycaemic patients receiving an appropriate care bundle in January 2024 was 55%, an increase from 51.2% in December 2023. This was against a total case number of 249 in January. There is a correlation between documenting BM readings and the care bundle, this will inform the improvement plan.

The percentage of #NOF patients receiving an appropriate care bundle in January 2024 was 63.7%, an increase from 61.8% in December. There is a correlation between documenting pain score and analgesia and the care bundle which will inform the improvement plan.

The development to enable reporting new clinical indicators relating to call to door times for STEMI and Stroke has been completed and approved. These show the breakdown for:

- Time the call started to time of arrival at scene
- Time on scene of the conveying vehicle
- Time the call started to time of arrival at hospital

Remedial Plans and Actions

An improvement approach has been taken which includes Senior Paramedics support to discuss CIs with WAST clinicians as part of the ride-out process. A CI dashboard (v2) which includes separate diagnostic code pages for '000' & '1-183' was approved by CIAG and is now available, this illustrates performance by HB area and informs discussions.

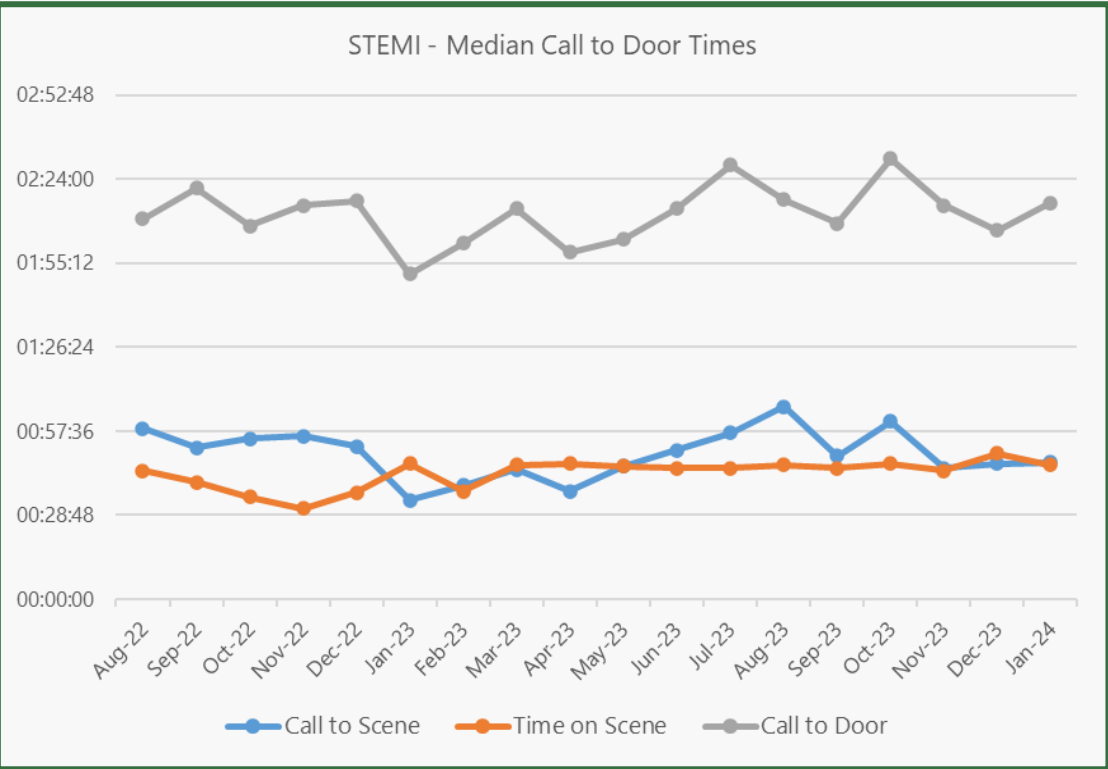
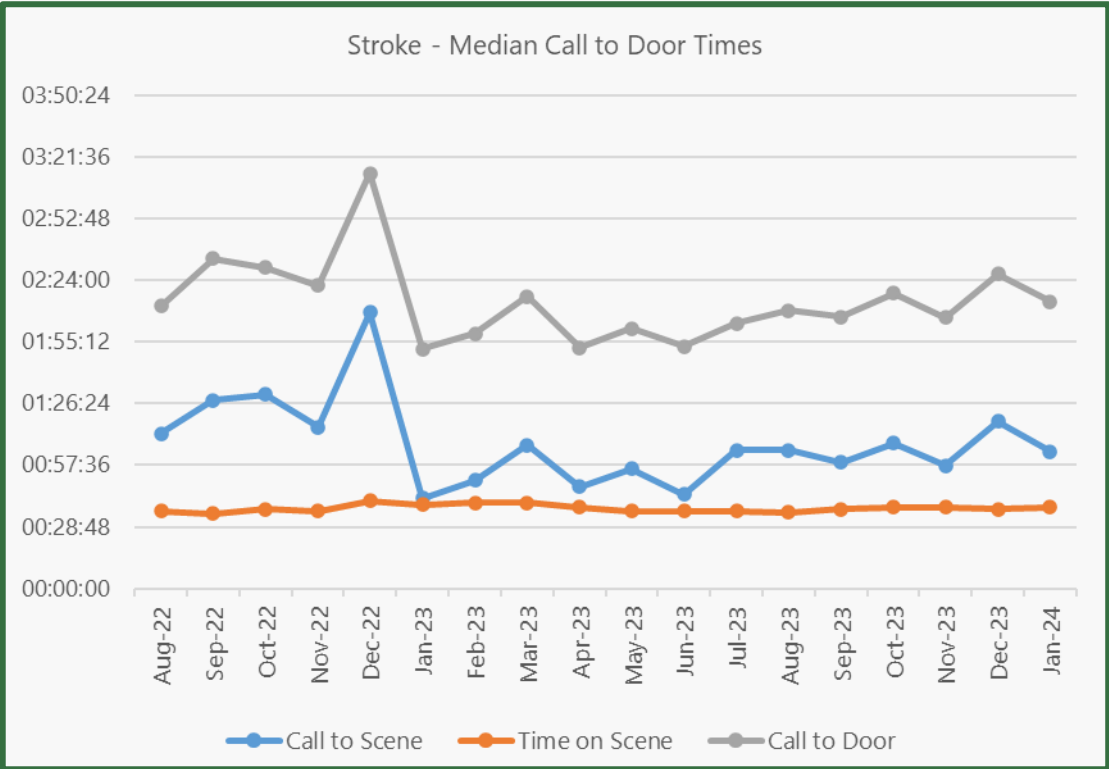
ePCR User Interface (UI) changes resulting from recommendations based on quality assurance audits conducted for each of the CIs were implemented during December 2023. This includes a further change to allow prompts and messages when an ePCR is being closed and alert the clinician to incomplete fields which will improve compliance.

A pain management framework has been developed in response to an internal audit action to improve assurance on completeness of documented pain management for patients, and the ability to extract data, identifying and reporting themes and trends.

The Trust's introduction of the Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients and is our main response to improve ROSC rates. This has been in place in some areas since October 2022 and since May 2023 there has been an increase in numbers and availability.

Expected Performance Trajectory

The UI change to allow prompts and messages when an ePCR is being closed and alert the clinician to incomplete fields will be monitored by the ePCR Compliance Approval Group. This, along with continuing improvements in clinical supervision and the support of SPs working with the Clinical Improvement and Clinical Intelligence and Assurance Teams should increase compliance rates.



Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

(Responsible Officer: Liam Williams)

Concerns.

R

NRI.

A

Self-Assessment:

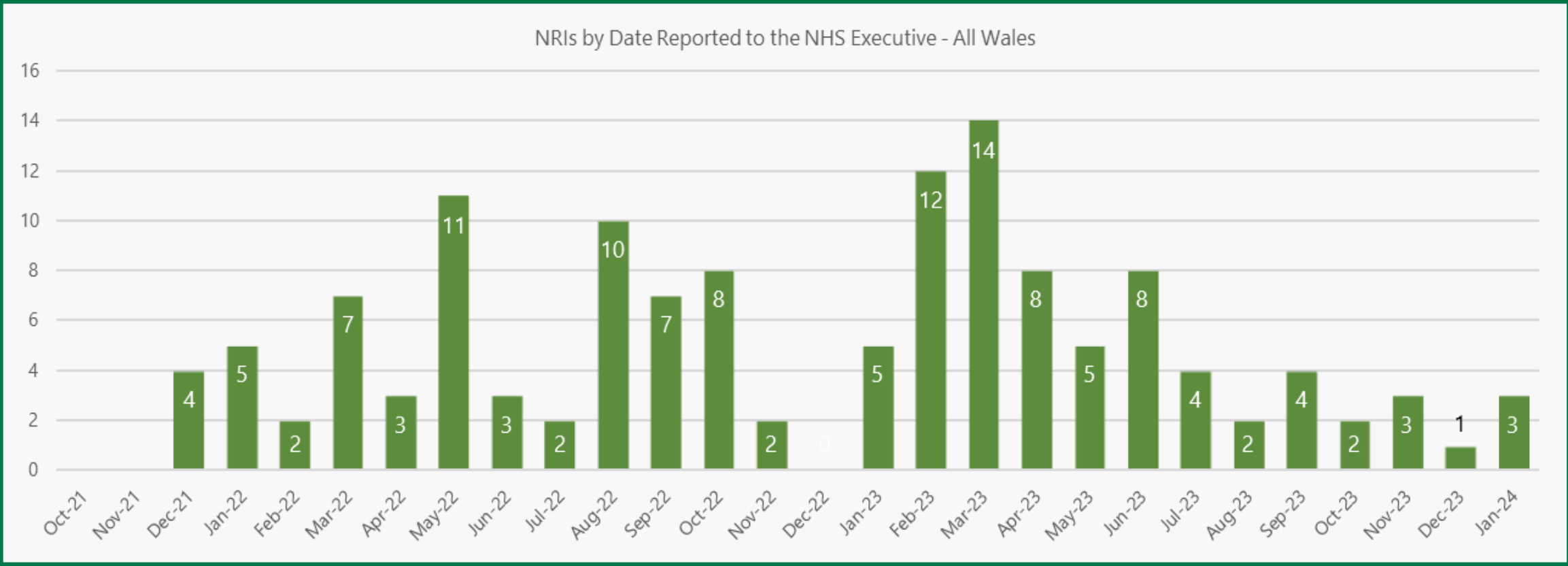
Strength of Internal Control:

Moderate

QUEST

Health & Care Standard

Health - Safe Care / Timely Care



Analysis

The percentage of responses to concerns in January 2024 is 53% against a 75% target (30-day response) which is a slightly decreased position. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns has increased with 102 complaints being received and processed in January 2024. These complaints are frequently complex with our concerns administrators taking lengthy calls from distressed patients or family members for up to one hour per call.

Five (5) Serious Case Incident Forums (SCIF) were held during the month and 31 cases were discussed. Following discussion 3 serious patient safety incident were reported to the NHS Wales Executive and 16 cases were referred to Health Boards for investigation under the Joint Investigation Framework. The Trust received 3 referrals from Health Boards under the Joint Investigation Framework during the period. Learning from the Joint Investigation Framework process remains limited with Health Boards citing high levels of escalation as causal factors. All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families as appropriate.

Themes relating to serious patient safety incidents reported to the NHS Wales Executive (Delivery Unit) as Nationally Reportable Incidents (NRIs) include delayed community response times and call categorisation, predominately ineffective breathing which is being discussed at national ambulance forums as a consistent theme.

In February 2024, 758 patients waited over 12 hours for an ambulance response and 51 compliments were received from patients and/or their families.

Remedial Plans and Actions

A range of actions are in place:-

Recruitment, redeployment and assessment of workload and where to best place resources continues corporately and within the Operations Quality Team. Following financial agreement at the Executive Leadership Team in September 2023 an organisational change process commenced in the Putting Things Right Team on 25.09.2023 and posts are currently being recruited to. It is envisaged that the structure will be fully recruited to by April 2024.

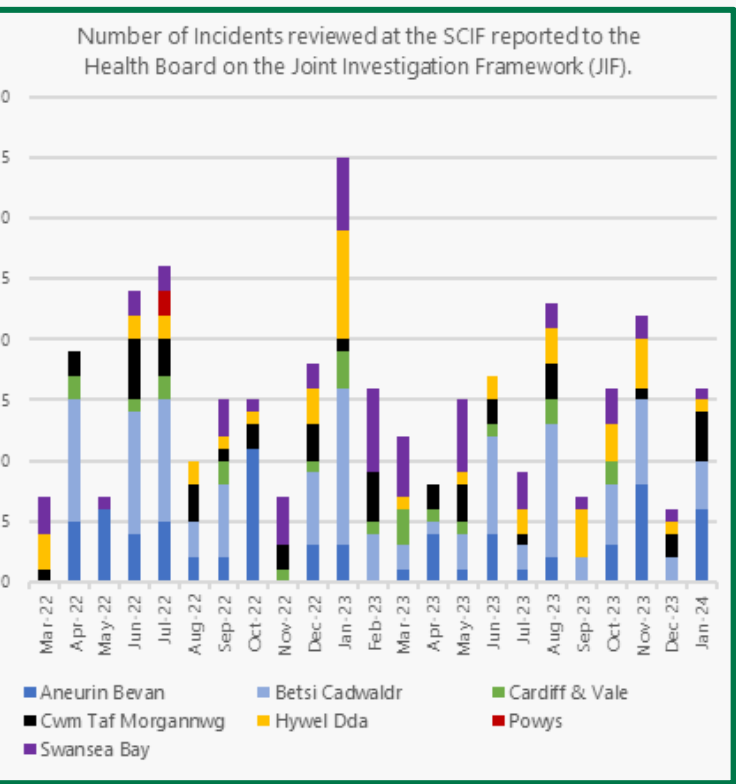
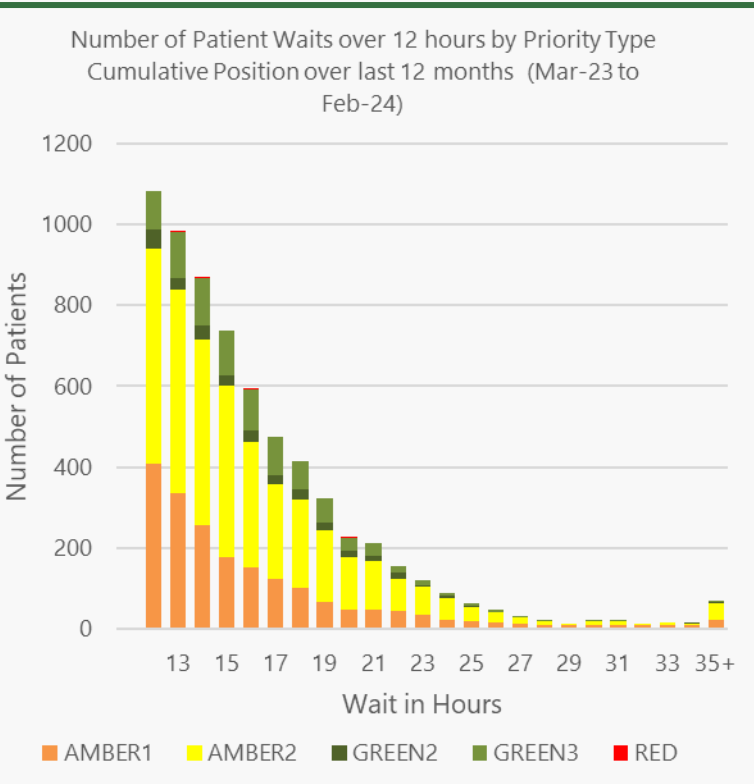
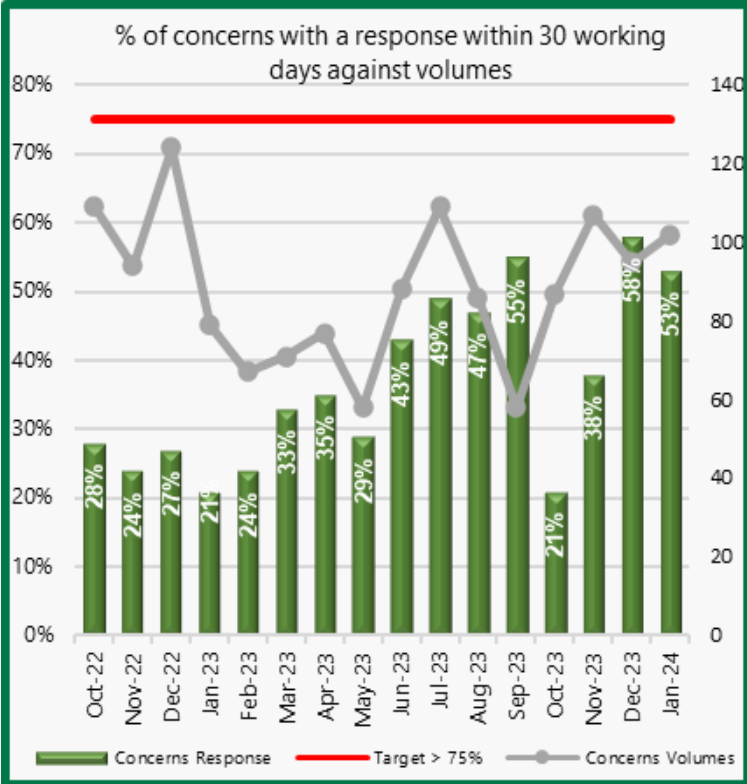
Delayed community response (Risk 223) and handover of care delays at hospitals (Risk 224) are the two highest rated risks on the Trust's Corporate Risk Register (both rated 25) and include detailed mitigations and current actions, both are considered at Board sub-committee level and at Trust Board.

The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

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

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



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

**NB: 30 Day Compliance reported from Power BI and therefore data is not yet validated

Our Patients: Quality, Safety & Patient Experience

Patient & People Safety Indicators

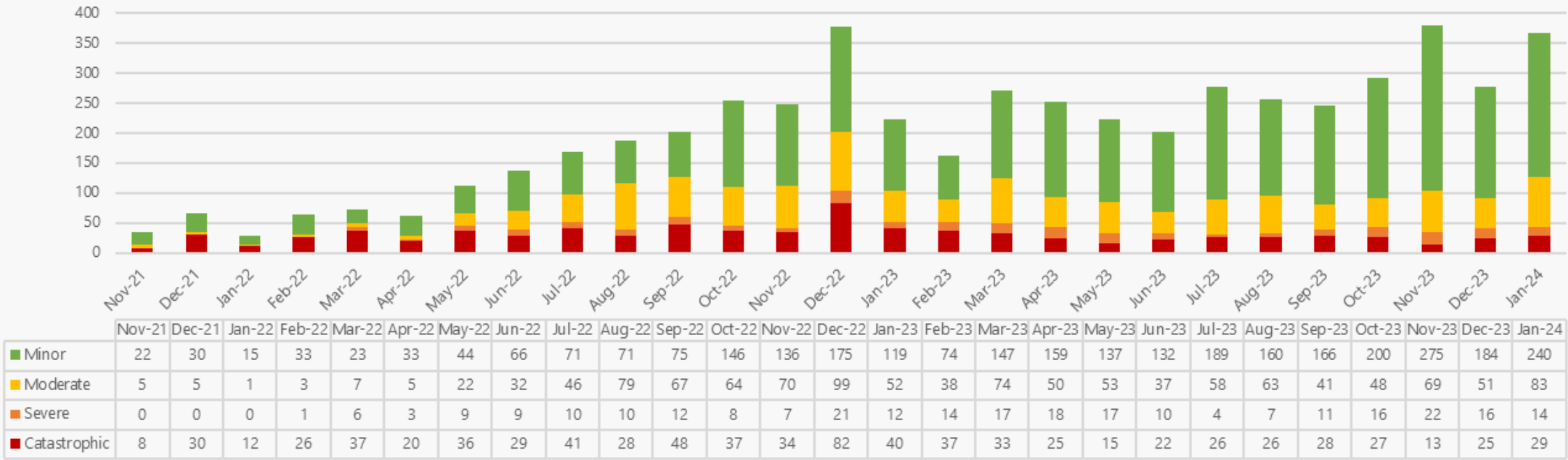
(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

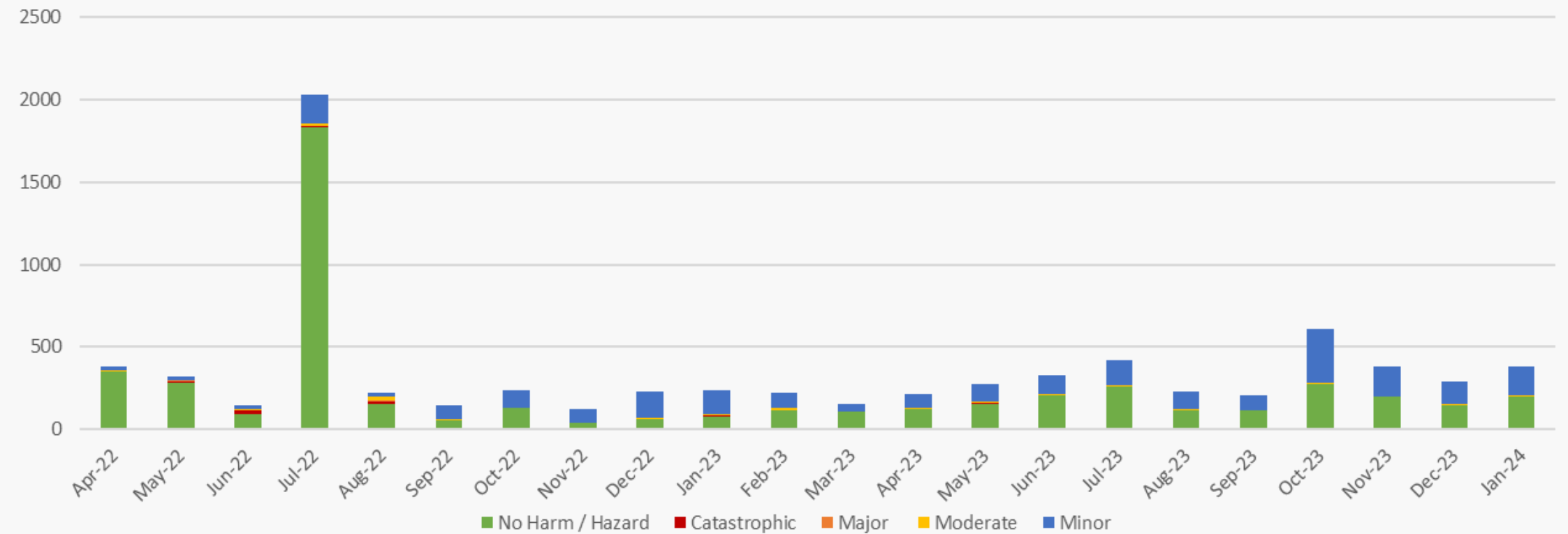
PCC

Health & Care
Standard
Health – Safe Care

Number of incidents Received on Datix system within the reporting month, by Harm grading (Volumes Received)



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



Analysis

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

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families. The Datix Cymru System has recently been updated nationally to allow Duty of Candour to be captured and reported and further work to develop a dashboard is in progress. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

- No harm or hazard – 105
- Minor harm – 240
- Moderate harm – 83
- Severe Outcomes - 14
- Catastrophic - 29

(*NB: Volumes received).

The bottom graph highlights the 382 Incidents that were closed on the Datix system in January 2024. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

Remedial Plans and Actions

Workload for all members of the team continues to be high due to continued system pressures resulting in a backlog of Putting Things Right concerns which are frequently complex. The combination of the implementation of the Duty of Candour, Duty of Quality and the Medical Examiner Service has meant additional activity for the Putting Things Right Team. There is also a backlog of MPDS audits currently. The EMSC team are working hard to conclude these as soon as possible.

The Putting Things Right Team organisational change process is progressing with posts being recruited to. This new structure has considered our local and national priorities and resources to meet the needs of our patients and families and is expected to be fully recruited to by end of April 2024.

The Trust is represented at national networks including Duty of Candour, Complaints, Ombudsman, Learning, Mortality, Claims, Redress and Datix Cymru development groups as resources allow. Work is progressing in respect of the development of dashboards and the aggregation of data and information to inform patterns, trends and learning opportunities as part of the quality management system.

Expected Performance Trajectory

The Trust will continue to identify quality and safety improvements through the Putting Things Right processes.

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

Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

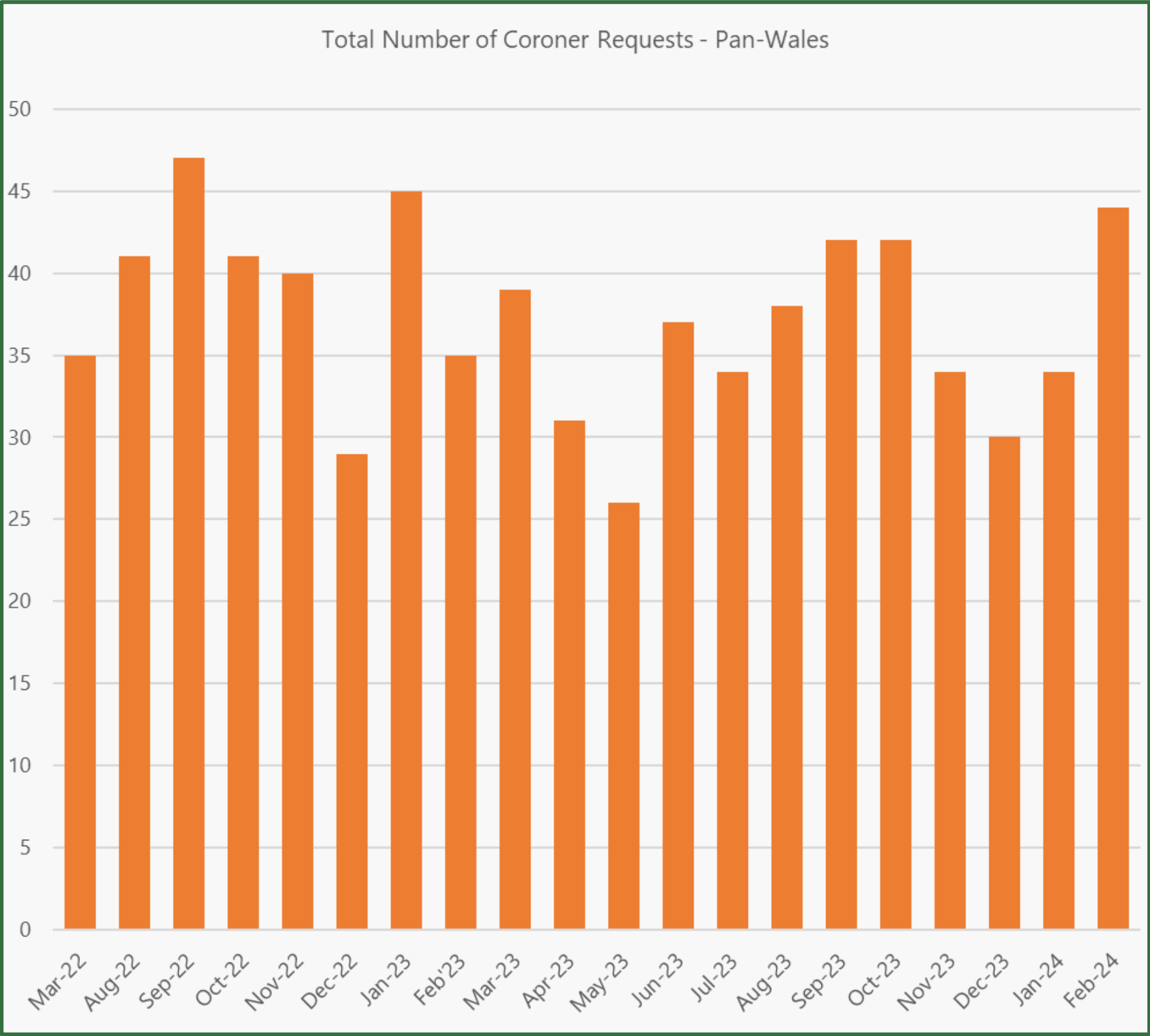
(Responsible Officer: Liam Williams)

Coroners
Self-Assessment:
Strength of
Internal Control:
Moderate

Mortality
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health – Safe Care



*NB: Temporary graph at All-Wales level: The Trust is currently unable to report Coroner requests at Health Board level due to the implementation of the new Datix system

Analysis

Coroners: The complexity of the cases remains high, with multiple statements and actions per approach. This is in addition to the work required to manage cases where the Trust has been given IP status. Cases continue to be registered and distributed. Delayed statement requests are escalated to ensure that the Trust does not receive a Schedule 5 summons. There continues to be additional work due to the ongoing recovery of the Trust solicitor/claims manager. There has been a new administrative team in Swansea Bay and the Trust has received several requests that have been delayed by the coroner's officer failure to make requests against the Trust.

Ombudsman: There has been a reduction in initial approaches to the Trust by the PSOW. All PSOW cases are now being managed via Datix Cymru. A deeper dive into the cases has been undertaken and will be reported as part of the next quarter report. The Ombudsman is considering issues surrounding joint investigations and the issues of elderly patients laying on floors waiting for ambulances.

Mortality Review: The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the Patient Safety Team and clinical colleagues as available. Data and information is also provided by the Trust as required to the Medical Examiner Service to inform their reviews of deaths in acute care. Feedback from the Medical Examiner Service in respect of themes and trends include timeliness in response to patients in the community, handover of care delays and patients on the end-of-life care pathway being conveyed to acute care. Currently the focus of the Medical Examiner Service is undertaking mortality reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the Medical Examiner Service by April 2024. An increase in activity for requests / reviews for the Trust is expected when this occurs.

Remedial Plans and Actions

Coroners: There continues to be additional work due to the ongoing recovery of the Trust solicitor/claims manager, who is unable to travel for long distances. A temporary staff member's contract has been extended to the end of the financial year to try and minimise the impact of the additional work. This has resulted in the Trust being represented by external counsel (such as Legal and Risk Solicitors), all these cases require the instruction of counsel (preparation of bundles, instruction,).

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

Mortality Review: The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews aligning to the national approach. This includes consideration of the resources required in the new Putting Things Right (PTR) Team structure with additional roles included in the Patient Safety Team. Recruitment to the new structure is expected to be completed by May 2024. Representation and contribution by the Trust at the All-Wales Mortality Working Group continues. The Patient Safety Team are engaged in the meetings lead by the Once for Wales Datix Cymru Team who are developing the Datix Cymru Mortality Module. The Learning from Deaths Forum, chaired by the Assistant Director of Quality & Nursing is established and is currently meeting on at least a quarterly basis, with oversight and reporting to the Clinical Quality Governance Group. Following the finalisation of the All-Wales National Mortality Framework which will include the processes in primary care, the Learning from Deaths Forum will oversee the updates to the Trust's Framework.

Expected Performance Trajectory

Coroners: This level of activity seems to be the new normal and will continue to be monitored.

Ombudsmen: Learning has been placed in a PTR, for sharing pan Wales.

Mortality Review: Whilst the multiple benefits of the Medical Examiner Service are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales by the end of April 2024 and the Health Boards (who are at different levels of maturity regarding mortality reviews) start to develop and embed their processes. It is recognised that some cases will have already been escalated following screening and reviewed via PTR processes internally through the Serious Case Incident Forum. Following the recruitment to the new PTR Structure (expected by May 2024) improvements in the timely review of MES referrals is expected.

Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

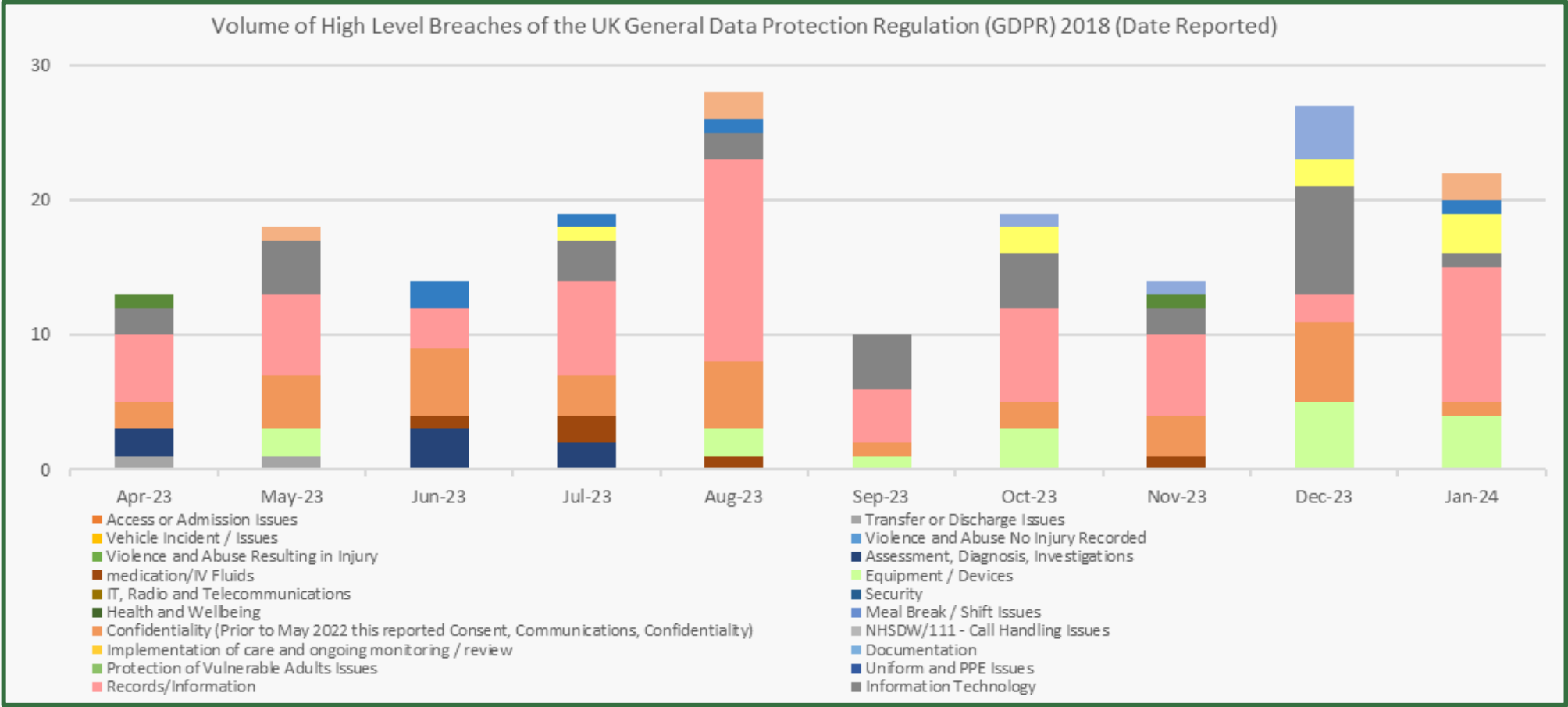
(Responsible Officers: Jonny Sammut & Liam Williams)

Self-Assessment:
Strength of Internal Control:
Strong

QUEST

Safeguarding Data source: Doc Works

Health & Care Standard
Health – Safe Care



Analysis
Safeguarding: In January 2024 staff completed a total of 198 Adult at Risk Reports, 92% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 621 referrals were received and processed to the local authority during this reporting period. There have been 212 Child Safeguarding Reports in January 2024, 93% of these were processed within 24 hours.

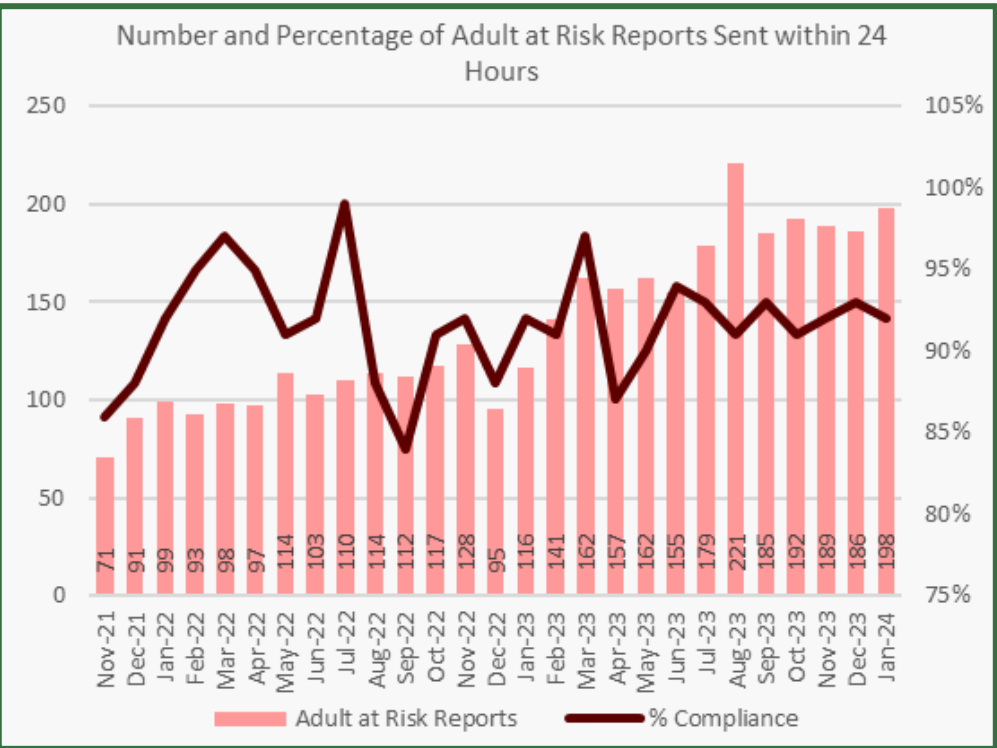
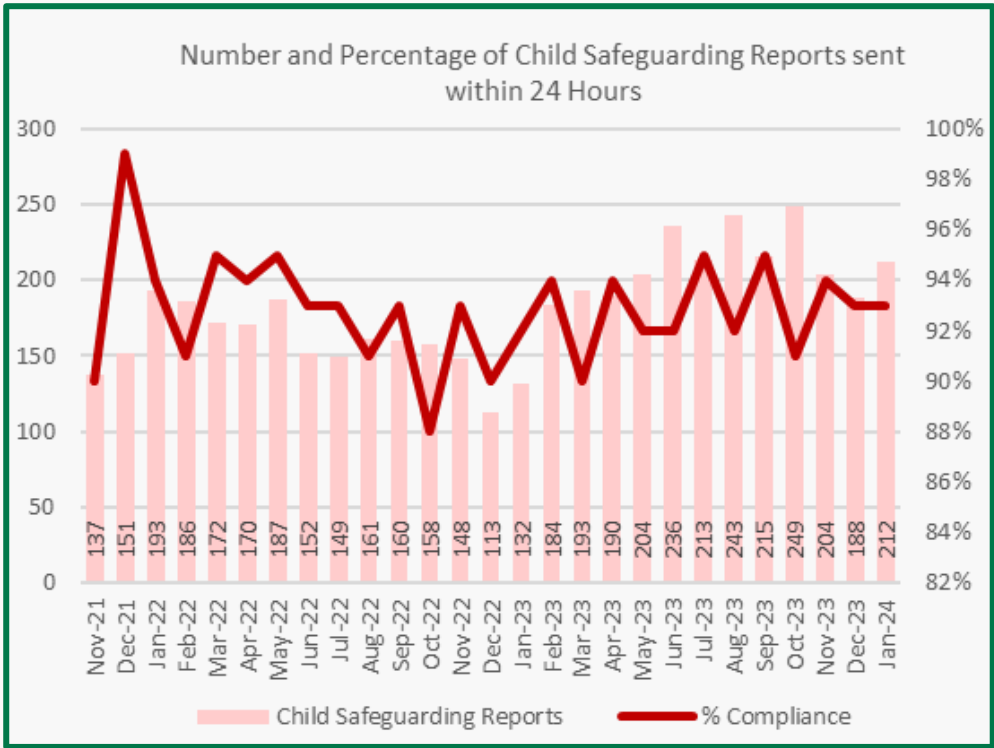
Data Governance: In January 2024, there were 22 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 22 breaches, 4 related to equipment and devices, 10 Records/Information, 1 Behaviour/Aggression, 3 Communication, 1 IG/Confidentiality, 2 Infrastructure, and 1 Information Technology.

Public Engagement: During January, the Patient Experience and Community Involvement Team attended 19 community engagement opportunities, engaging with approximately 227 people. This month engagement has included attendance at a number of mental health events and coffee mornings, where we listened to people tell us about their experiences of using the services we provide and how their mental health impacts their ability to manage their physical health and wellbeing. We attended a number of co-production forums, sharing information and best practice about how we can work in partnership more effectively and we also continue to meet regularly with colleagues from Llais as the national Citizen Voice body for Wales, maintaining an open dialog and sharing relevant information and opportunities to collaborate.

Remedial Plans and Actions
Safeguarding: The Trust primarily manages all safeguarding reports digitally via Docworks Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems. Numbers of paper safeguarding reports have significantly reduced with the embedding of Docworks; however, they are used as a back-up and are sent directly to the Safeguarding Team for further action. Continued monitoring supports practice in this area which is seeing a steady improvement.

Data Governance: During the reporting period, of the 22-information governance related incidents reported on Datix, 1 incidents was reported to the Information Commissioner's Office (ICO) relating to a physical security incident. The IG Team will continue to review and provide advice on reported incidents.

Public Engagement: Community involvement and engagement with patients/public forms an integral part of the Trust's ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PEGI Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination. The PEGI Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. Response rates to some of our PREM's surveys is disappointingly low and we acknowledge that this means we cannot report a truly reflective picture of what it feels like to be a user of some of our services. We are actively working with colleagues across the Trust in a number of different departments to try and agree on solutions that would allow us to directly contact more patients to ask for feedback about their experiences with us. We have escalated our concerns to barriers which are preventing us from directly contacting patients to colleagues at the Welsh Risk Pool who oversee implementation of the Once for Wales Civica & Datix systems. We are seeking their advice on a way forward following a letter to WAST from the Welsh Risk Pool which highlighted WAST as an outlier in not fully utilising all of the available features in Civica to record and report on patient experience.



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

Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

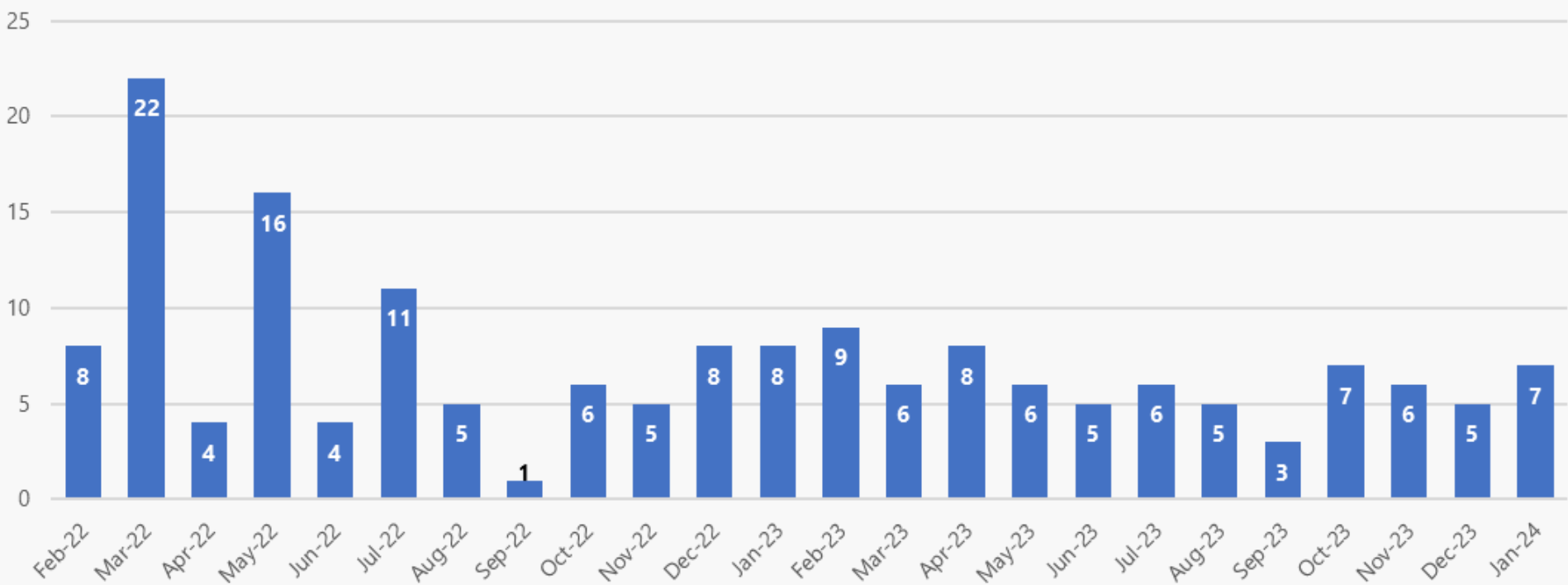
(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care

Volume of RIDDOR Reports by Month



Analysis

RIDDOR: There were 7 incidents requiring reporting under RIDDOR during January. All were related to staff being absent from work for over 7 days because of their injury. 86% of the reports were completed within the reporting required time frames. 1Health and Safety team will continue to work with Incident Handlers to ensure reports are submitted within the required timescales.

The Health and Safety team will continue to work with Incident Handlers to ensure reports are submitted within the required timescales.

3 injuries are a result of manual handling operations were recorded during the month with 2 report resulting from slip/trip or fall incidents.

Violence and Aggression: A total of 46 incidents have been reported of V&A in January. 8 Physical Assaults on staff were reported during the month with incidents of verbal abuse amounting to 38 for the month.

Aneurin Bevan and Betsi Cadwaladr Health Boards remain the highest reporting area with a total of 11 incidents in Aneurin Bevan and 13 in Betsi Cadwaladr.

6 incidents were reported as Moderate in harm and 26 noted as low harm which continues to trend upwards since August 2023.

Verbal abuse continues to be the major category of reporting received- Work is being conducted with 111 call centres to address these reports.

Remedial Plans and Actions

RIDDOR: Bite-sized training modules have been produced to enable investigators to undertake quality investigations that identify the root cause of incidents. This training is being updated to take into account Datix updates and will be made available via Siren to allow easy access to staff members across Wales.

Violence and Aggression: An update on the subject of the use of body cameras was presented to the Senior Operations Team for consideration as one of the work streams to further protect our workforce from potential V&A incidents.

Site visits are ongoing by the V&A Team to provide support to Contact Centre staff with regard to the verbal aggression they experience.

The Case Manager continues to actively support staff who are involved cases being heard at Court to ensure they are given any help they require.

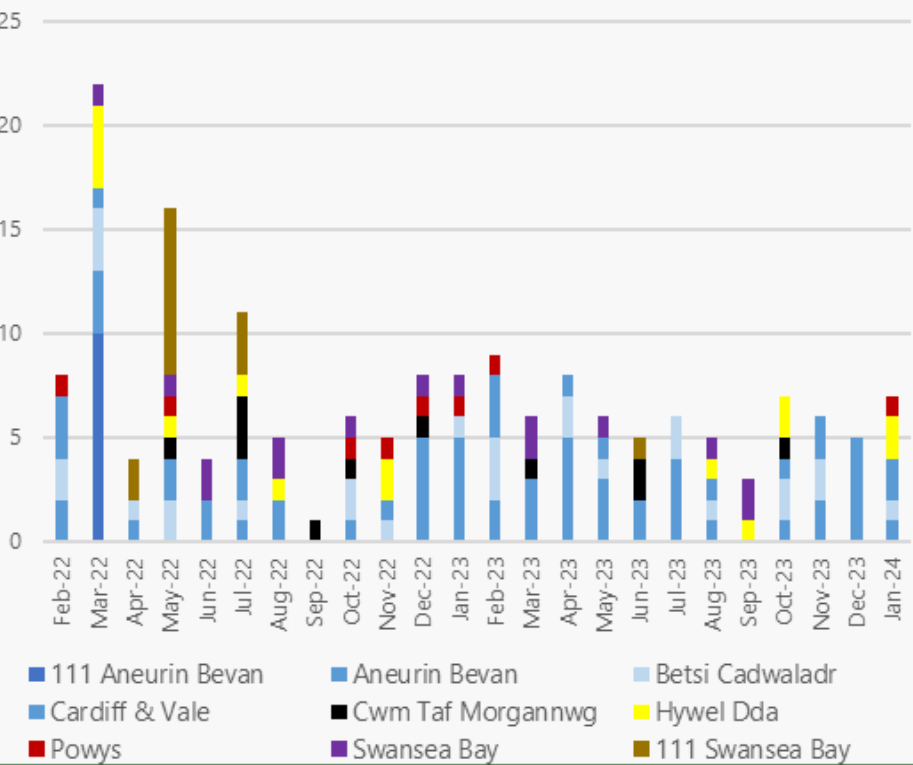
Expected Performance Trajectory

RIDDOR: As we come out of the winter period, we expect in manual handling injuries and slip, trip and fall events as weather conditions improve.

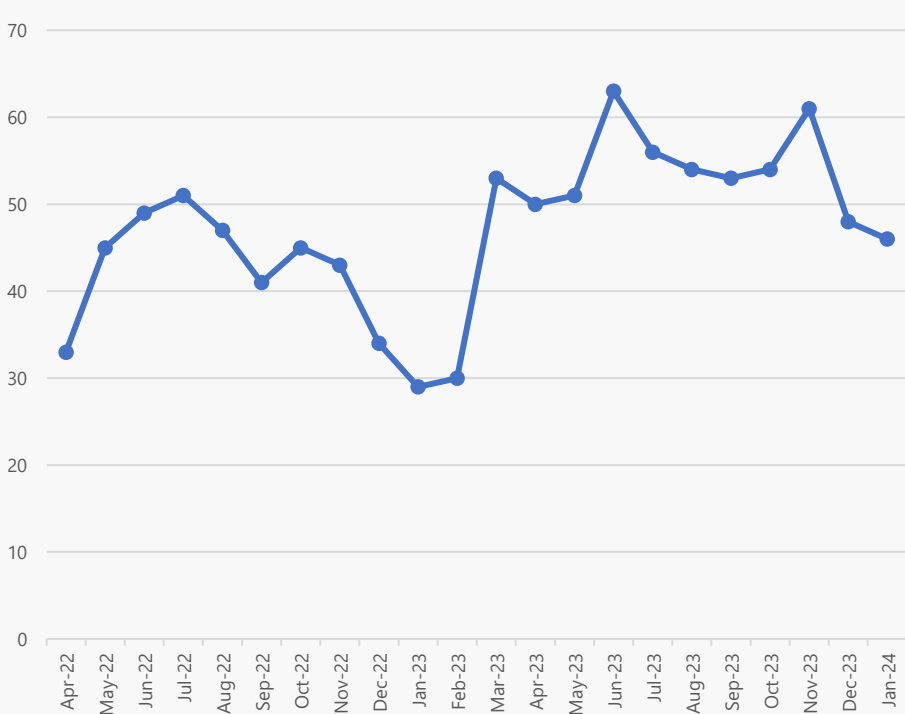
Violence and Aggression: The workstreams identified in the V&A Gap Analysis continue assist in the classification and investigation of incidents. This will have the effect of more accurate reporting and improved investigations and outcomes for staff incidents.

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

Volume of Riddor Reports by Health Board



Total Violence & Aggression Reports by Month

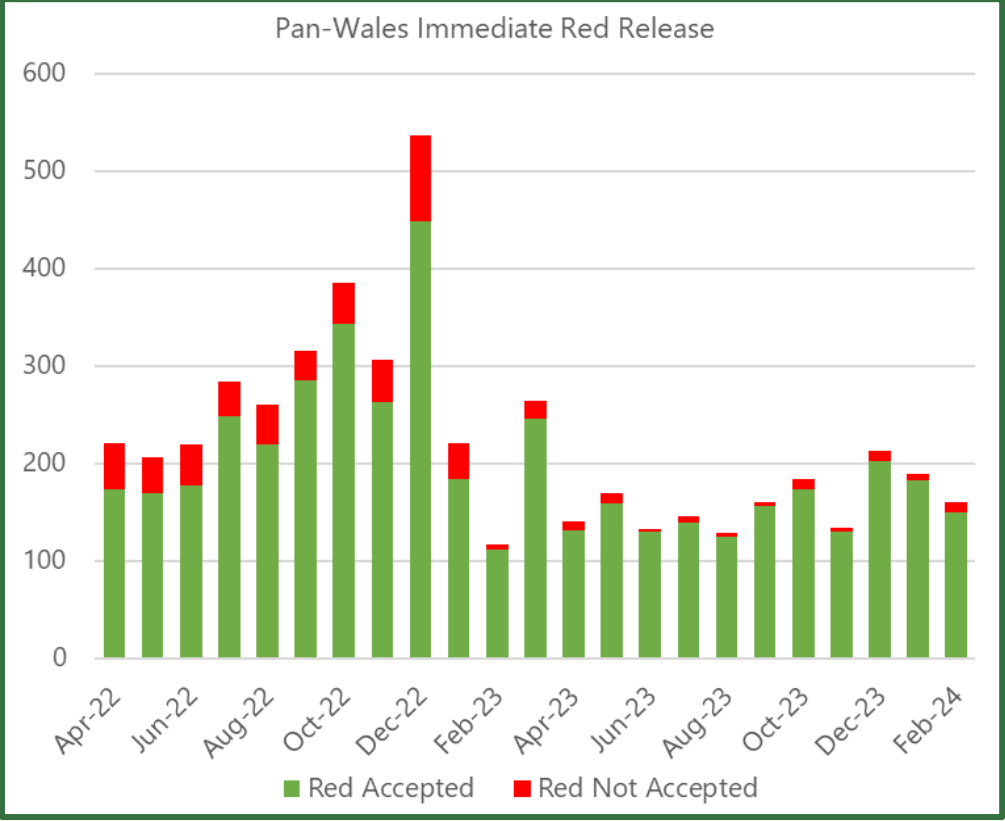
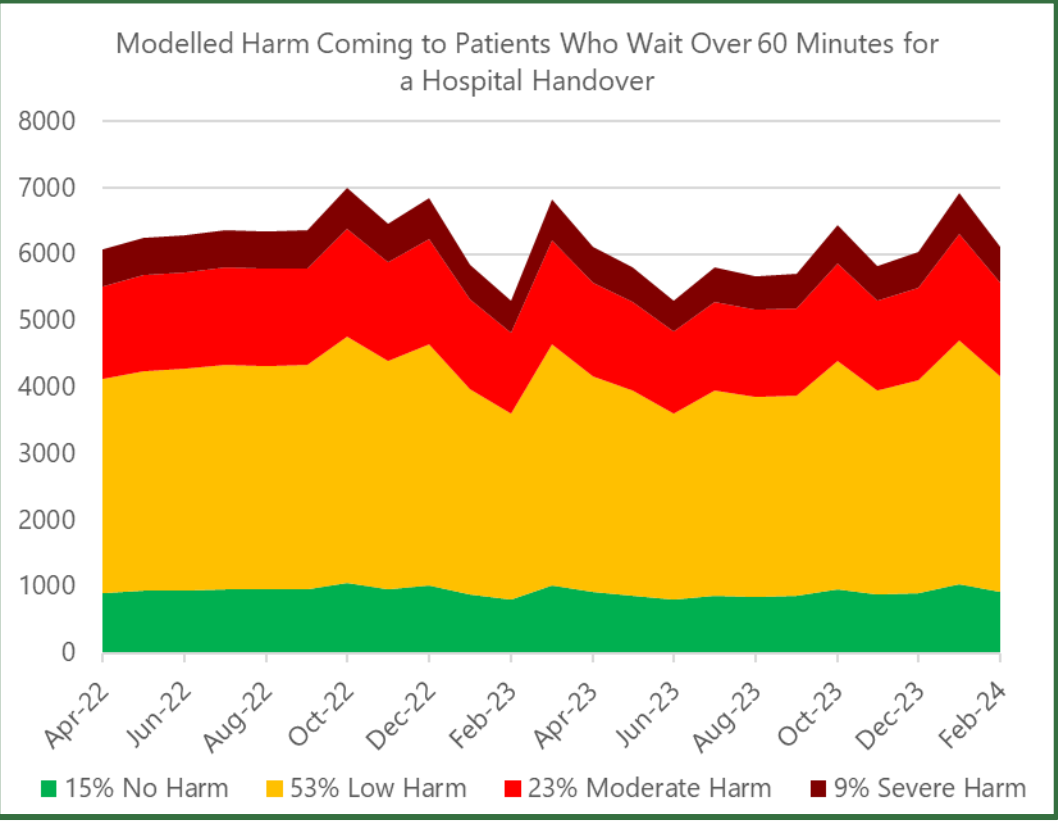
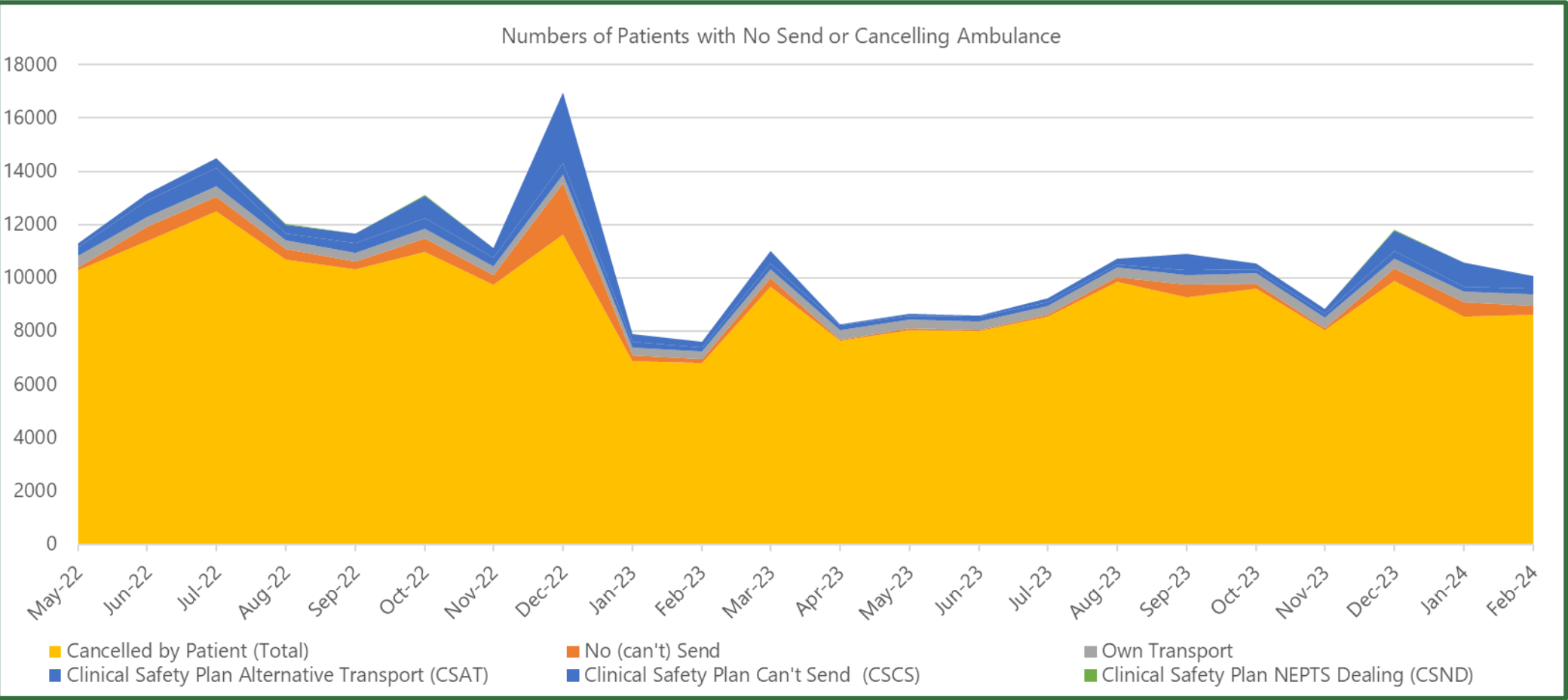


Data source: Datix

Welsh Ambulance Services NHS Trust

Our Patients: Quality, Safety & Patient Experience

Potential Patient Harm Indicators



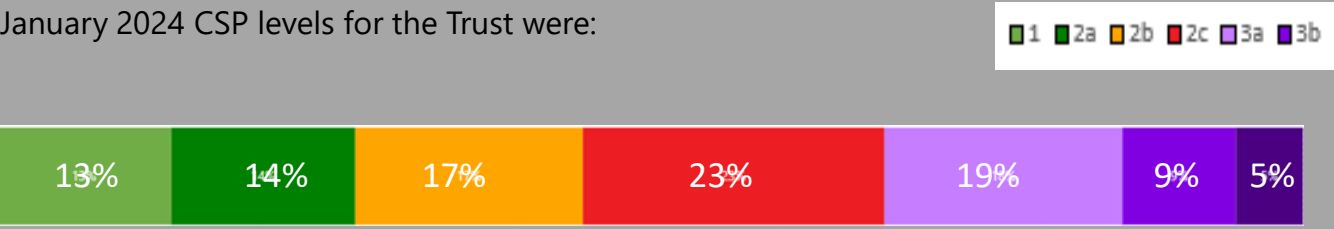
Analysis

In February 2024, 227 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 460 were stopped due to CSP 'Can't Send' options. In addition, 8,623 ambulances were cancelled by patients (including patients refusing treatment at scene) a slight increase from 8,558 in January 2024 and 437 patients made their way to hospital using their own transport.

There were 616 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in February 2024. Of these 150 were accepted and released in the Red category, with 10 not being accepted. Further to this, 148 ambulances were released to respond to Amber 1 calls, but 308 were not.

The graph in the bottom left shows that in February 2024 of the 6,120 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (918 patients) would experience no harm, 53% (3,243 patients) would experience low harm, 23% (1,407 patients) would experience moderate harm and 9% (550 patients) would experience severe harm.

In January 2024 CSP levels for the Trust were:



Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings have commenced with Health Boards, the Commissioner and the Trust and performance is reviewed monthly with questions posed to Health Boards regarding immediate release and handover reduction plans and actions.

Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand. Seasonal pressures impact the Trust and planning is being used to prepare for this through a range of measures including the use of forecasting and modelling.

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

Our Patients: Quality, Safety & Patient Experience

Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care

January 2024		
NEPTS (106 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	63
Were you happy with the transport you received?	85	86
999 (5 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	25
The 999-call taker who answered your call explained what was going to happen next.	85	75
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	25
The length of time I waited for an ambulance to arrive was acceptable.	85	67
111 (12 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	55
Did you follow the advice given to you by NHS 111 Wales?	85	80
Would you consider using NHS 111 Wales again?	85	78
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
○ Ambulance care	83.52% Good	12.09% Poor
○ Integrated Care (NHS 111 Wales Telephone line only)	44.44% Good	44.44% Poor
○ EMS (including CSD) No responses received	20% Good	60% Poor
○ NHS 111 Wales Online	55.88% Good	29.41% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

Within the NEPTs survey the responses provided did not hit the benchmark in relation to the question ‘How long did you wait for your transport to take you home after your appointment, therefore not providing the level of service the patient expected. However, 86% were happy with the transport they did receive.

It is acknowledged that the small number of respondents for the 999 and 111 surveys does not provide a great enough response to reflect a true patient experience picture, but work is currently underway to develop a process that will increase response rates and make them more meaningful.

Remedial Plans and Actions

We continue to make available 4 core Patient Experience surveys, covering the Trust's main service delivery areas:

- 999 EMS Response (incorporating CSD)
- Ambulance Care (NEPTS)
- NHS 111 Wales Telephony
- NHS 111 Wales Online

The Civica Experience platform provides some enhanced reporting facilities, including the ability to weight questions and produce ‘Heat Maps’ based on responses. A benchmark is set of 85, with aggregated scores of 85 and above representing a positive response. WAST is currently working through the requirements to add the SMS functionality within the Civica experience platform and other systems as well as strengthening information governance arrangements to increase the data experience returns.

The aim is to increase the number of patient experience feedback returns and to further integrate systems with Civica to push email/text surveys to patients. However, this requires input from the ePCR team to look at opportunities to capture patient permissions to participate in experience surveys.

These surveys are mandatory requirements; Under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. WAST has a duty to secure quality in its services and must exercise its functions with a view to securing improvement in the quality of its services. The Duty of Quality includes the experiences of individuals to whom health services are provided.

Expected Performance Trajectory

Further integrate our systems with Civica to push email/text surveys to patients. Requires input from ePCR team to look at opportunities to capture patient permissions to participate in experience surveys.

Our People

Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production

G

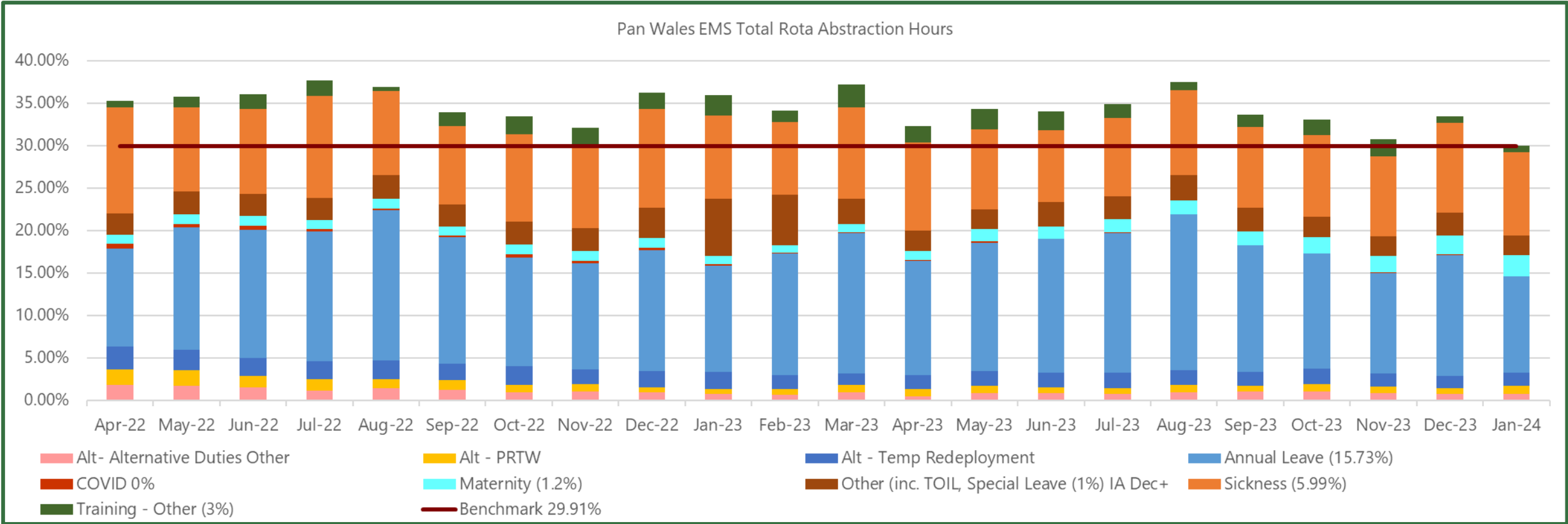
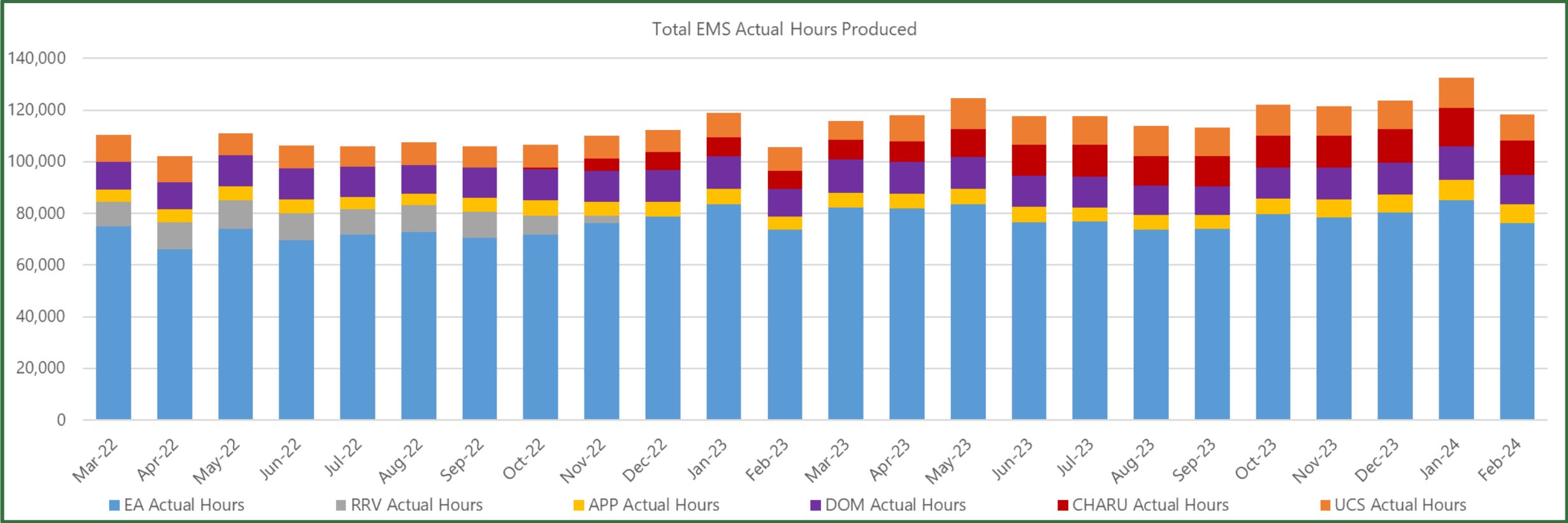
Abstractions

R

CI

PCC

FPC



Analysis

The total hours produced is a key metric for patient safety. The Trust produced 118,349 hours in February 2024, which is a decrease on the 132,508 hours produced in January 2024 (but over two fewer days), but a significant increase on the 105,568 hours produced during February 2023. This increase in UHP has helped to minimise the impact on performance levels during the winter period and at a time of extreme handover.

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. In January 2024, total EMS abstractions (excluding Induction Training) stood at 29.95%. This was a decrease from the 33.43% recorded in December 2023 and is the first time the Trust has dipped below 30% (which is the benchmark figure) since the start of the pandemic. The highest proportion of abstractions was due to annual leave at 11.36% followed by sickness at 9.79%. This figure for sickness abstractions for January 2024 was a slight decrease when compared to the same month last year (9.82%).

Emergency Ambulance Unit Hours Production (UHP) achieved 95% in February 2024 which equated to 76,358 Actual Hours. This is a 3.4% increase on the Actual Hours produced during February 2023.

CHARU UHP achieved 160% (13,348 Actual Hours) compared to 168% in January 2024 (this is the commissioned level not the modelled level). This equates to 79% UHP of the full roll out requirement against the agrees rosters.

Remedial Plans and Actions

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

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

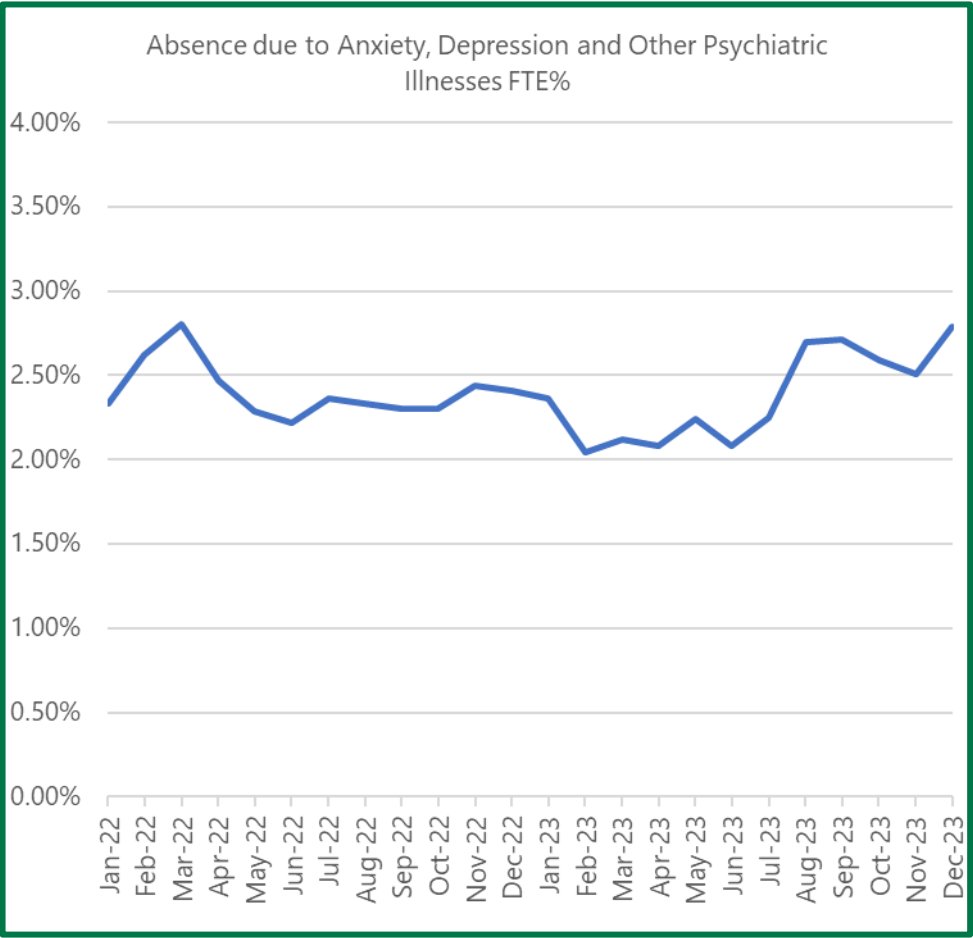
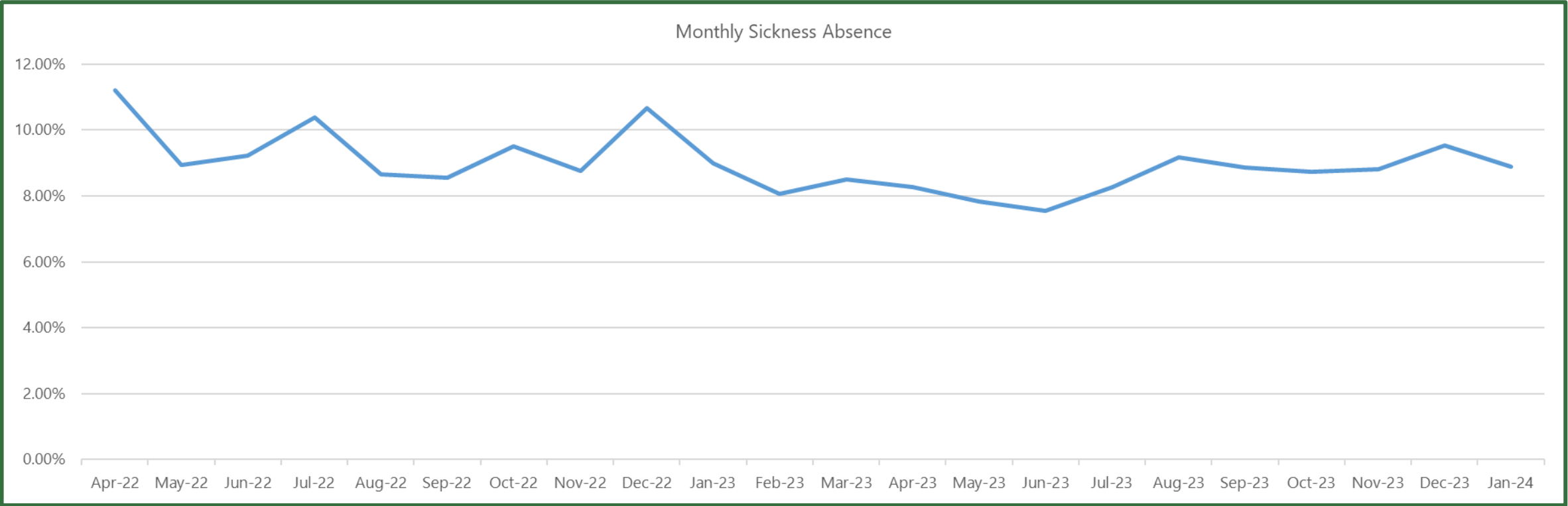
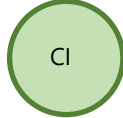
Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good. The Trust has an ambition to reduce sickness to 6% and abstractions to 30% by March 2024, which would further boost production; however, the handover levels are extreme, and the rosters are simply not designed to cope with over 23,000 lost hours; they were predicated on 6,000 hours.

Our People

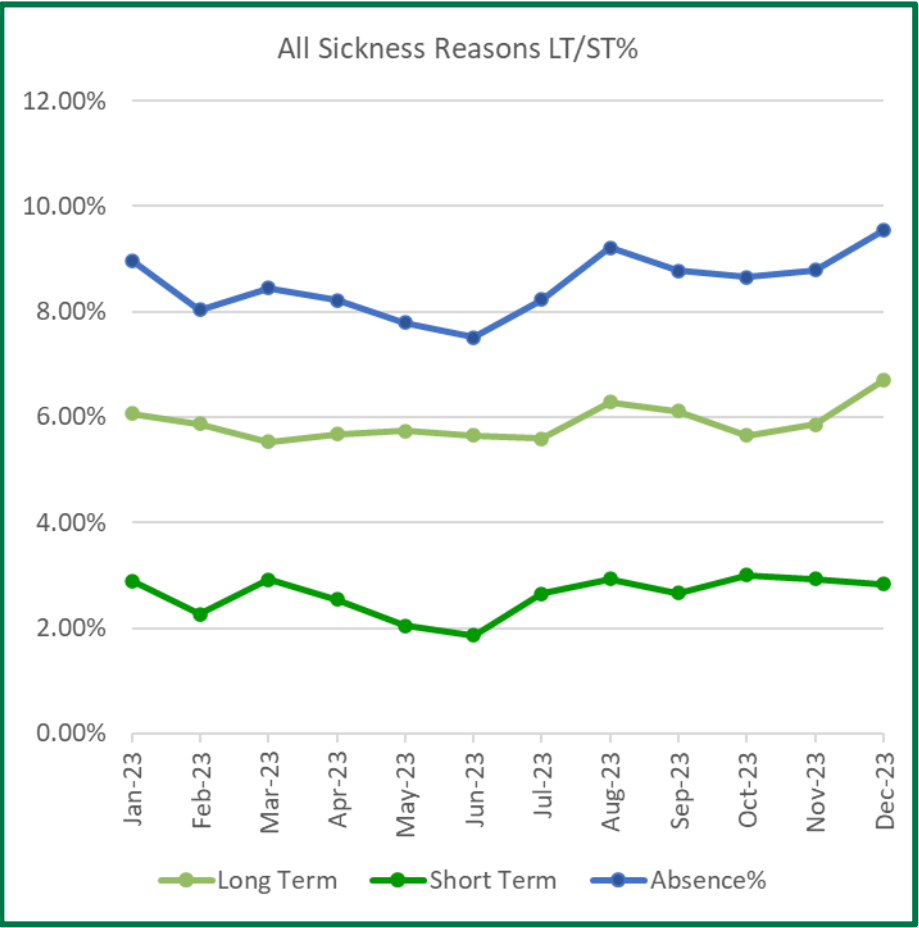
Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)



Average working days lost per FTE (Annual)	
19.43 days	
Single month Absence %	
9.54%	
Long Term	Short Term
6.70%	2.84%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.79%	(excluding Back) 1.31%

December 2023



Analysis

There was decrease in overall sickness absence rates between December 2023 and January 2024, dropping from 9.54% to 8.89%.

Long term absence increased from 5.86 in November 2023 to 6.70% in December 2023 and short-term absence decreased from 2.93% in November 2023 to 2.84% in December 2023.

Indicative figures show a decrease in sickness absence in January 2024 to 8.92%, with long term absence decreasing to 5.92% and short-term absence increasing to 3.00%.

The highest reason for short term absence in December 2023 was Anxiety/ Stress/ Depression, other musculoskeletal problems and gastrointestinal problems.

Absence due to Mental Health has risen slightly since June 23 and is now at 2.79%, which is back in line with figures seen during the early part of 2022.

Physiotherapy: 7 referrals were received in December 2023. This is 24 less than the previous month and the lowest this year.

Remedial Plans and Actions

- Monitoring continues with ongoing reviews in both long term and short-term absences with monthly meetings to track sickness and provide support. MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions). Bespoke training sessions are provided when identified.
- In line with the Improving Attendance Action Plan, the People Services Advisors have undertaken audits on short term absence occurrences within the Operations Directorate.
- The findings of the audit displayed common themes across all areas within the Operational Directorate, including missing paperwork, no return-to-work meeting and inappropriate discretion applied.
- Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.

Expected Performance Trajectory

The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery.

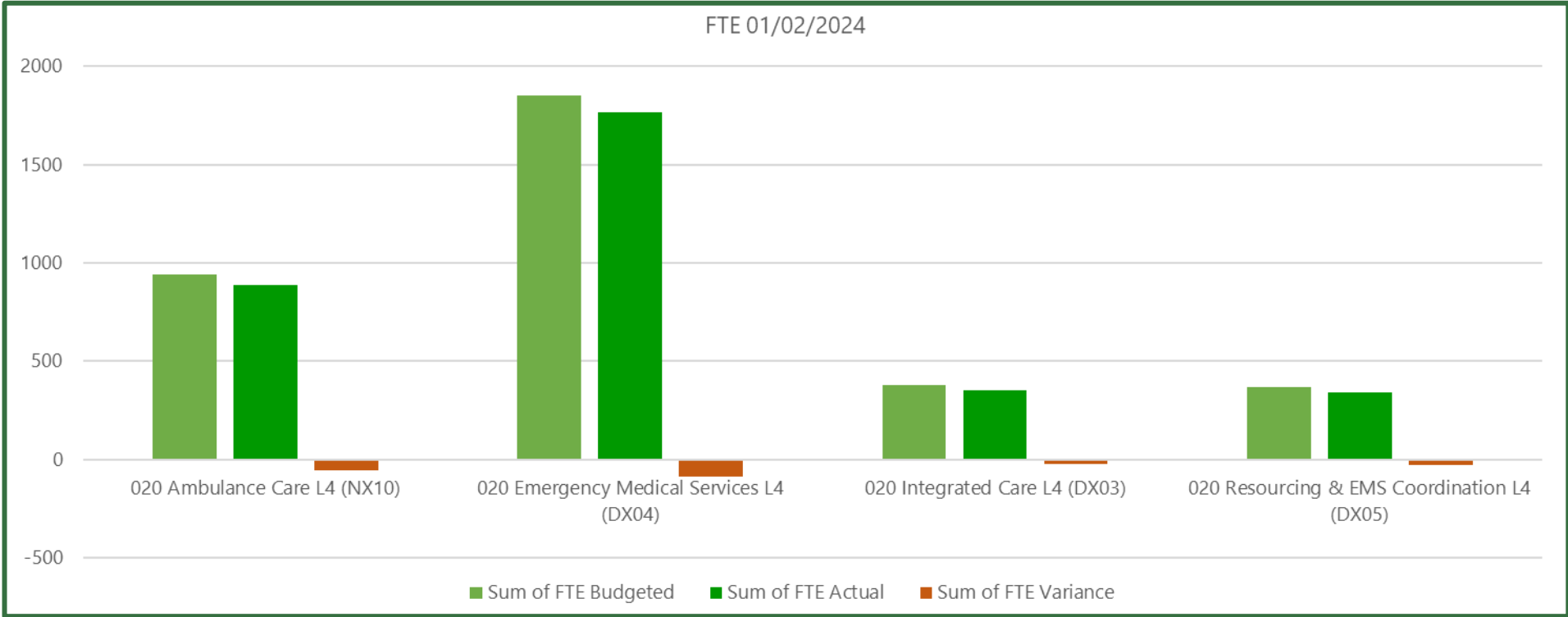
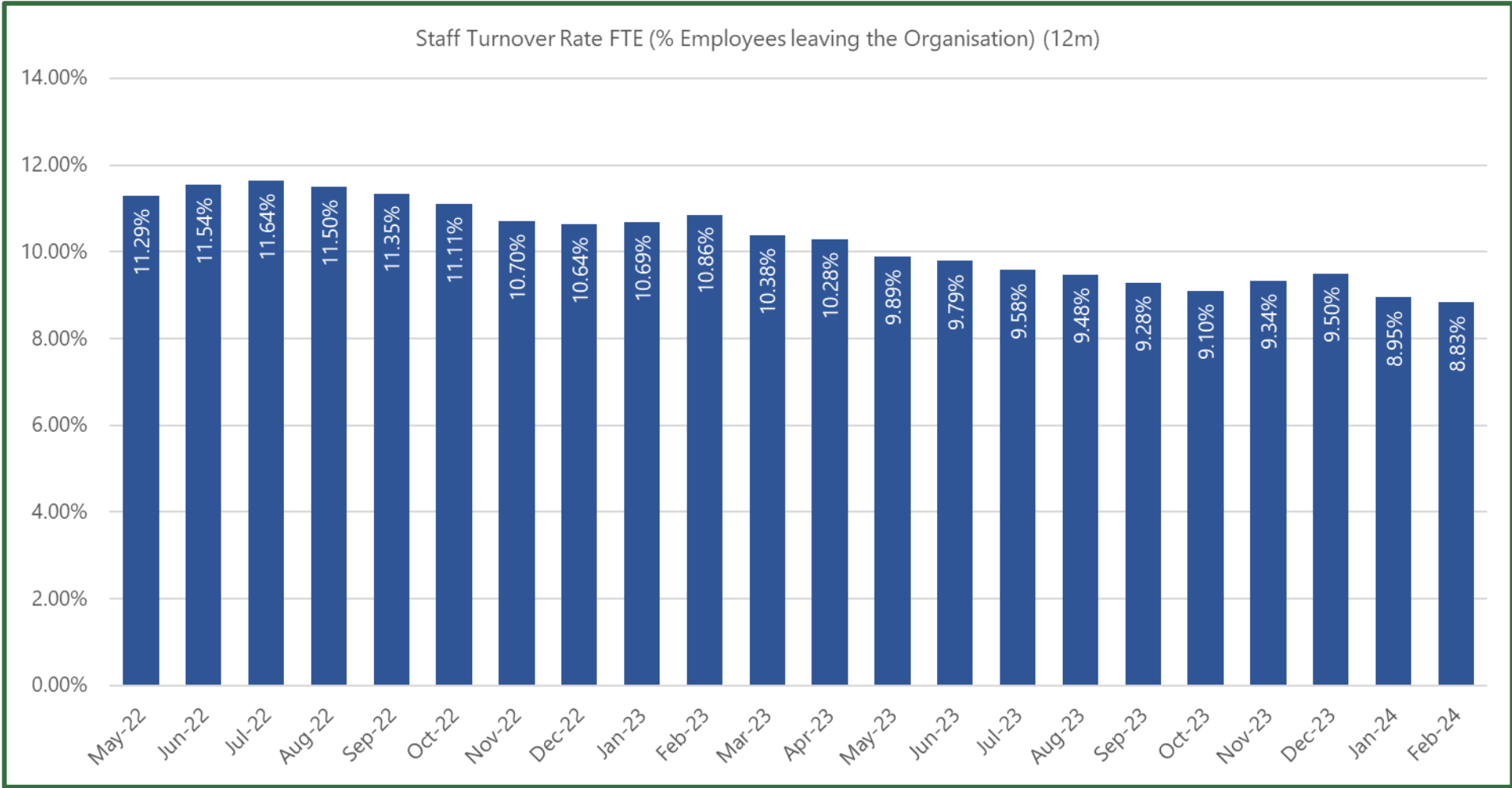
NB: Sickness data will always be reported one month in arrears. It should be noted that the figures reported in this presentation are official to 30th November 2023. All figures for December 2023 are indicative only (as of 27.12.2023).

Our People

Capacity - Turnover

(Responsible Officer: Angela Lewis)

Turnover
A



Analysis

Staff turnover rates in February 2024 were 8.83%, which is a decrease from the 8.95% recorded in January 2024, and rates have generally been declining since they peaked in July 2022. Shift overrun average times have been steadily increasing again following a two year low recorded in June 2023. The average figure for February 2024 was 43 minutes and 13 seconds compared to 42 minutes and 41 seconds in January 2024. Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

Due to reduced capacity within the Occupational Health and Wellbeing team and the implementation of a new MI system, there have been slightly longer waiting times for appointments. This is now being resolved and we will be working toward improving this. As part of the continuing service review, we have recently conducted a successful tender process for the Employee Assistance Programme (EAP). The service specification has been based upon feedback from the team and WAST colleagues and the new contract will commence in March 2024.

Where any additional support is requested the wellbeing team will adopt a targeted approach. From our MI data, the team look at emerging patterns and themes and provide additional support if identified.

Remedial Plans and Actions

To assist with training resource and increase agile training the team are exploring converting the current training programme onto e-learning.

The survey for feedback on flexible working process is due to be launched in February with findings to assist in the development of training and coaching materials for managers. There will also be Teams live sessions where colleagues can attend and share their experience and ideas to a panel made of representatives from the People & Culture Directorate and TU colleagues.

A number of key areas across the Operations Directorate are being supported through cultural reviews with an aim to improve management engagement & communication, work environments and overall wellbeing of colleagues. These areas include Integrated Care and EMS co-ordination.

There is a particular focus on supporting colleagues and managers who facing a number of large-scale changes to ensure they are supported appropriately through good communication, comprehensive Q&A's, drop-in Teams sessions as well as local sessions.

As part of the continuing service review, we have recently conducted a tender process for our Employee Assistance Programme (EAP). Interviews with providers took place 15th January. Evaluation has taken place, and the successful provider will be appointed in preparation for commencement of the service in March 2024.

We are in the process of writing the Wellbeing strategy for 2025/29. The team has implemented outcome measures and integrated them into OPAS G2, our MI system. This means that we will be able to send questionnaires to colleagues around mental health assessment measures. This is still currently in progress. The clinical team continue to support People Services and managers through sickness absence meetings. Team members from OH/Wellbeing/TRiM continue to promote the service using our Occupational Health & Wellbeing vehicles, also presenting to new starters within WAST and through attendance at managers' meetings.

The team continue to deliver Drop-in sessions across all of our Clinical Contact Centres, dates for 2024 have been advertised. The REACT (Recognise, Engage, Actively Listen, Check Risk, Talk) training is still proving popular, upcoming dates are advertised on Siren.

We are currently working on a plan for 2024 for the Health Surveillance programme, to help monitor staff health and to identify any potential health issues early and provide appropriate interventions (where necessary). A project plan for the implementation of a pilot Health Check Programme (for up to x 400 WAST staff, age 46+ years), Health Diagnostics, is still in process to look at reducing risk of cardiac ill health in our older workforce, by implementing a screening programme. The programme plan will be shared with the team to include key milestones and will be implemented initially as a pilot.

Expected Performance Trajectory

The People and Culture Strategy will continue with its wellbeing focus. We are currently in the process of writing the Wellbeing strategy for 2025/29.

A robust wellbeing provision remains in place to support staff and managers- the service is regularly reviewed and updated with a focus on continuous improvement.

Our People

Culture - Staff Vaccination Indicators

(Responsible Officer: Angela Lewis)

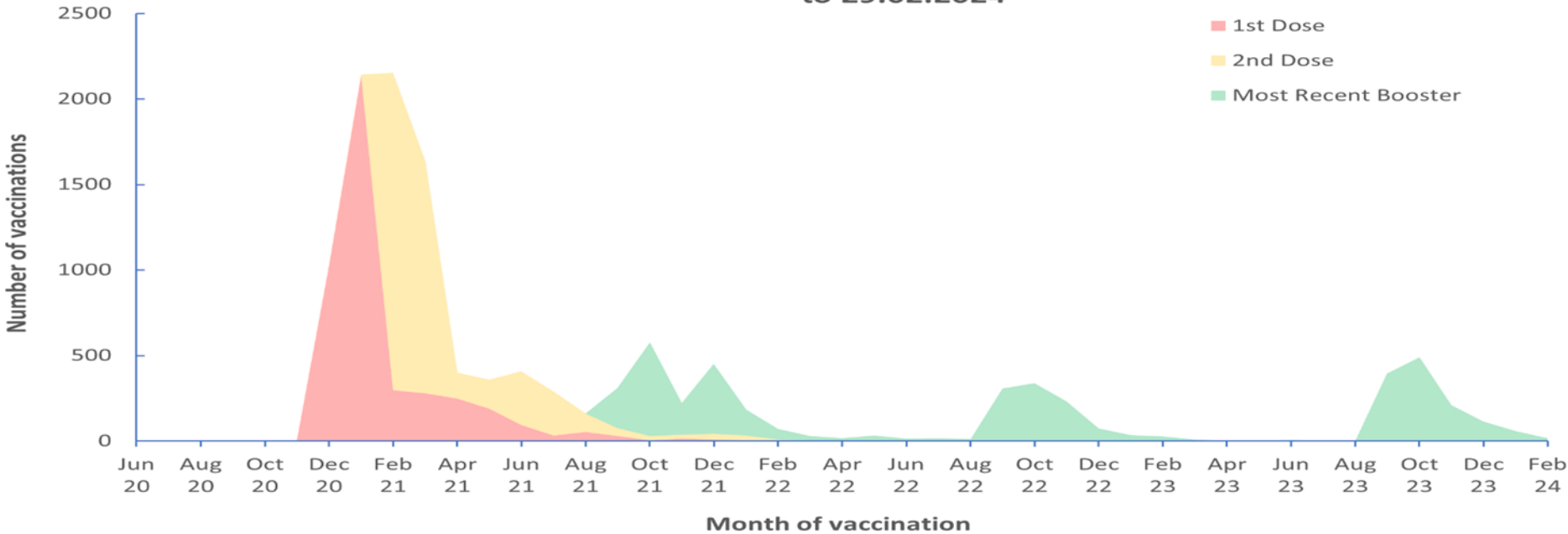
Self-Assessment:
Strength of Internal
Control: Moderate

PCC

CI

Health & Care
Standard
- Health (PPI)

WAST Staff Covid Vaccinations
to 29.02.2024



Analysis

Flu: During the flu campaign so far, 1,310 flu vaccines have been administered by our Vaccinators (including to staff from the follow groups:- CFRs, EMRTS, HCS, PHW, St John Cymru and Students), with both Occupational Health vaccinators and Peer Vaccinators are continuing to undertake ad-hoc vaccinations. Of these vaccines administered, 1,096 have been received by WAST staff* (*staff who hold an ESR payroll number). A further 377 WAST staff have completed our Trust Microsoft Form to confirm they have received the flu vaccine elsewhere (i.e. at their GP surgery or a COVID Booster setting). Consequently, a total of 1,473 WAST staff have received the vaccination against flu, equating to 33.9% of the overall workforce. Additional engagement has been received from 245 WAST staff completing the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine, meaning the campaign has reached a 44.5% engagement rate so far.

COVID-19: As of the end of February 2024, 93% of Patient-Facing, and 93% of Non-Patient-Facing staff have received the first COVID-19 vaccination dose. As of the end of February 2024, 93% of Patient-Facing, and 92% of Non-Patient-Facing staff have received the second COVID-19 vaccination dose. 85% of Patient-Facing, and 84% of Non-Patient-Facing, WAST staff have received at least one of the Covid-19 boosters offered in the last 3 years.

Since September 2023, 26% of Patient-Facing staff and 28% of Non-Patient-Facing staff have received this season's Covid-19 Booster.

This is compared to 50%/51%, respectively, for the equivalent time period in 22/23 and 82%/83%, respectively, for the equivalent time period in 21/22.

Remedial Plans and Actions

Flu: The 202/24 WAST Flu campaign ended at the end of February 2024. The end of season report is currently being drafted and consultation with the project team. Once finalised, the report will be shared and discussed at the Clinical Directorate Business meeting and ELT.

COVID-19: The four UK CMOs agreed it was appropriate to pause the alert level system, which was suspended on 30th March 2023.

Routine testing was also paused for all symptomatic health and social care workers, care home residents, prisoners and staff and residents in special schools during the spring of 2023.

Expected Performance Trajectory

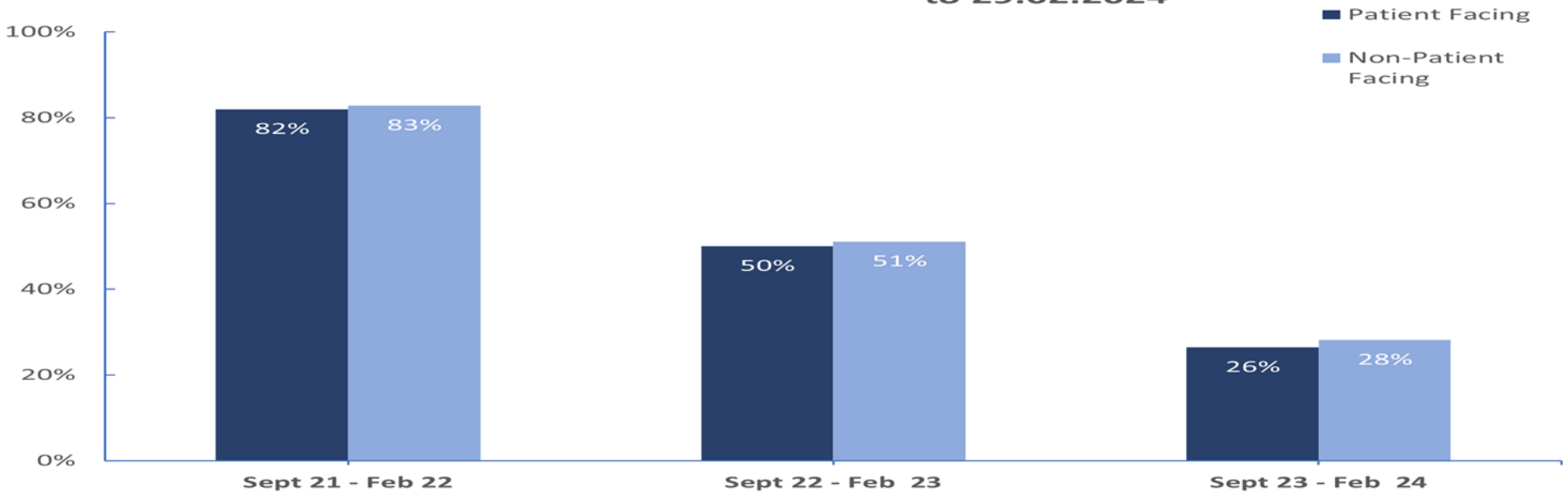
By continuing to engage with staff, the aim is for as many WAST staff as possible to complete the Microsoft Form to inform us if they have had the flu vaccine in the workplace, elsewhere or choose to opt-out of having the vaccine.

****NB:** COVID Vaccinations for the past 2 years have only reported using the WAST definition of Frontline Patient Facing employees and therefore only includes those employed within Emergency Services, and Patient Transport Services..

*****NB:** Flu data accurate at time of publication and subject to change / COVID-19 vaccination data correct at time of publication and subject to change.

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

Uptake of Seasonal Booster - current year vs previous years
Patient-Facing / Non Patient-Facing
to 29.02.2024



Our People

Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR

R

Stat & Mand

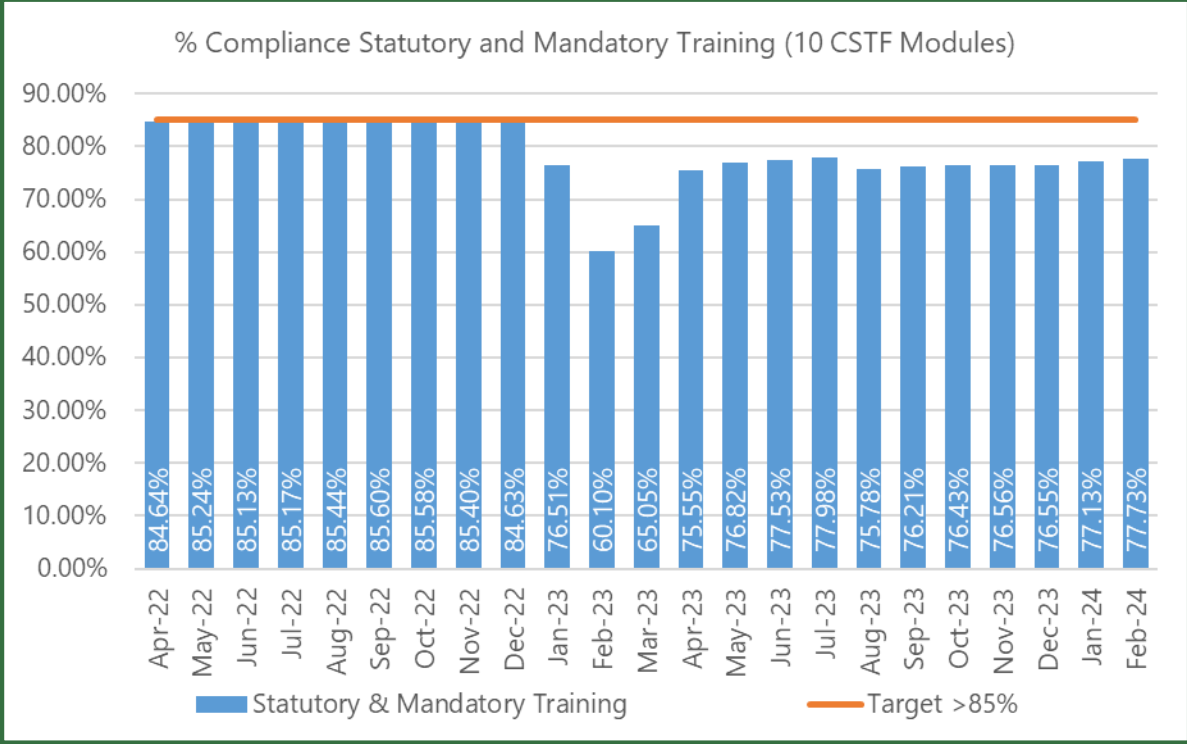
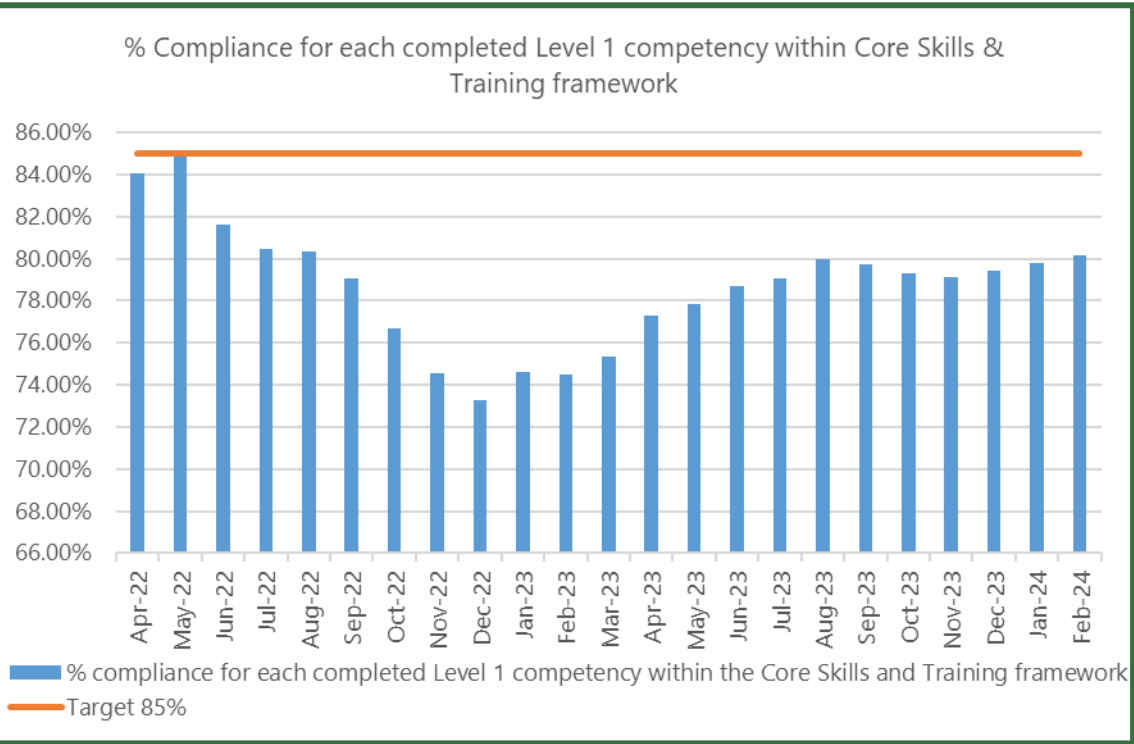
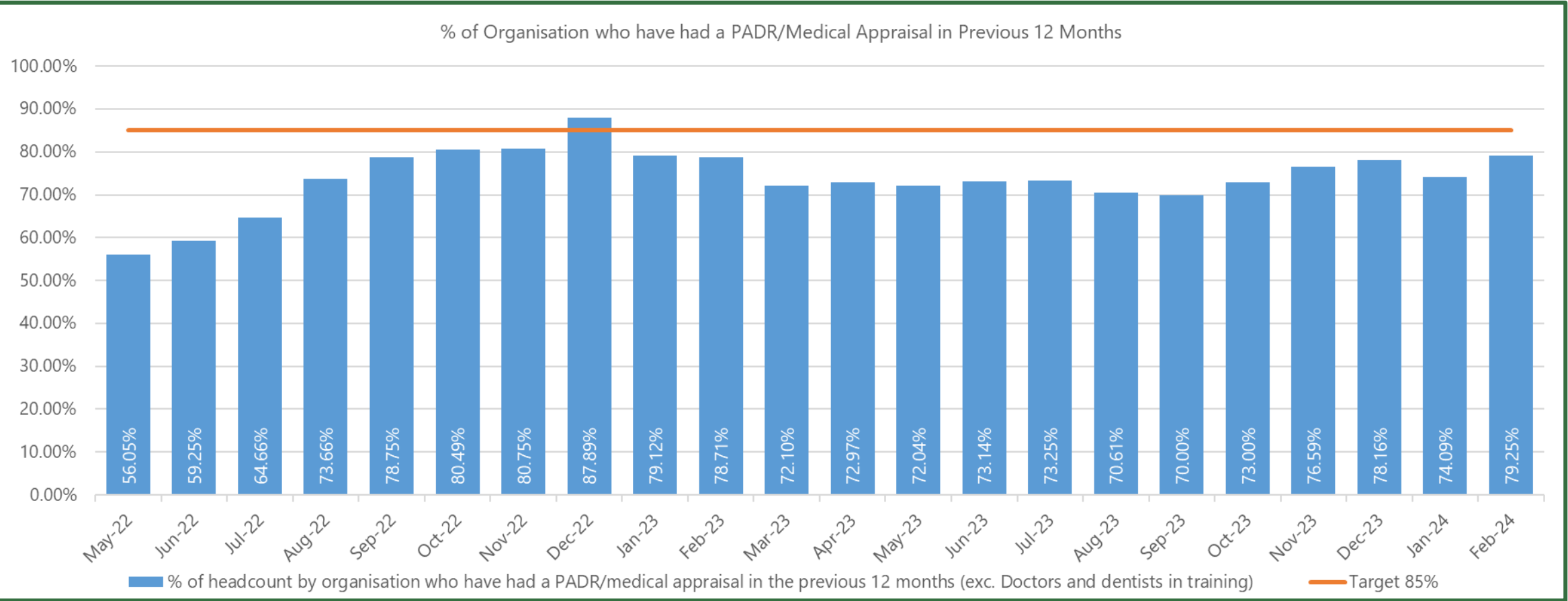
R

CI

PCC

Health & Care
Standard
Health – Staff &
Resources

Self-Assessment:
Strength of Internal
Control: Strong



Analysis

PADR rates for February 2024 increased when compared to the previous month to 79.25% but remains below the 85% target. Over the reporting period this target has only been achieved once, in December 2022, but the current rates are 0.54% higher than the same month last year.

In February 2024 Statutory & Mandatory Training rates reported a combined compliance of 77.73%; with only Dementia Awareness (93.29%) achieving the 85% target. Equality & Diversity (81.80%), Safeguarding Adults (81.37%). Violence Against Women, Domestic Abuse & Sexual Violence (78.21%), Fire Safety (77.59%), Moving & Handling (75.38%), Information Governance (72.80%), Paul Ridd (66.51%), Welsh Language Awareness (59.20%) and Fraud Awareness (55.64%), all remain below this target.

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

Remedial Plans and Actions

The annual face to face Mandatory In-Service & CPD Training programmes are mid delivery and will lead to increases in reportable CSTF competencies - these programmes have engaged with c50% of the relevant workforce with delivery planned to continue for the remainder of this financial year.

Welsh Language Awareness, Fraud Awareness and the Paul Ridd Learning Disability Awareness competencies will be reaching their first anniversary at the end of the financial year when it is expected that compliance will exceed the target of 85%. A targeted approach to assist individuals to access their eLearning and thereby update their knowledge and achieve compliance will be rolled out across the Trust during Q4. This will include achievement of these specific statutory and mandatory courses in addition to the full range of locally mandated provision the Trust offers and new content mandated via Welsh Government including Duty of Quality, Duty of Candour and Consent.

Expected Performance Trajectory

Performance is improving as compliance has risen in relation to Paul Ridd.

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

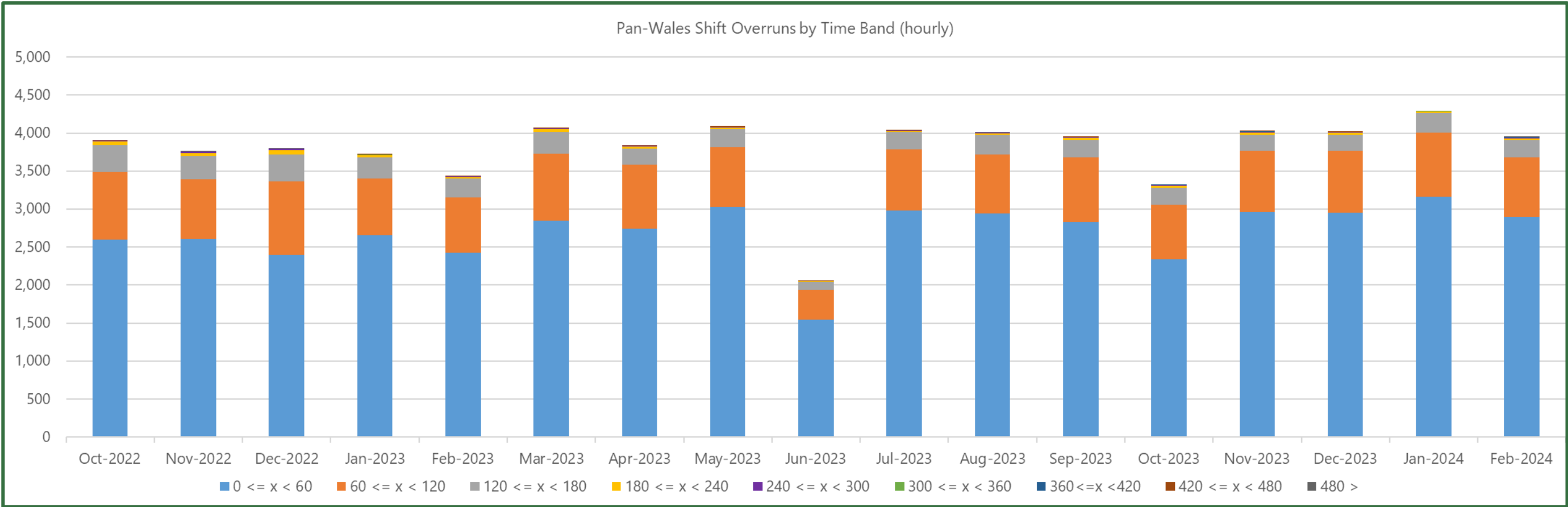
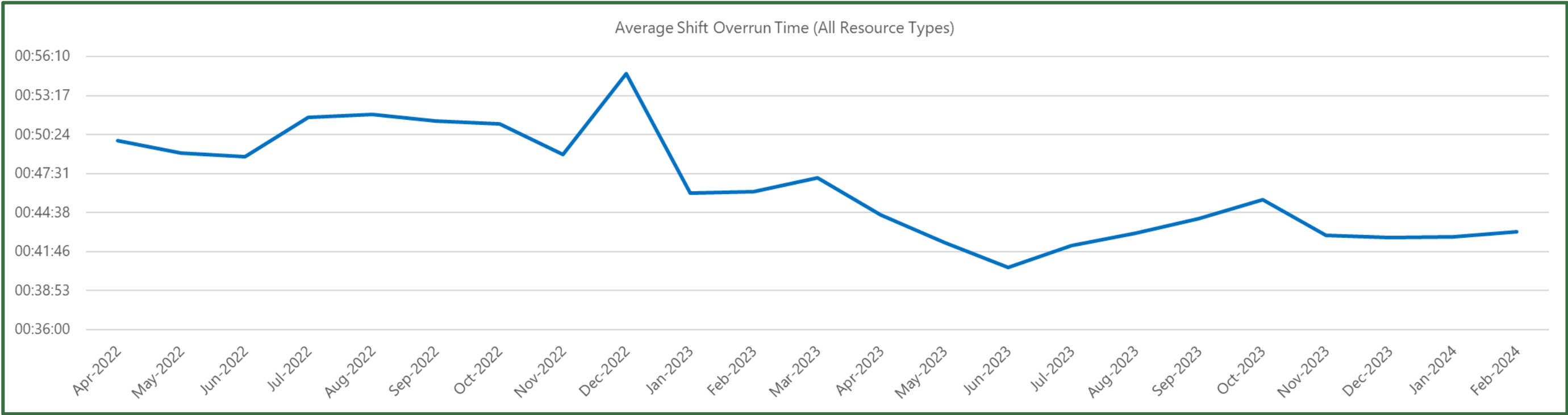
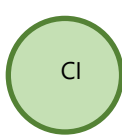
Our People

Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

Overruns

R



Analysis

Shift overrun average times have been steadily increased between June and October 2023, but have since varied. The average figure for February 2024 was 43 minutes and 13 seconds compared to 42 minutes and 50 seconds in January 2024.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 74.6% of the total. 20.9% fall within the 61 to 120-minute category, 6% in the 121 to 180-minute category, 0.6% in the 181 to 240-minute category and 0.4% in the 241 minutes and over category.

Remedial Plans and Actions

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

As part of the Trust’s winter resilience planning, it is introducing “pods” at some hospital locations to aid staff finishing on time.

Expected Performance Trajectory

There is clearly an upward trajectory from Jun-23 as handover has started to increase. Whilst the Trust had amended its end of shift policies and introduced “pods” at key sites, as above, as handover increases further into the winter, we may expect overruns to increase.

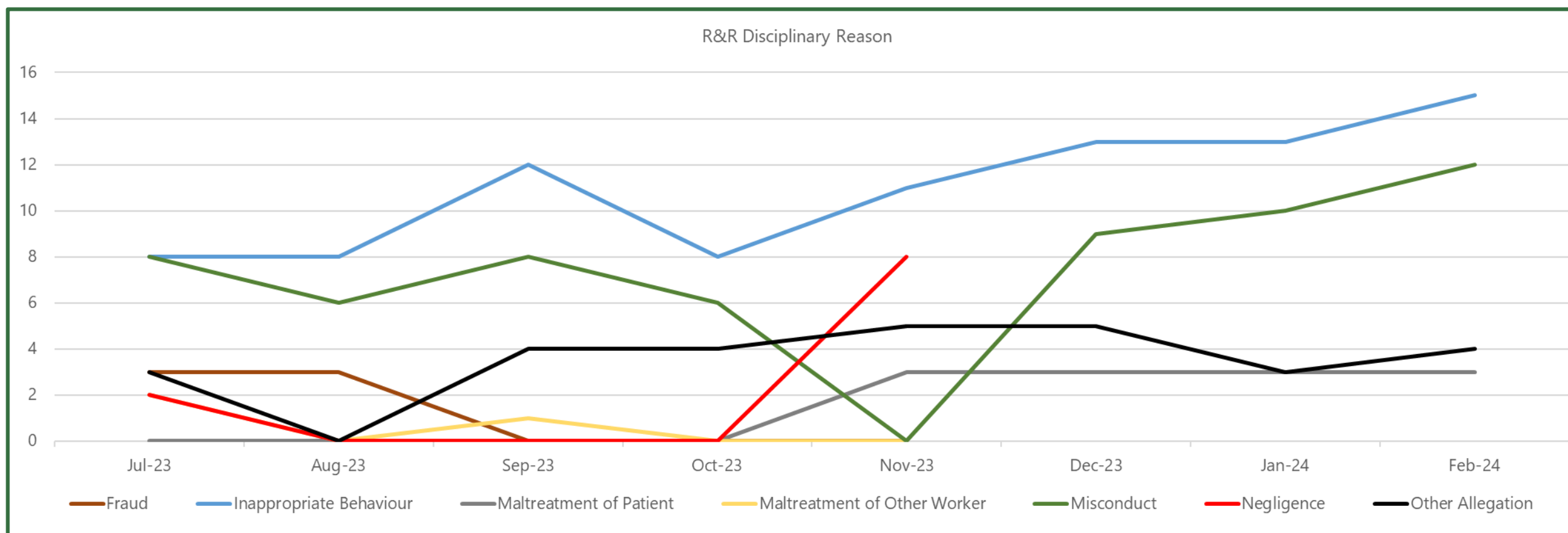
Our People

Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment:
Strength of Internal
Control: Moderate

PCC



Analysis

There were 34 open formal disciplinary cases recorded at the end of February 2024, an increase compared to the month of January 2024 where 29 open cases were recorded. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by misconduct.

There were again 9 open formal Respect and Resolution cases submitted by employees, a decrease from the figure recorded in January 2024 (18). These are a mixture of both Respect and Resolution Grievances and Dignity at work.

In December 2023, 9.3% of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 41.5% in November 2023, while the volume of applications also declined, from 224 to 194. However, there was a spike in recruitment activity during November with it being the highest month of WTE advertised this resulted in a higher number of applications received and interviews conducted.

Of the 194 total applications from under-represented groups in December 2023, 121 were in the category of Ethnicity, 45 within Disability and 28 within Sexual Orientation.

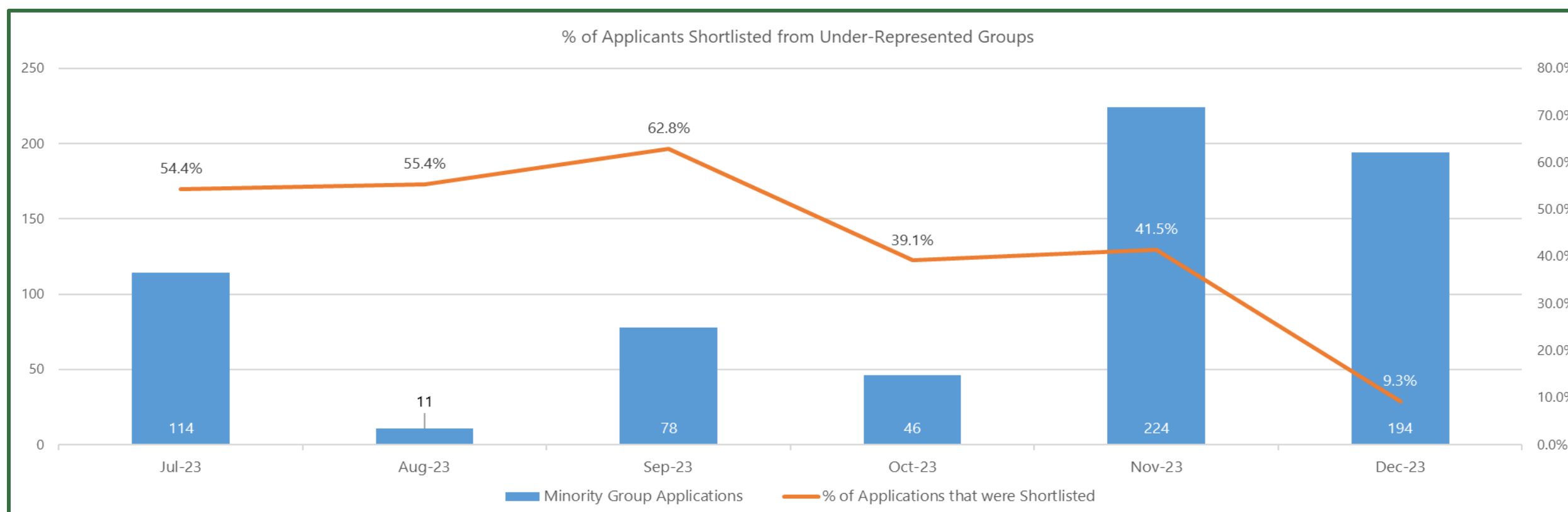
Remedial Plans and Actions

R&R Formal Disciplinary Cases: Continue to monitor. The Trust has a substantial programme of work in place, connected to behaviours.

Applications: The inclusive recruitment work is ongoing to develop targeted recruitment campaigns and events.

Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.

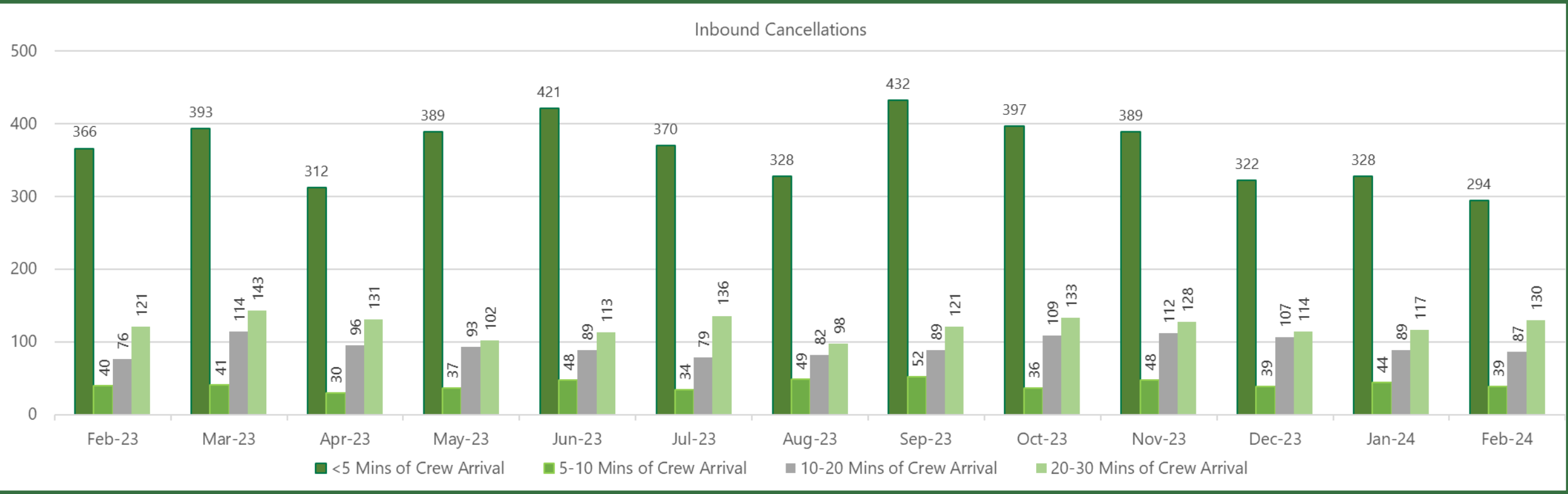


Finance, Resources and Value

Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Cancellations
A



Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in February 2024 to 294, compared to 328 in January 2024. The total number of cancellations within 30 minutes also decreased from 578 in January 2024 to 550 in February 2024.

Cancellations within 5-minutes of arrival appears to have seen an overall increase during the past 12 months. However, in February 2024 there were 88 cancelled by patient* entries made within 5-minutes of crew arrival an increase compared to the previous month (96). The top reasons for less than 5-minute cancellations included: 34 patient not located, 19 too ill to travel and 4 no appointment. During the past 14 months there has been a minimum of 30 patients not located in the 5-minutes or less each month.

Same day cancellations decreased from 22.3% in January 2024 to 19.6% in February 2024.

Remedial Plans and Actions

Work is underway with Hywel Dda to develop a direct link between their PAS system and our CAD. Once in place this will allow for WAST to be notified once the health board cancels or alters an appointment.

This change should reduce the number of cancellations where crews arrive at a property and the patient advises that their appointment has been changed.

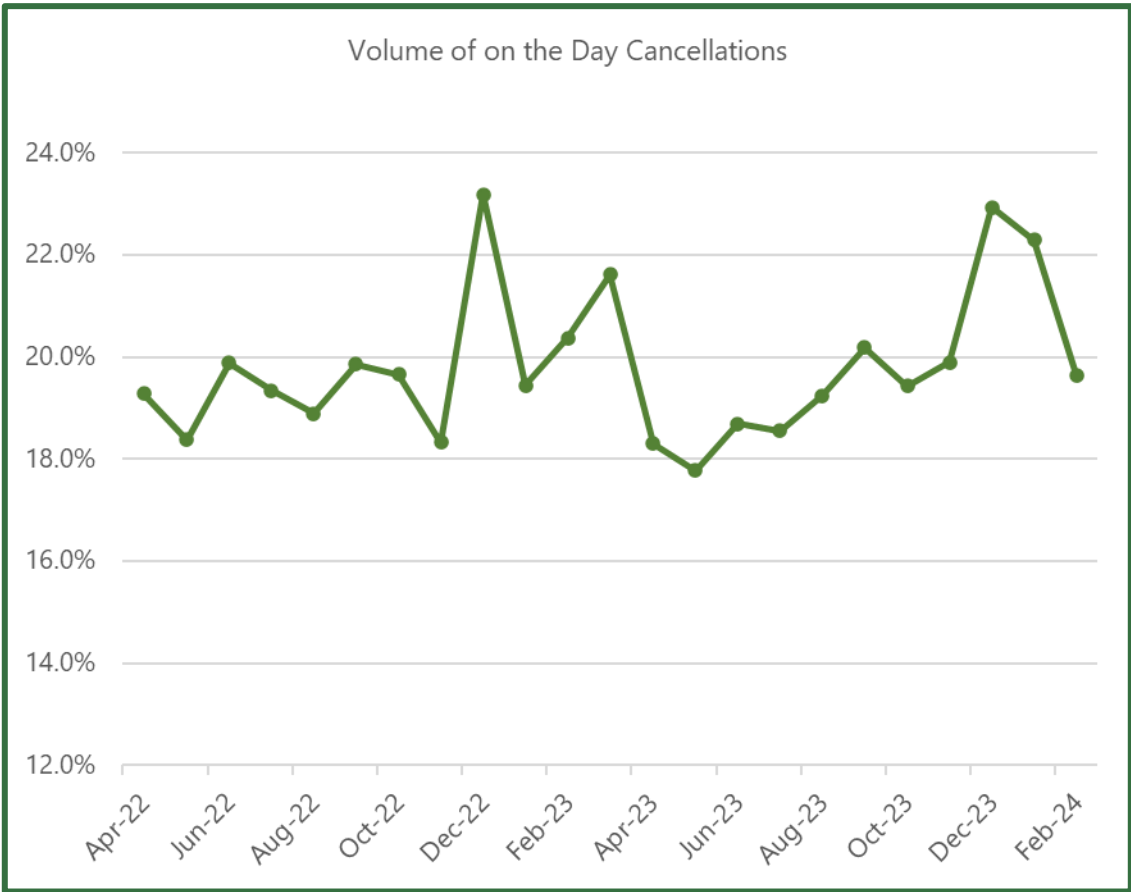
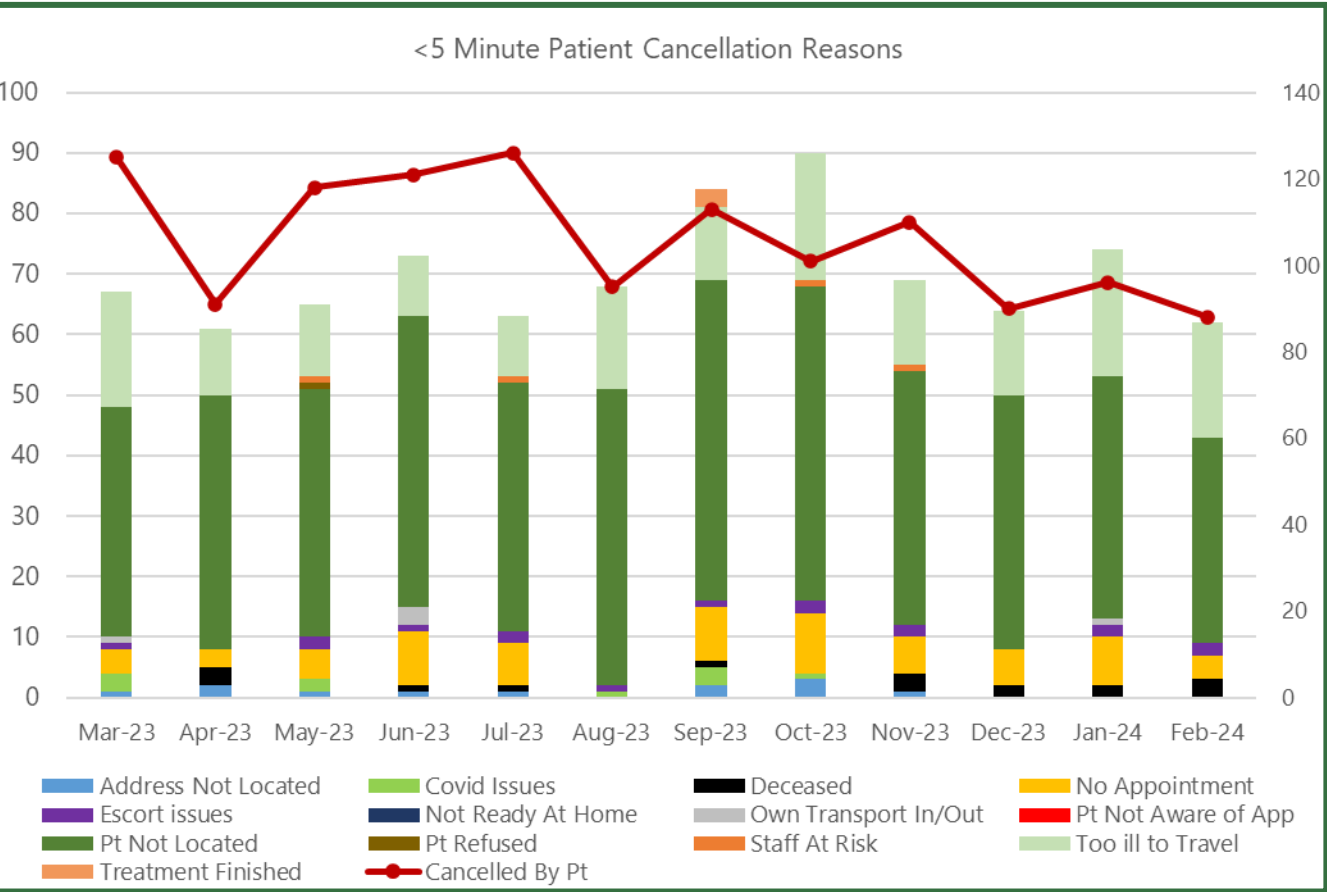
Data protection impact assessments have been completed and the systems have been able to connect and send non-identifiable information. Further testing and development is needed to ensure this works robustly and the appropriate governance is in place.

Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory.

Please note that that figures may be lower than overall totals due to some records having no cancellation date.

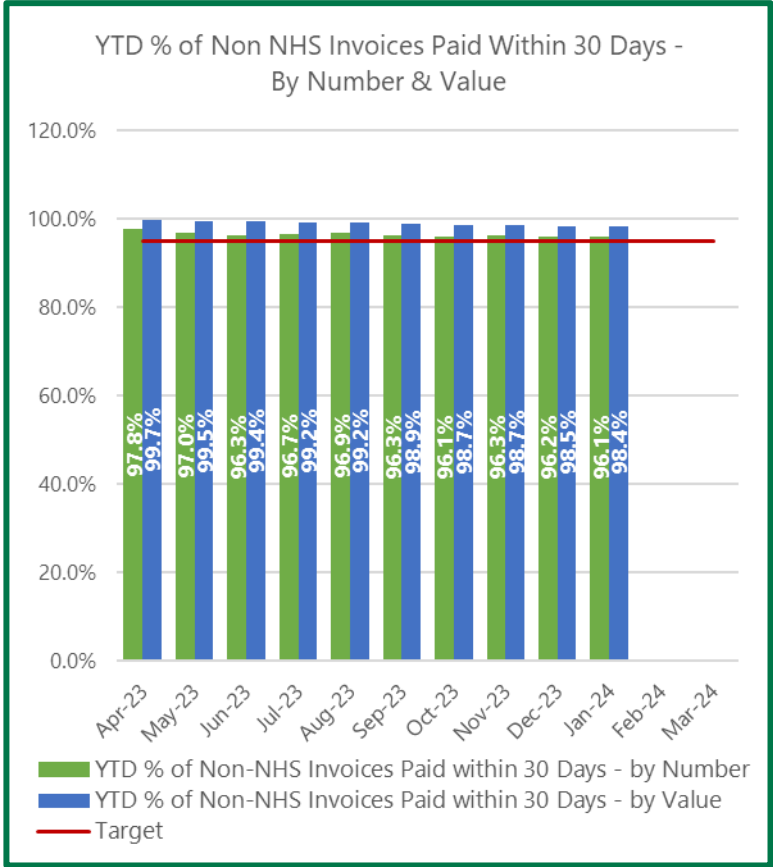
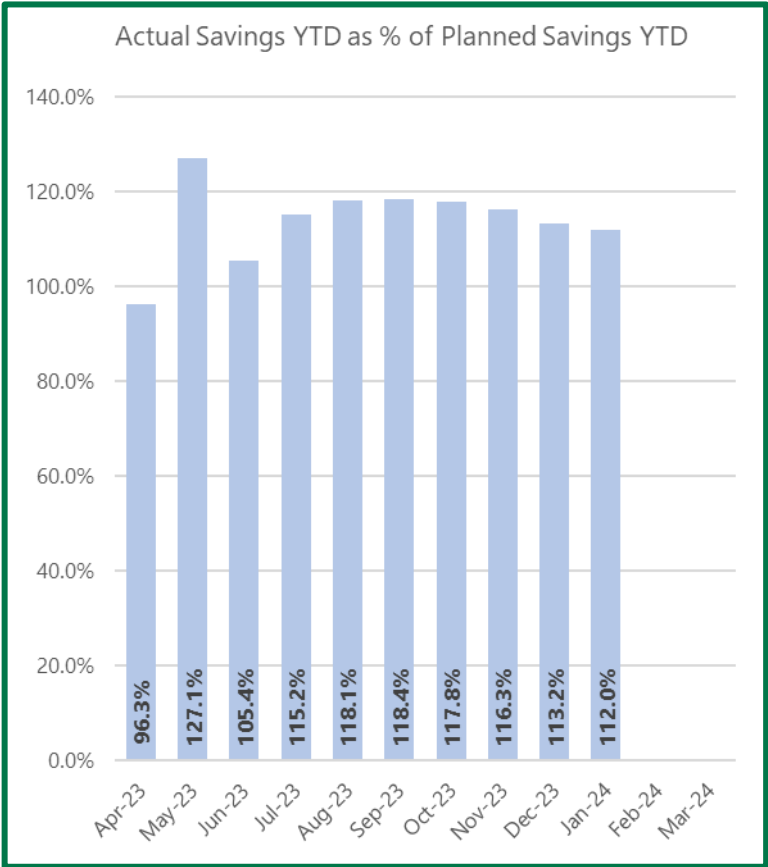
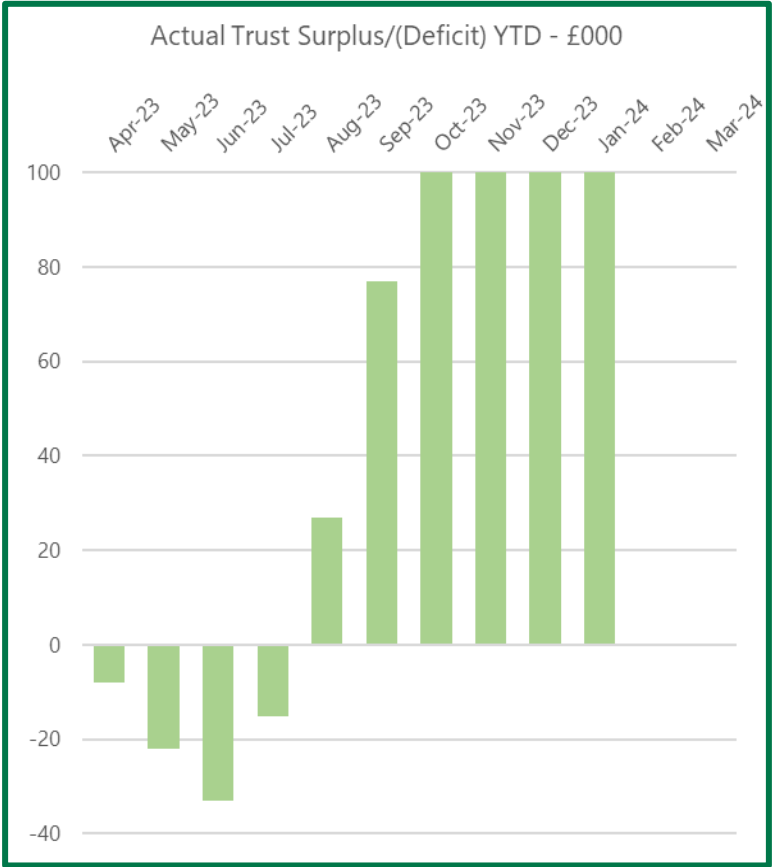
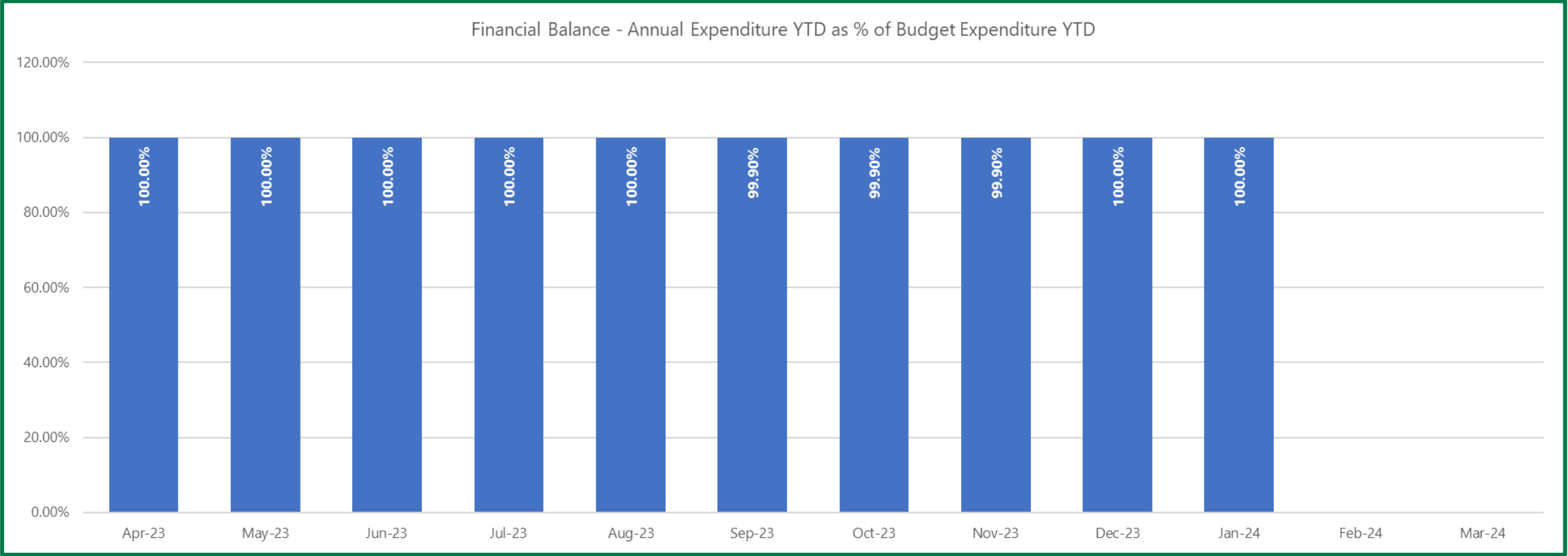
**Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.*



Finance, Resources and Value

Value - Finance Indicators

(Responsible Officer: Chris Turley)



Analysis

The reported outturn performance at Month 10 is a surplus of £108k, with a forecast to the yearend of breakeven.

For Month 10 the Trust is reporting planned savings of £4.123m and actual savings of £4.619m (an achievement rate of 112.0%).

The Trust's cumulative performance against PSPP as at Month 10 is 96.1% against a target of 95%.

At Month 10 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 2023-26 has been built on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2023-26 financial plan was submitted to WG following Board sign off on 31st March 2023.

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 2023/24 financial plan and beyond include:

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

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2023/24 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver further significant level of savings into the 2024/25 financial year.

Finance, Resources and Value

EMS Utilisation & Average Job/Shift Times

(Responsible Officer: Lee Brooks)

Job Cycle
R

CHARU Utilisation
R

FPC

Analysis

Pan Wales Utilisation metrics in February 2024 were 58.8% for all vehicles types, increasing from January 2024 (58.6%). UCS achieved the highest rate during the month at 70.2% while EA was at 68.1%. Both have seen a generally stable trend over the past two years. The optimal utilisation rate for EAs needs to lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle in February 2024 decreased to 2 hours 16 minutes for EAs and to 1 hour and 19 minutes for APPs. The UCS average increased to 2 hours and 57 minutes, whilst CHARU remained the same at 56 minutes.

Overall average jobs per shift was 2.22 in February 2024, remaining consistent with January 2024 (2.22). APPs attended on average 3.84 jobs per shift, EAs 2.33 jobs per shift, UCS crews 2.14 jobs per shift and CHARU's 1.86 jobs per shift.

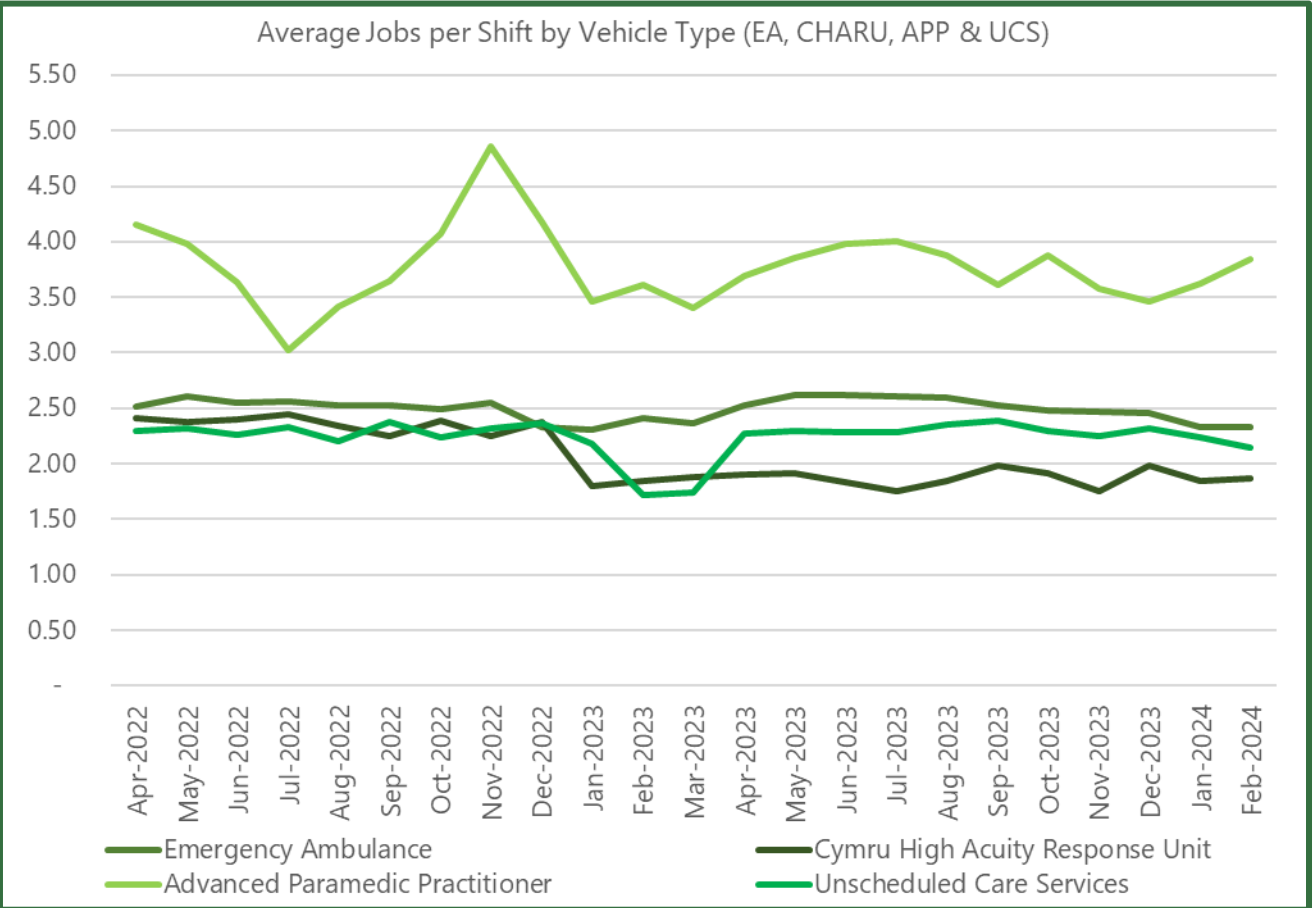
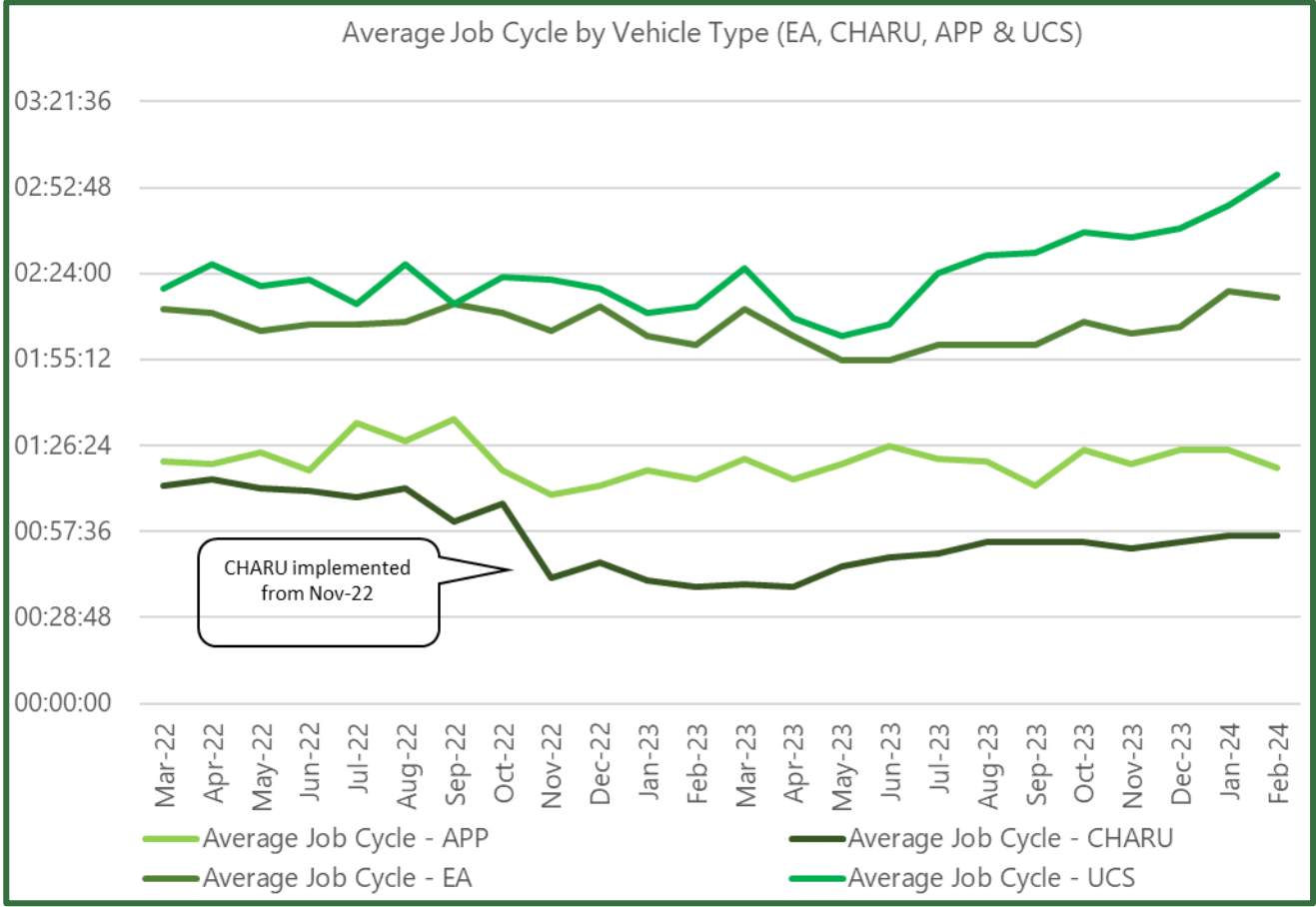
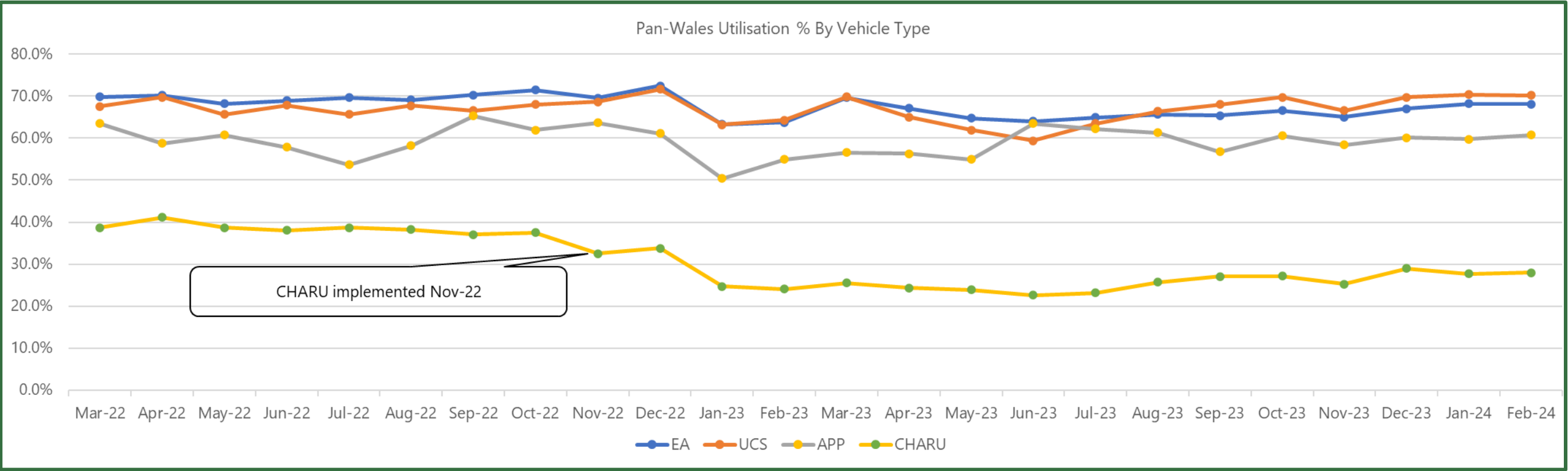
Overall average jobs per shift has remained relatively static with APP & CHARU resources having a job cycle that is half that of a conveying resource.

Remedial Plans and Actions

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

Expected Performance Trajectory

The increase in job cycle time since 2021 is caused by numerous complex factors. As ePCR embeds, a decrease may be seen, but with the factors outside of WAST's control a reduction to pre pandemic levels may not been seen. The EA and UCS utilisation is too high. The APP utilisation is being considered via the inverting the triangle transformation work. The CHARU rate is being reviewed linked to modelling.

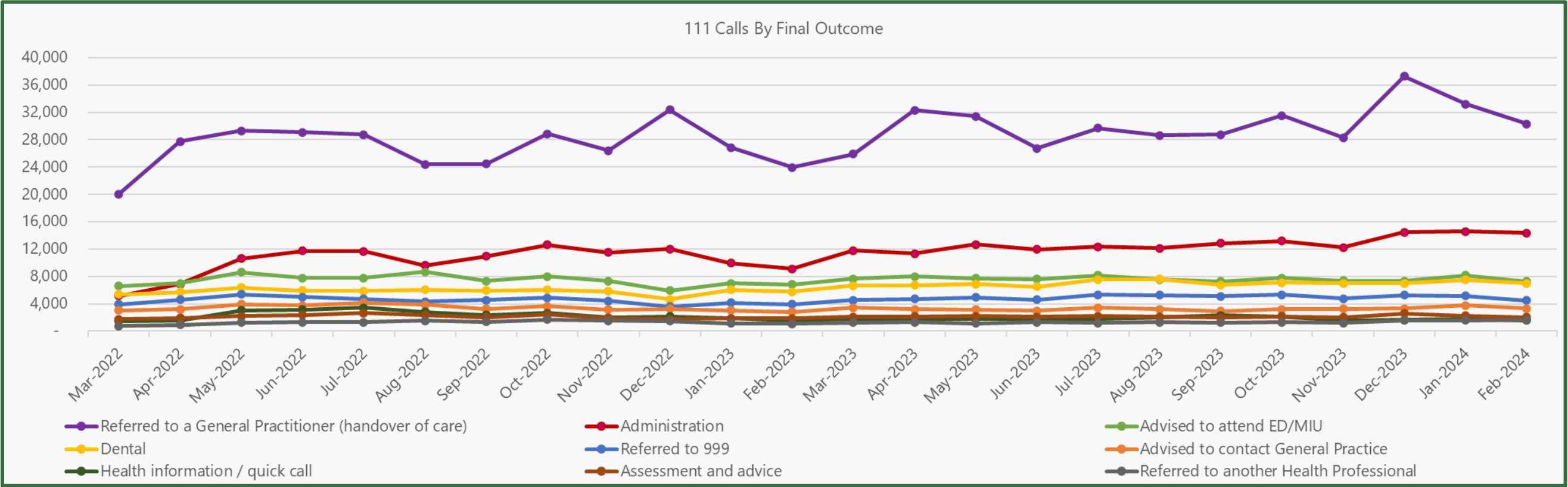


Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)



Analysis

During February 2024, 72,011 calls were received into the 9 categories displayed in the graph opposite, a decrease compared to the 77,938 received during January 2024.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 42.12% of all calls during February 2024.

As the bottom left graph highlights, in February 2024, 21,288 calls into 111 were provided with information or advice, with no onward referral, a decrease from the 22,302 in January 2024, however, a huge increase from the 15,345 during February 2023.

The percentage of 111 calls answered in Welsh decreased from 1.28% in January 2024 to 1.06% in February 2024. Performance in December largely reflected the pressures on call answering and as anticipated performance recovered strongly in January and February. Additional technical changes are planned for Q4 which will further improve this performance.

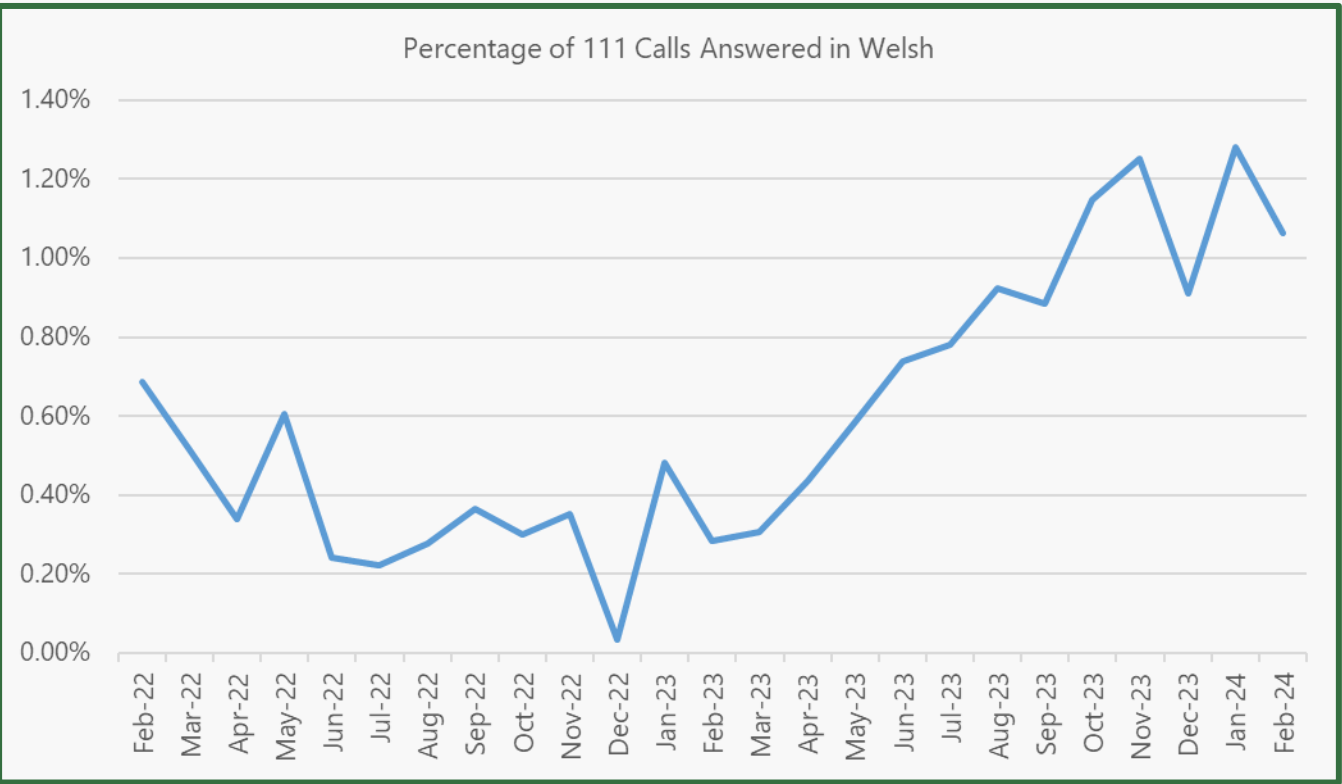
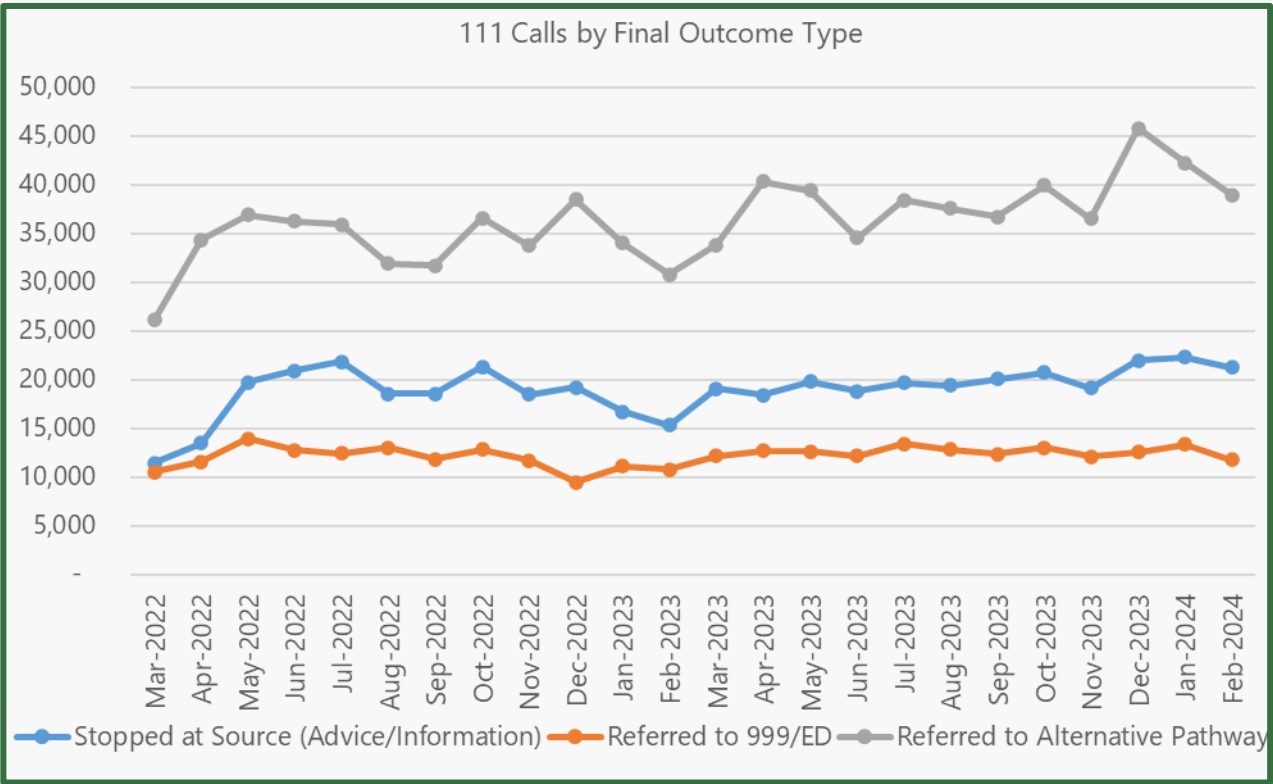
This equated to 52.2% of all 111 calls being offered in Welsh being answered, a slight decrease from the 58.8% answered in January 2024.

Remedial Plans and Actions

There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST its commissioners and DCHW. The focus is the development of a Nationally reportable 111 data set. Similar to what is currently in place for Ambulance Service Indicators (ASIs) Part of this work involves looking at the reporting of disposition final outcomes.

Expected Performance Trajectory

No performance trajectory is set at this time, as the Trust develops measures and systems around these metrics. Once these have been developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.



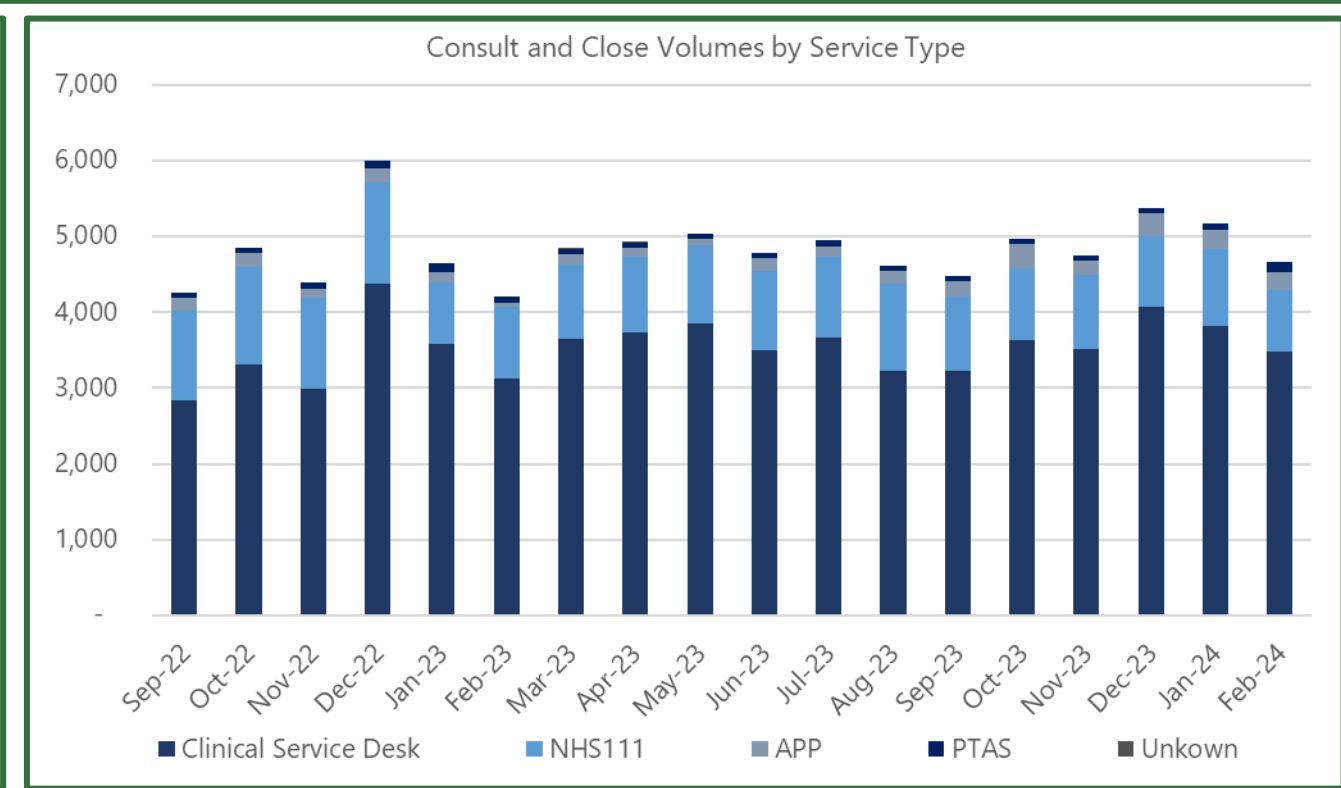
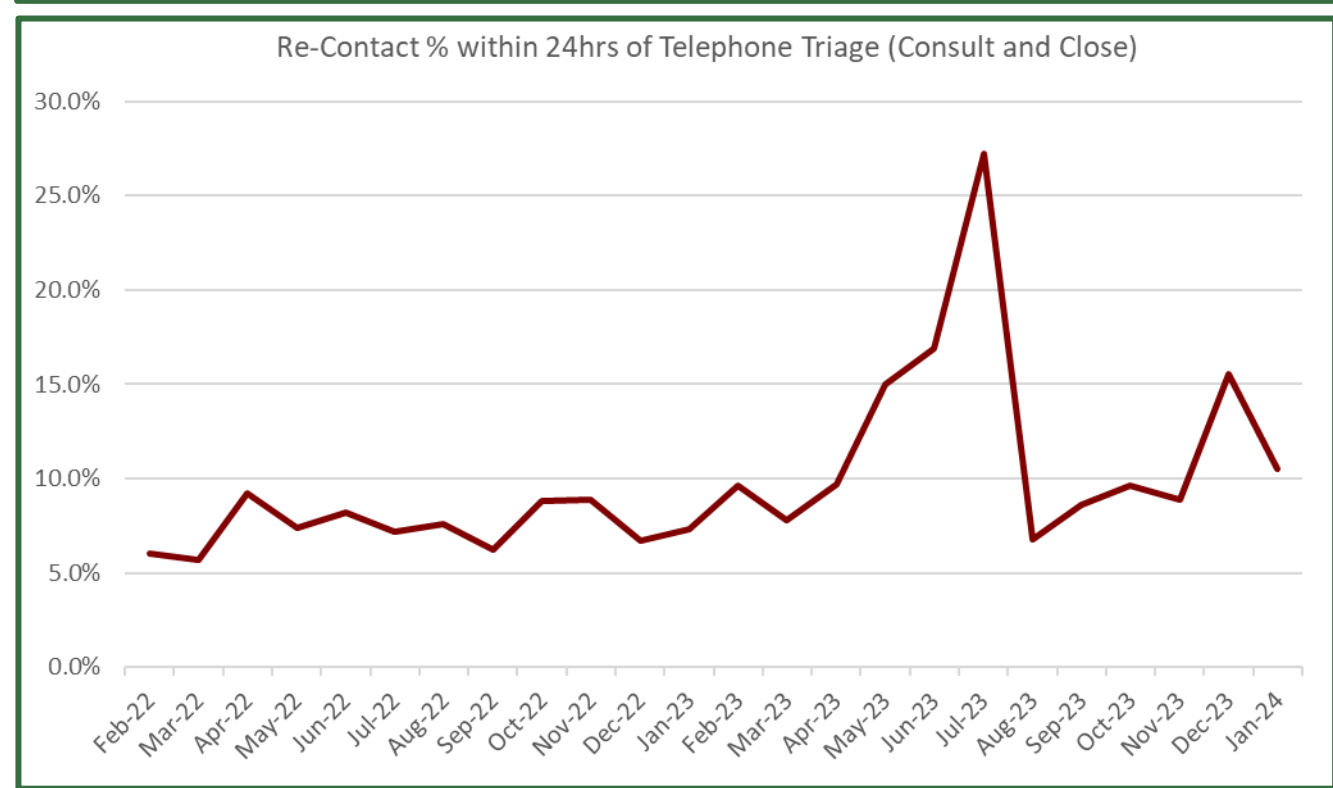
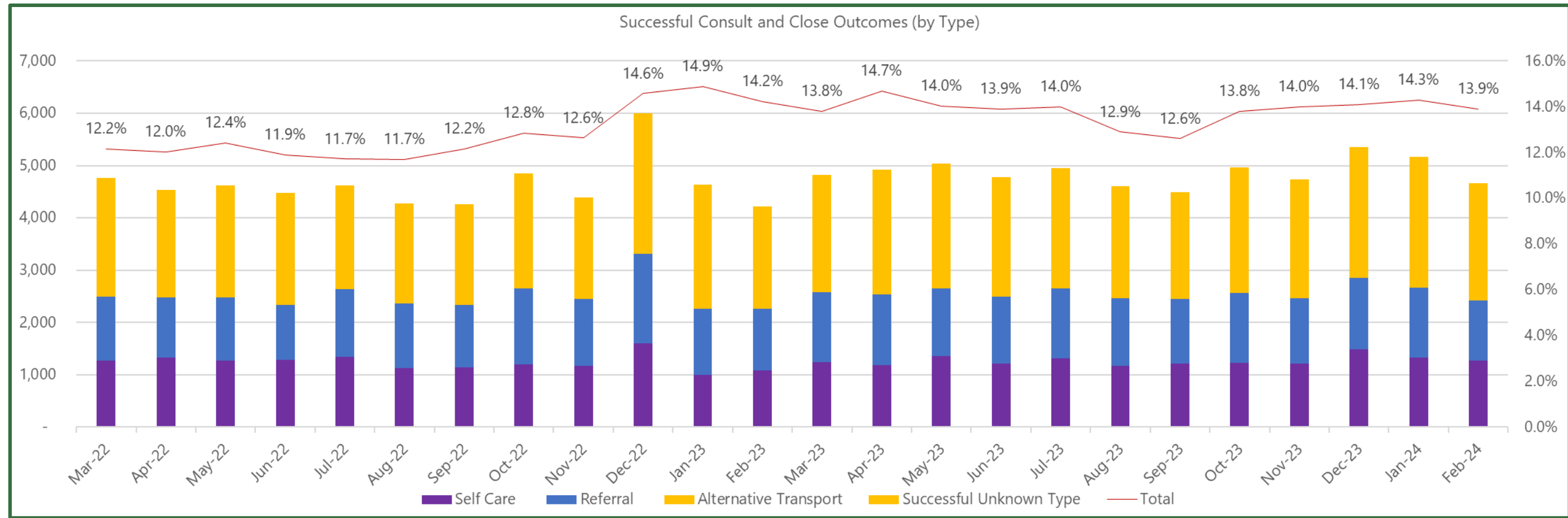
Partnerships / System Contribution

Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C
A

FPC



Analysis

Consult and Close, with contributions from Clinical Service Desk (CSD) (10.5%), NHS111 (2.4%), WAST APP (0.7%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.3%) achieved 13.9% in February 2024. This is a decrease from the 14.3% seen during January 2024, and remained short of the new 17% IMTP ambition. In February 2024, the number of 999 calls resulting in a Consult and Close outcome was 4,657, down from 5,164 in January 2024.

Of the calls successfully closed in February 2024, 1,274 patients received an outcome of self-care; 1,146 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,237 were advised to seek alternative transport services in order to acquire treatment.

Re-contact rates in January 2024 were 10.5%, a decrease on the 15.5% seen in December 2023.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support which is recognised by those calling
- Reporting still challenging without telephony data
- Failed contact activity from EMSC has reduced
- Progressing process with 111 to pass calls electronically from CSD, saving time
- More staff are at work in CSD
- Work commenced on PDSA for CSD First

Expected Performance Trajectory

Further improvement is expected linked to CSD staff attendance (reduced absences and less vacancies). The ambition remains 17%.

Partnerships / System Contribution

Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

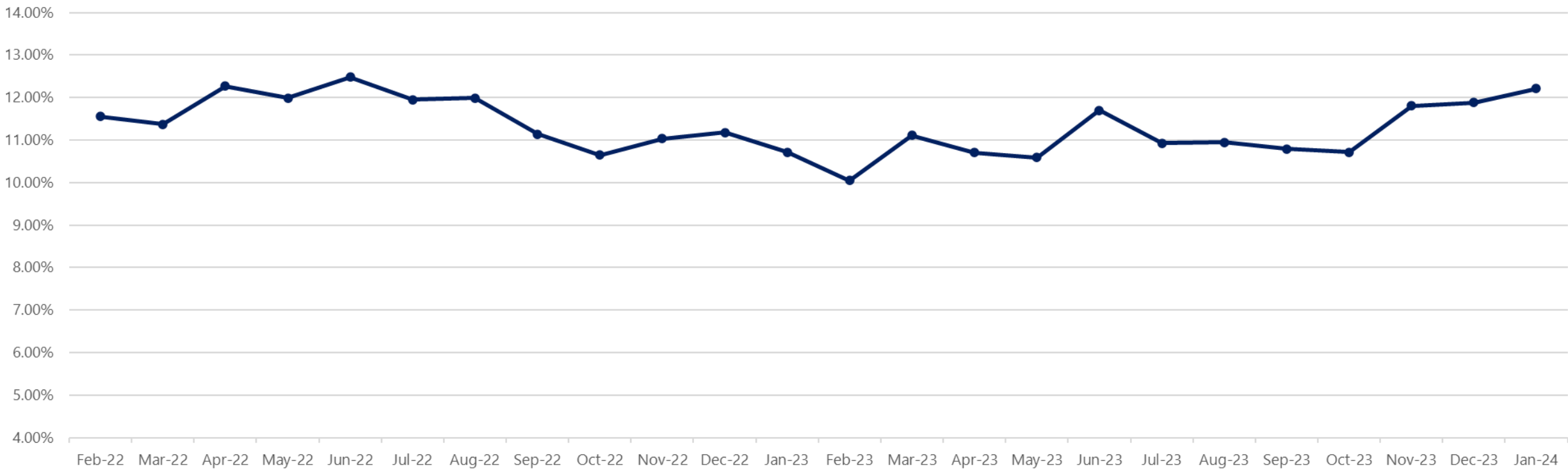
Conveyances

A

FPC

Ministerial Measure

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



Analysis

In January 2024 12.22% of patients (1,839) were conveyed to a service other than a Type One ED, while 36.66% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers decreased slightly, from 4,089 in December 2023 to 4,055 in January 2024.

APP conveyance rates decreased slightly to 41.3% in February 2024, after experiencing a generally increasing trend since June 23.

Patients conveyed to SDEC's decreased from 0.19% in January 2024 to 0.17% in February 2024.

Remedial Plans and Actions

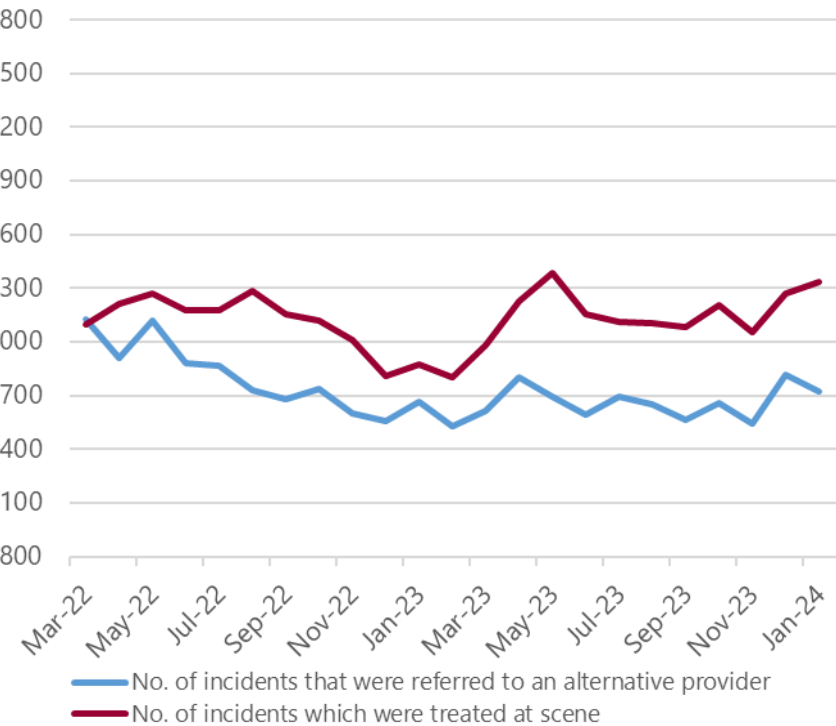
The Trust has modelled the use of same day emergency care (SDEC) services and identified that they could take an estimated 4% of EMS demand; it is currently less than 0.5%. The percentage increase in conveyance to services other than EDs is a Ministerial Priority. The Trust's ability to improve this figure is dependent on pathways that are open to the Trust such as SDECs.

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

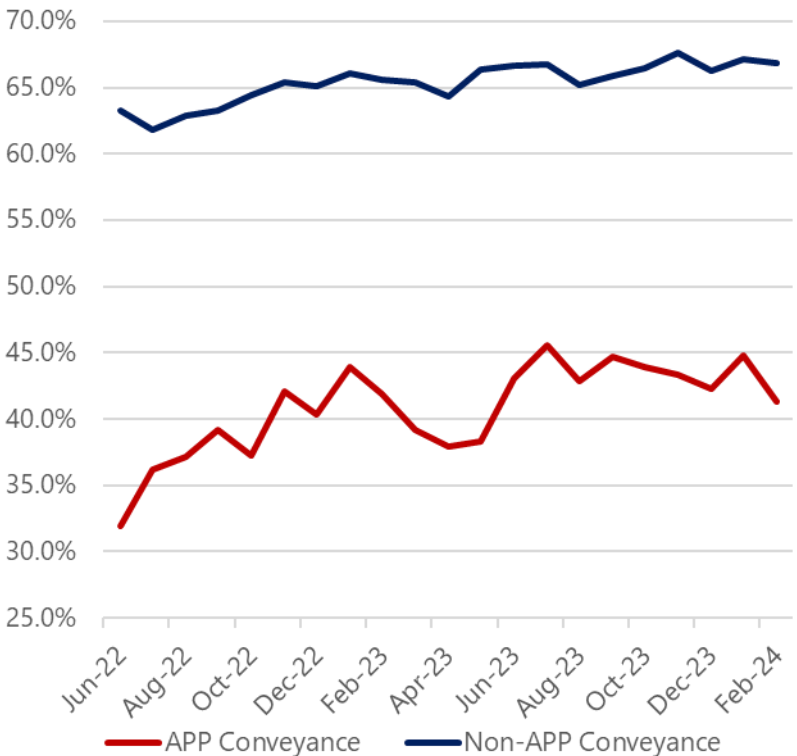
Expected Performance Trajectory

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

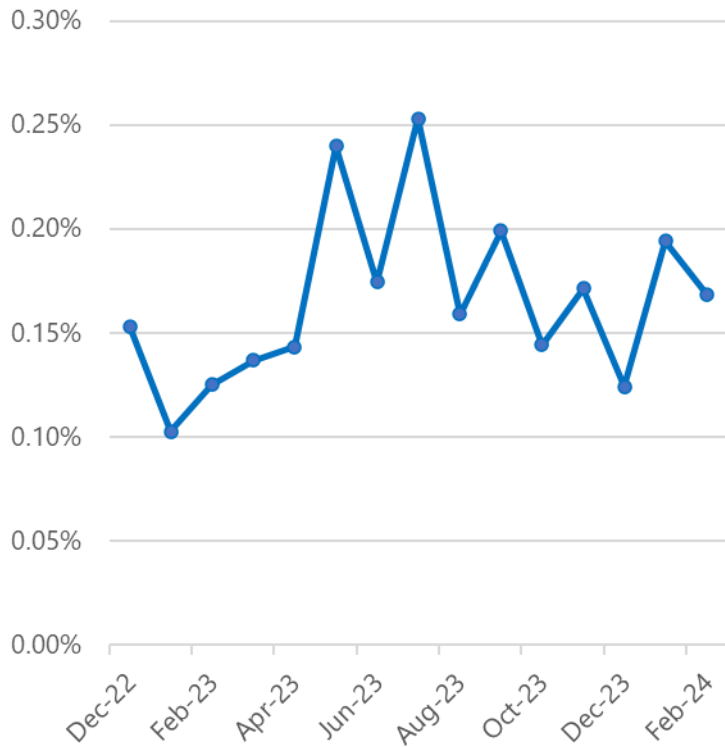
Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



APP vs Non-APP Conveyance Rates



% Patients Conveyed to SDEC Units Pan-Wales



Partnerships / System Contribution

Handover Indicators

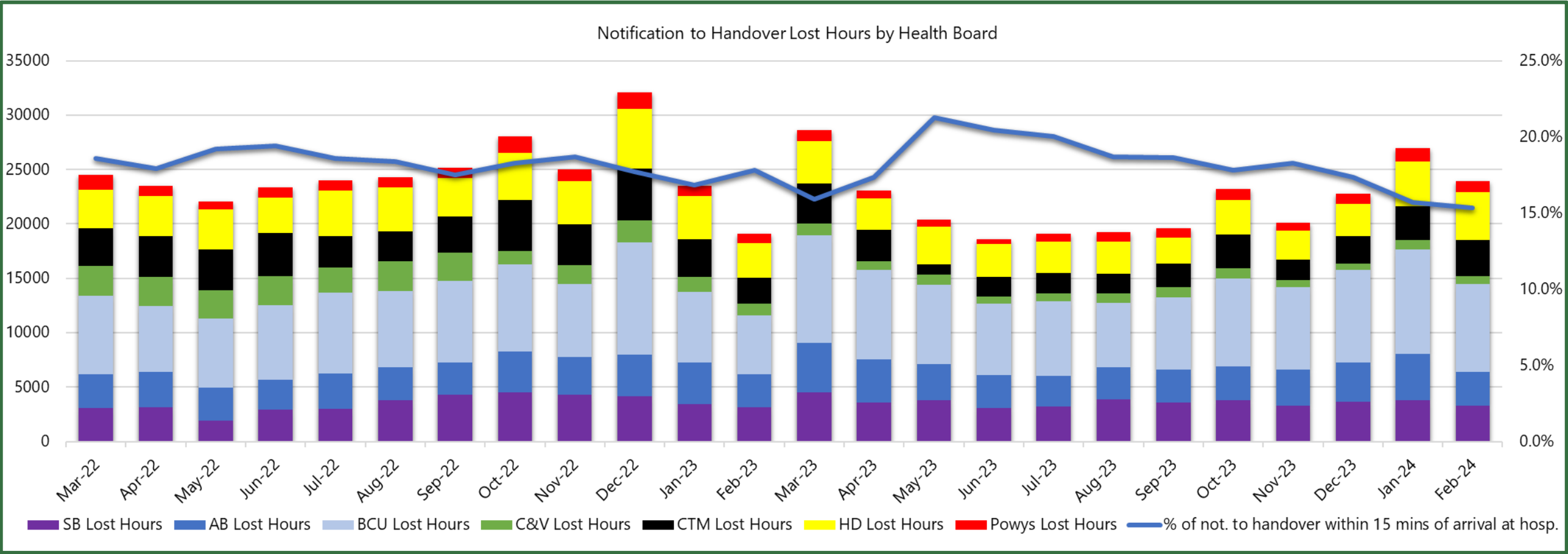
(Responsible Officer: Health Boards)

Lost Hours

R

CI

QUEST



Analysis

265,615 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (Mar-23 to Feb-24), compared to 294,378 over the same timeframe the previous year. There were 23,896 hours lost in February 2024, a slight decrease from the 26,984 lost in January 2024 (although over 2 fewer days). February 24 levels were 4,785 hours above where they were during February 2023 (19,110).

The hospitals with the highest levels of handover delays during February 2024 were:

- Morriston Hospital (SBUHB) at 3,197 lost hours
- Wrexham Maelor Hospital (BCUHB) at 3,010 lost hours
- Glan Clwyd Hospital (BCUHB) at 2,972 lost hours
- The Grange University Hospital (ABUHB) at 2,916 lost hours
- Glangwilli Hospital (H DUHB) at 2,103 lost hours

Notification to handover lost hours averaged 823 hours per day during February 2024 compared to 870 hours a day in January 2024,.

In February 2024, the Trust could have responded to approximately 7,538 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

Remedial Plans and Actions

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

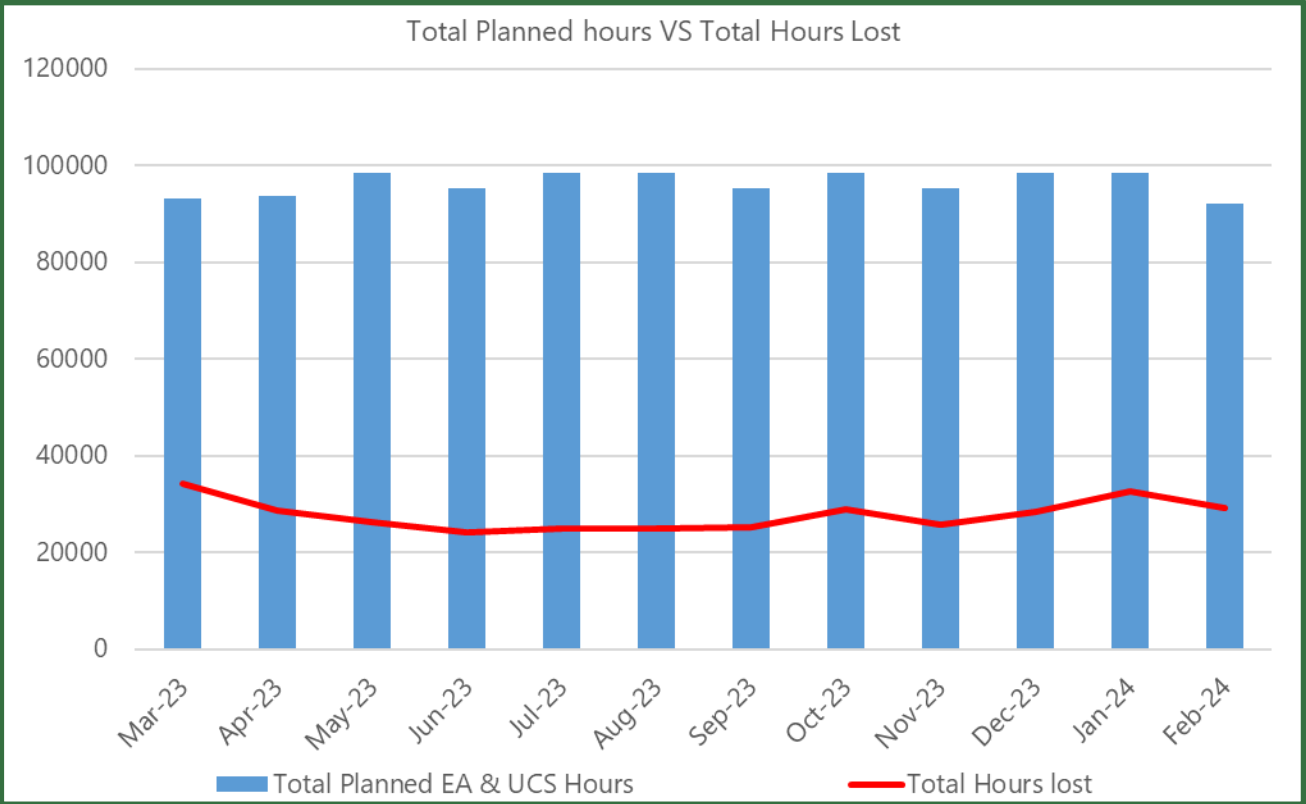
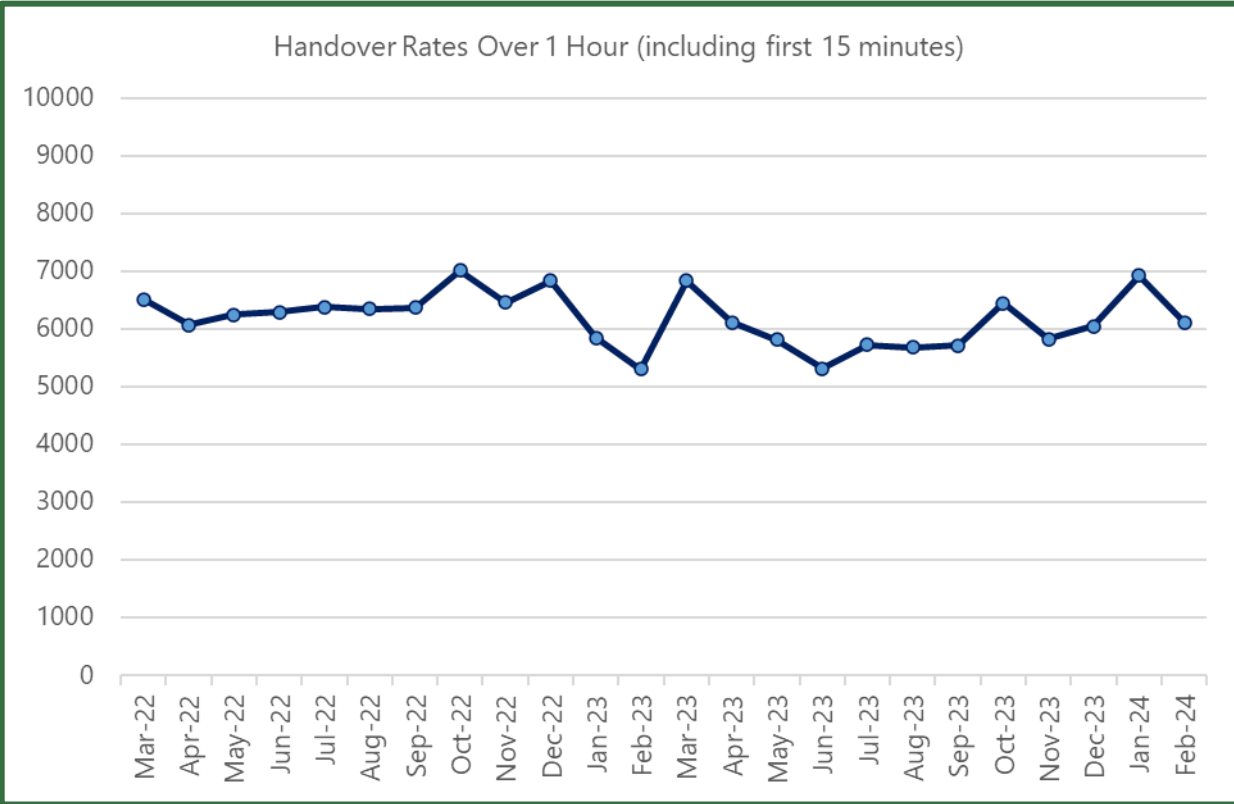
Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR).

Expected Performance Trajectory

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

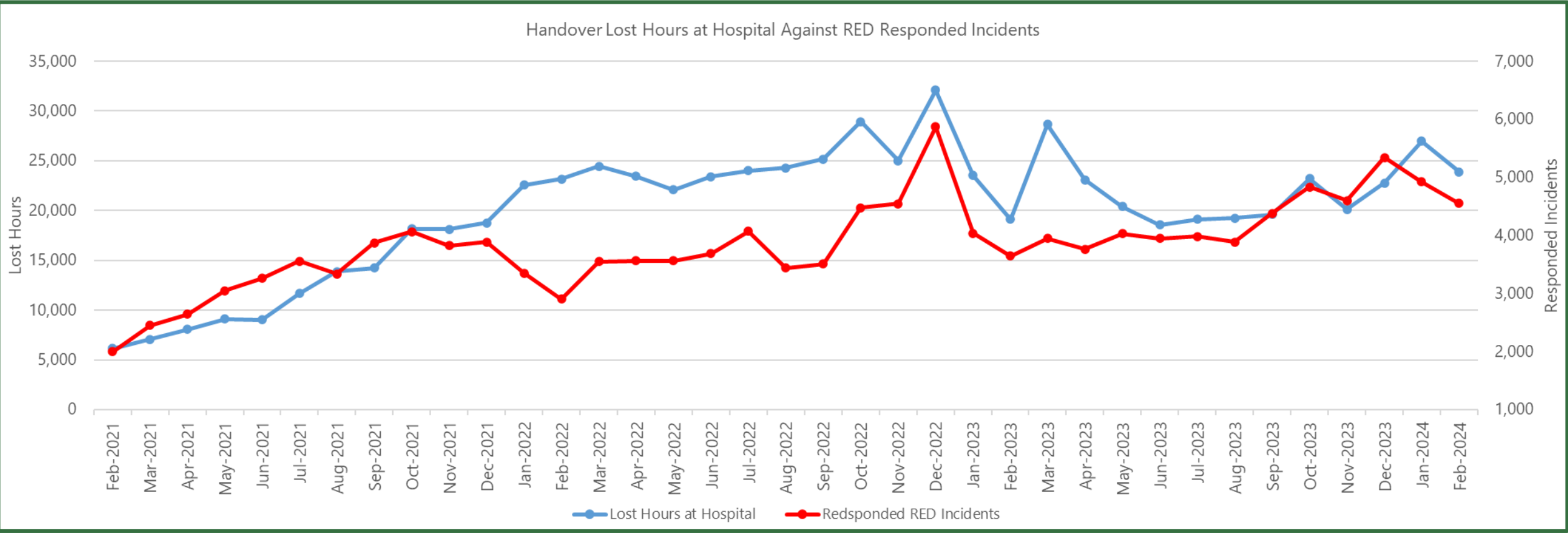
**NB: Data correct at time of abstraction.*



Partnerships / System Contribution

Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)



Analysis

The top graph highlights that as handover lost hours have increased since March 2021, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

However, as the bottom graph illustrates, as the response to Red increases, there is an impact on Amber 1 responses, particularly at times of high demand, such as during December 2022. During these periods, the number of Amber 1 incidents attended decreases, notwithstanding that some of these patients within the Amber 1 category will still be seriously ill, although during December 2023 Amber 1 responses also increased slightly when compared to November 2023.

The bottom graph also highlights that as lost hours have increased since mid-2021, so Amber 1 responses have declined, due to the increased system pressures. However, as lost hours reduced during the first half of 2023, so Amber 1 responses increased, from 10,326 in December 2022 to 13,055 in May 2023. Therefore, it was possible to see the reduction of pressure within the system and subsequent performance improvement through the Amber 1 metric.

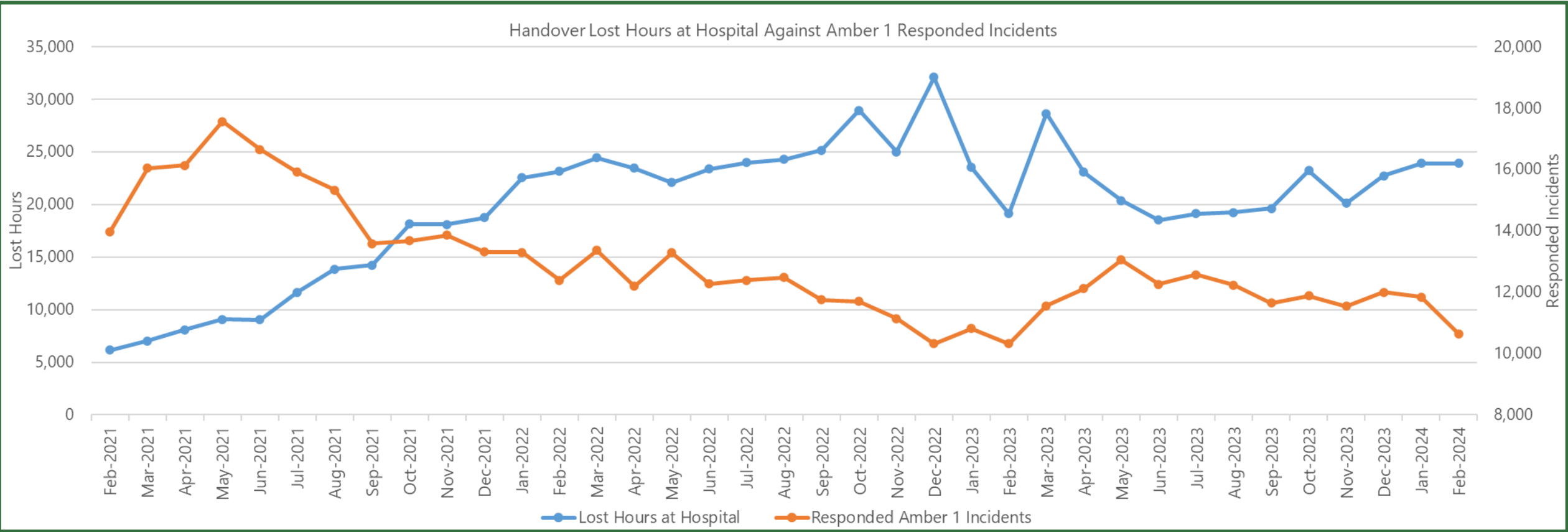
Remedial Plans and Actions

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.

Expected Performance Trajectory

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

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



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

Definition of Indicators

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



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AGENDA ITEM No	13
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

VALUE BASED HEALTHCARE POSITION PAPER

MEETING	Finance & Performance Committee
DATE	19 March 2024
EXECUTIVE	Chris Turley, Executive Director of Finance & Corporate Resource Rachel Marsh, Executive Director of Strategy, Planning, & Performance
AUTHOR	Gareth Taylor, Senior Project Manager
CONTACT	Email: gareth.taylor3@wales.nhs.uk

1. EXECUTIVE SUMMARY

This paper is to set out the current position of the Value Based Healthcare Working Group..

The VBHC Working Group currently provides the vehicle for reporting on value-based change within the organisation, however it is acknowledged that there are ongoing programmes of work across the organisation that could also be considered to deliver 'value-based' outcomes that are not currently reported within this group. Work is ongoing across the Trust to identify potential workstreams, and re-structure the VBHC governance structure accordingly.

This paper will consider the current priorities and progress, areas of focus applicable to the NHS Wales Planning Framework, opportunities for alignment with national priorities and/or opportunities to pursue WAST-specific priorities.

RECOMMENDATION: The Committee is asked to:

- **Note** the position and progress made on developing Value Based Healthcare within WAST.

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Strategic Transformation Board	26/02/2024	For Noting
Value Based Healthcare Working Group	TBC	For Noting
VBHC Lead Executives	TBC	For Noting
Finance & Performance Committee	19/03/2024	For Assurance

REPORT APPENDICES

None

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed

EQIA (Inc. Welsh language)	N/A
Environmental/Sustainability	Yes
Estate	N/A
Ethical Matters	N/A
Health Improvement	Yes
Health and Safety	N/A

Confirm that the issues below have been considered and addressed

Financial Implications	Yes
Legal Implications	N/A
Patient Safety/Safeguarding	N/A
Risks (Inc. Reputational)	N/A
Socio Economic Duty	Yes
TU Partner Consultation	N/A

Situation

1. The purpose of this paper is to set out the current position of the Value Based Healthcare Working Group, and the progress of the key workstreams encompassed within its portfolio.
2. The VBHC Working Group has provided the vehicle for reporting on value-based change within the organisation.
3. Recent workshops and discussions have resulted in a proposal being put forward for consideration, regarding both a change of structure, and a change of key priorities.
4. It is acknowledged that there are ongoing programmes of work across the organisation that could also be considered to deliver 'value-based' outcomes that are not currently reported within this group.
5. Work is ongoing across the Trust to identify potential workstreams and priorities, and re-structure the VBHC group in accordance with the most appropriate reporting lines.
6. This paper will consider the current priorities and progress, and upcoming areas of focus over the next reporting period.

Background

7. The Value Based Healthcare Working Group has been operational since 2021, having been established by the Strategic Transformation Board in part to support the implementation of several EASC Value-Based commissioning intentions and IMTP commitments but latterly in response to the accountability conditions that have accompanied our IMTP approvals by the Minister over the last two years (and continue to do so in our latest accountability letter).
8. Whilst Value-Based Healthcare is defined as *outcomes that are achieved that matter to patients relative to the cost of delivering their outcomes*, the nature of WAST's commissioning structure means current deliverables and intentions sit outside the current national priorities outlined by the Value in Health Centre, feeding down from Welsh Government's *A Healthier Wales*, and *Prudent Healthcare* policy.
9. Within the current Value Based Healthcare Working Group portfolio, several work packages report progress updates directly from their individual programmes of work into Strategic Transformation Board. These include,
 - Patient Reported Outcome Measures (PROMS)
 - Patient Reported Experience Measures (PREMS)
 - Patient Level Information and Costing System (PLICS)
 - Evaluation Methodologies
 - Revenue Business Case Proposal Processes
 - Benchmarking
10. In addition to these packages of work, there are several streams of reportable VBHC activity and transformation accountable to the NHS Performance Framework bi-annual report. These include,
 - Demonstrate improvements in the reduction of adverse clinical outcomes (as captured in clinical audit) in chronic conditions.
 - Delivery programme of PROM collection and sharing PROM data nationally to inform value-based decision making and direct clinical care.
 - Progress with allocating resources to secondary prevention activities in high volume clinical areas that have a significant influence on patient outcomes and utilisation of resources.

- Reduction in unwarranted variation and activity of limited value, and standardisation of best practice pathways which support delivering improved outcomes.

11. While the core packages of work align with the NHS Performance requirements, there are some workstreams that currently operate outside of the Working Group's remit.

12. The VBHC November update outlined a proposal to establish a VBHC Task & Finish Group.

13. In addition, following a 'Value in Health Centre'-led VBHC Workshop in May opportunities to reassess the principles, priorities, and structures of Value Based Healthcare in WAST were presented, as well as how we embed consistent approaches throughout the organisation.

Assessment

14. The following table sets out a summary of the progress against the current work programme set out in paragraph 9.

Workstream	Current Position	Key Issues / Risks	RAG
PROMS <i>Patient recorded outcome measures</i>	ePCR dataset agreed internally following the work linking with England to assess available datasets and definitions. Data sharing agreements currently sit with DHCW and WG for approval, however DHCW-led updates still outstanding (as noted in Patient Data Linkage). Work ongoing to determine whether this would be a candidate for the National Data Resource (NDR) or remain as DHCW on-premises storage facilities. DHCW decision.	<ul style="list-style-type: none"> • Resource 	
Patient Data Linkage	Before proceeding with data sharing capabilities, legal agreements must be completed and signed. Contractor currently leading the workstream on behalf of WAST, however instruction letter remains un-	<ul style="list-style-type: none"> • External dependencies 	

	signed and no data sharing agreements confirmed yet.		
PREMS <i>Patient recorded experience measures</i>	<p>CIVICA remains in use across all business areas to capture PREMS data, however initial data analysis shows increased effectiveness within Ambulance Care where there is an agreed governance arrangement for accessing patient data. Work is still ongoing to try and embed a PREMS process into the EMS and 111 service areas and the team continues to engage with IG colleagues on this.</p> <p>Next steps were agreed at the last Information Governance Steering Group meeting, where it was advised that a DPIA covering 999, 111 and any other methods for surveys needed to be produced and formal consultation held with the Information Commissioner's Office for guidance on a way forward. This action would then need to be approved through the Information Governance Steering Group before we progress further.</p>	<ul style="list-style-type: none"> 111 IIS delay impacted data collection abilities. 	
PLICS <i>Patient level information and costing system</i>	<p>Financial data is now included within the model and the supplier is pulling the activity and other data into the system.</p> <p>Workaround identified for the missing data identified in November's update. Manual reconfiguration of datasets.</p> <p>Given the revised timeline this project is now deemed to be on track. Considering the difficulties, the Finance team are encountering and given this is not purely a financial system the project board is to be reestablished in Quarter 1/Quarter 2 2024/25.</p>	<ul style="list-style-type: none"> Resource (both internal and external to finance) 	

	<p>Meeting with supplier in February 2024 to finalise the modelling. Complexity of modelling yet to be determined due to variance in systems.</p> <p>2022/23 and 2023/24 data currently being extracted (system originally built on 2021/22 data) as provides benchmarking opportunities when system goes live.</p> <p>As per the original plan, the process will continue to prioritise EMS, however NEPTS data has been collated in preparation for Go Live.</p> <p>Timeframe remains Quarter 4 2024/25 for complete delivery.</p>		
Revenue Business Case Process	<p>Process agreed and in place to approve business cases.</p> <p>Engagement complete.</p> <p>First panel established and first Business Case has been through for discussion. Work in 2024/25 to encompass the 'follow-on' with regards to monitoring and tracking the value assigned to the business case.</p>		
Evaluation Framework & Methodology	<p>Principles agreed and project evaluation now embedded with Project Pathway which is currently in draft and out for comment. The Project Path Framework is expected to be Live on Siren for use (and will remain a live document) by the end of Q4 2024/25</p> <p>WAST LOGIC model template developed with Academic colleagues (Swansea University), & now in place / available for any colleague enacting improvement or change in service(s). LOGIC model currently being used to support Tests of Change (ToC) for Integrated Care (CSD 1st), and</p>		

	advanced practice (clinical dispatch of APPs).		
Benchmarking	The work on developing a set of internal and external WAST benchmarks is now underway once again. Initial draft metrics were presented to the Executive Lead in January 2024, and work is now underway to develop a draft report encompassing the initial pilot metrics. This draft exercise is expected to be completed by Q2 2024/25.		

Alignment with the Financial Sustainability

15. As noted in the previous position paper, previous iterations of the WAST IMTP set out actions and milestones under the heading of Value which were financial in focus, however it has been equally as critical to note the importance of patient outcomes in a non-financial context.
16. There continues to be a financial element to value-based healthcare in terms of removing unwarranted variation, and reduction of waste (PLICS), and VBHC continues to report into Finance & Performance as a result.
17. The next section outlines the discussions held since the last position update, and future intentions for VBHC as we move into 2024/25.

Next Steps

18. It is acknowledged that work ongoing across WAST's Transformation portfolio can already be considered value-based in nature, however it is the reporting and alignment of outcomes to individual outcomes, experience and cost that has been difficult to ascertain. This has led the working group to identify, with lead executives, which include the clinical lead execs, where attention could be focussed further. This led to several areas of interest which would fit a more task and finish approach with oversight of a steering group than the current working group set-up.
19. As noted previously, the topics of conversation around potential Task & Finish Group-led priorities have identified areas of enquiry within,

- A WAST evaluation framework and the role of Logic Models in evaluating transformational service change
- Population health analytics and outcomes
- Small Business Research Institute (SBRI) technology initiatives and Connect Support Cymru community welfare service.
- Mental Health and Dementia (MH&D)
- Tissue Viability
- The use of Advanced Practice (APP and ACPs)

20. The Group is currently moving towards a Steering Group model. In addition, potential programme restructures may present an opportunity to reassess current reporting lines.

21. A draft WAST VBHC Framework has also been produced and is out for initial comment. It will determine the purpose and direction of WAST-based Value Based Healthcare in demonstrating the difference we are making to patients.

22. To support our work, colleagues engaged in this agenda will join communities of practice and networks that already exist and provide input into key Value-Based pathways such as end of life, heart failure and major trauma.

23. Work is ongoing to develop a pathway-focussed approach to quality management and improvement which will align the work on quality improvement with the objectives of the VBHC Group.

Conclusion

24. The work of the VBHC in 2023/24 has allowed WAST to develop a clearer understanding, through the work it has done on value both internally and with experts from Value in Health and Public Health Wales, of the role it has in value-based healthcare in Wales and how it can contribute to and potentially develop quality-based service change with value at its core.

Recommendation

25. The Committee is asked to:

- **Note** the position and progress made on developing Value Based Healthcare within WAST.



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AGENDA ITEM No	14
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

COMMITTEE EFFECTIVENESS REVIEW 2023/24

MEETING	Finance and Performance Committee
DATE	19 March 2024
EXECUTIVE	Trish Mills, Board Secretary
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. As a result of the response to questionnaires completed by members and attendees a number of changes are now proposed to the Committee's operating arrangements and terms of reference.
3. This report includes the responses to the questionnaires (at Annex 1), a draft Annual Report from the Committee to the Board (at Annex 2) and proposed marked up changes to the Terms of Reference (at Annex 3).

RECOMMENDATION:

4. The Committee is requested to:
 - (a) Review and approve the draft Annual Report at Annex 2.
 - (b) Review and approve any further changes to the terms of reference at Annex 3;
 - (c) Confirm the proposed changes to operating arrangements in response to issues raised in questionnaires as set out in the draft Annual Report; and
 - (d) Set priorities for the Committee for 2024/25.

REPORT APPROVAL ROUTE	
Executive Management Team notified of proposed changes by email 5 March 2024	
REPORT APPENDICES	
<ol style="list-style-type: none"> 1. Annex 1 – Collated responses to effectiveness questionnaire 2. Annex 2 – Draft Committee Annual Report to Board 3. Annex 3 – Proposed changes to terms of reference (marked up) 	

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	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

COMMITTEE EFFECTIVENESS REVIEW 2023/24

SITUATION

1. Annual effectiveness reviews are designed to evaluate the effectiveness of the Board and its Committees, review its operating arrangements, and propose changes to improve its support, challenge, scrutiny, and oversight responsibilities. Whilst we demonstrate the duty of quality by adopting a continuous improvement methodology to the Board and its Committees throughout the year, this annual effectiveness review is an opportunity to formally review membership, look back at the work of the Committee during the year, and set the Committee's priorities for the coming year.

BACKGROUND

2. The Trust's Standing Orders, Committee Terms of Reference, and codes 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.
3. The 2023/24 effectiveness reviews adopt the following cycle:

Stage	Process
Stage 1: Evaluation Design	<ul style="list-style-type: none">• Questionnaires for the Board Committees are developed by the Board Secretary in consultation with the Committee Chairs and Executive Leads. We adopted the same questionnaire as 2022/23 to see how the Committee has changed in comparison to this baseline.
Stage 2: Evaluation Process	<ul style="list-style-type: none">• Questionnaires are issued to Committee members and core attendees as set out in the Terms of Reference with responses being anonymised.• Committee Chair, Executive Lead, Governance Officer, Governance Manager 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	<ul style="list-style-type: none"> The proposed amendments to the Terms of Reference and the responses to the questionnaires are discussed by the Committee at this meeting.
Stage 4: Presentation to Audit Committee and Trust Board	<ul style="list-style-type: none"> Any changes to the Terms of Reference and operating arrangements are recommended to the Audit Committee firstly on 30 April 2024 and then to the Trust Board together with the Committee's annual report on 30 May 2024.

ASSESSMENT

- The Committee Chair and Executive Leads met with the Corporate Governance team for stage 2 on 13 February 2024. Responses to the questionnaires were collated and reviewed and they are attached at Annex 1.
- The questionnaires sent to members and attendees provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Sixteen questionnaires were sent out with seven responses being returned (a 43.75% return rate which is higher than 2022/23).
- Respondents were asked 27 questions around the themes of focus, engagement, team working, and effectiveness as well as free text on areas for development and what it should consider stopping, starting, and continuing. The standard questions also encouraged free text opportunities to explain or expand on choices.
- The draft Annual Report attached at Annex 2 sets out in paragraphs 10 to 22 the proposed view of this Committee on its effectiveness. This is drawn from the responses to the questionnaire, a review of the Committee's adherence to its work plan during 2023/24, and the manner in which it has provided assurance to the Board. Changes to terms of reference are proposed in the draft Annual Report for review and discussion by the Committee at this meeting. Changes to the draft Annual Report will be made following this meeting and ahead of its presentation to the Audit Committee and Board.
- 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 any new issues it may be adopting in its terms of reference; focus on areas it may not have addressed as strongly last year or which are developing; 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 by way of an assurance report by the Board Secretary report to ensure they are on track. The Committee may wish to consider any of the following:

- (a) The development and approval of the Digital Plan.
- (b) Oversight of the potential commercialisation streams in the Financial Sustainability Programme.
- (c) Focus on the new elements of its terms of reference relating to Information Governance and Information Security.

RECOMMENDATION

9. The Committee is requested to:

- (a) Review and approve the draft Annual Report at Annex 2.
- (b) Review and approve any further changes to the terms of reference at Annex 3;
- (c) Confirm the proposed changes to operating arrangements in response to issues raised in questionnaires as set out in the draft Annual Report; and
- (d) Set priorities for the Committee for 2023/24.

Welsh Ambulance Services NHS Trust

Finance & Performance Committee Effectiveness Review 2023/24 Results



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Survey Respondents included NEDs, management members, TU partners, Corporate Governance Manager & Committee Governance Officer; **16 surveys sent with 7 returned [which is a 43.75% response rate versus 35.7% response rate 22/23]**. This PPT sets out the survey results and groups free text responses into areas of focus.

Respondents were asked to provide more detail where they selected 'disagree' and 'strongly disagree', however some have also used the free text section to elaborate on 'agree' and 'strongly agree' answers. The raw data can be viewed at the [Summary Link](#).

● Non-Executive Director Member	2
● Management Member	3
● TU Partner (s)	0
● Other	2





Theme 1: Committee Focus

2022/2023 Responses

Strongly Disagree Disagree Agree Strongly Agree

1. The Committee has set its priorities for the year:

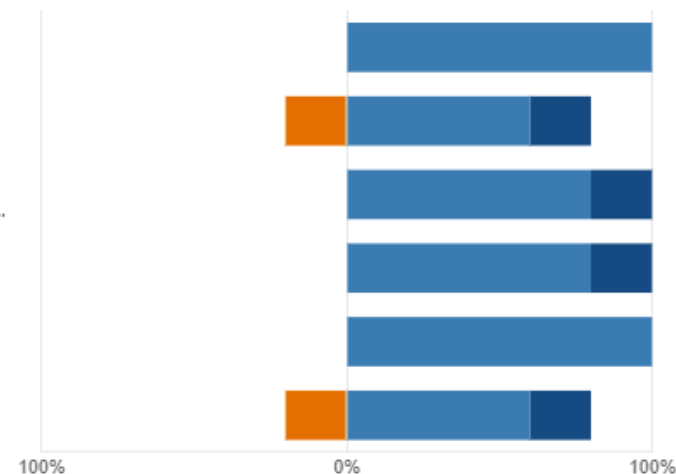
2. The Committee has made a conscious decision about the information it would like to receive:

3. Committee members contribute regularly to the issues discussed, providing real and genuine challen...

4. The Committee is aware of the key sources of assurance and who provides them:

5. Equal prominence is given to all key areas of the Committee's remit, and this is reflected in meeting...

6. The Committee's remit is appropriate and manageable:



2023/2024 Responses

Strongly Disagree Disagree Agree Strongly Agree

1. The Committee has set its priorities for the year:

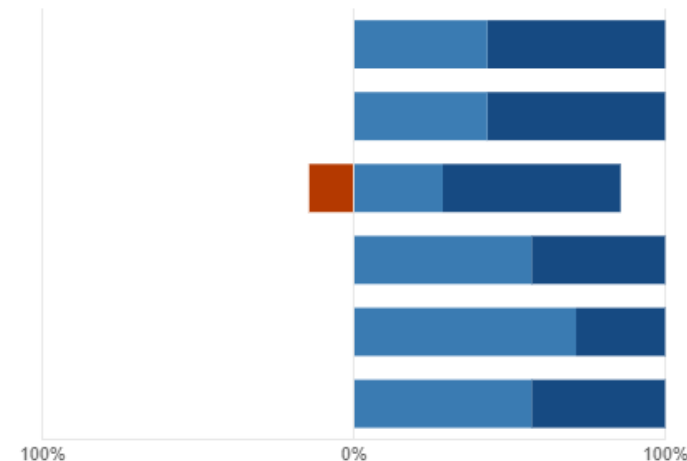
2. The Committee has made a conscious decision about the information it would like to receive:

3. Committee members contribute regularly to the issues discussed, providing real and genuine...

4. The Committee is aware of the key sources of assurance and who provides them:

5. Equal prominence is given to all key areas of the Committee's remit, and this is reflected in meeting...

6. The Committee's remit is appropriate and manageable:





Theme 1: Committee Focus

Remit & Agenda Management

The remit of the committee **is highly appropriate and achievable.**

There are occasions when the agenda is **very challenging.**

There is a lot of business received however the agenda **split and management usually feels right,** and it doesn't feel as if there is one area of activity that takes precedence over another.

The **committee has decided what should come forward to each meeting by setting a cycle of business** and monitoring that at each meeting. The executive leads and chair also meet to set the agenda for forthcoming meetings from that cycle, and papers are commissioned with explanatory notes where appropriate.

Contributions

Committee members contribute and **participate with effective and thoughtful challenge.** The dynamic involvement enhances the quality of discussions and decision making

Trade union partners a lesser contributors during the meeting when it comes to discussing performance output and financial responsibility.



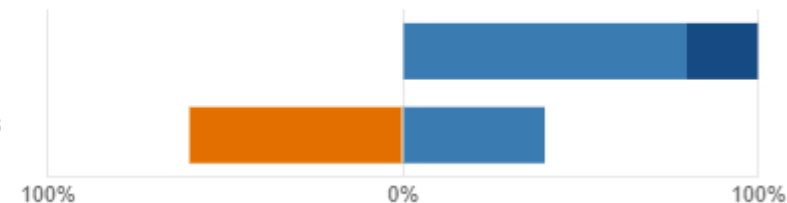
Theme 2: Committee Engagement

2022/2023 Responses

Strongly Disagree Disagree Agree Strongly Agree

7. The Committee is clear about its role in relation to other Committees;

8. Committee members visit services and meet teams to understand relevant issues:

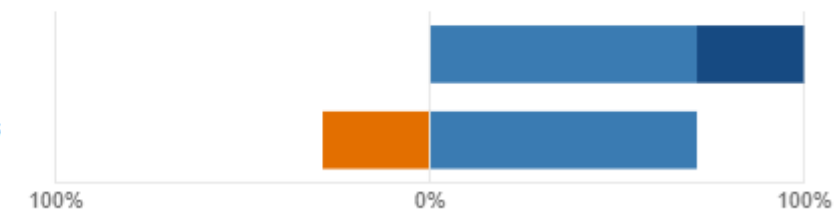


2023/2024 Responses

Strongly Disagree Disagree Agree Strongly Agree

7. The Committee is clear about its role in relation to other Committees;

8. Committee members visit services and meet teams to understand relevant issues:





Visits

I think there is **variation when it comes to connecting with and exploring services** across all parts of delivery, and in all parts of the country.

If members are making visits in their capacity as **members of this Committee that's unclear.**

Other **time constraints can inhibit how often members can visit services or teams.**

There are visits that take place, **but they are not necessarily relevant to the scope of this committee.**

Role in Relation to Other Committees

The **role of the committee is clear.** The MIQPR is discussed in people and culture and quality committees also and there is **perhaps not a clear demarcation of what this membership should be looking at separately to the other committees.** So that could be clarified.

The linking of different **committee remits is understood by members.**

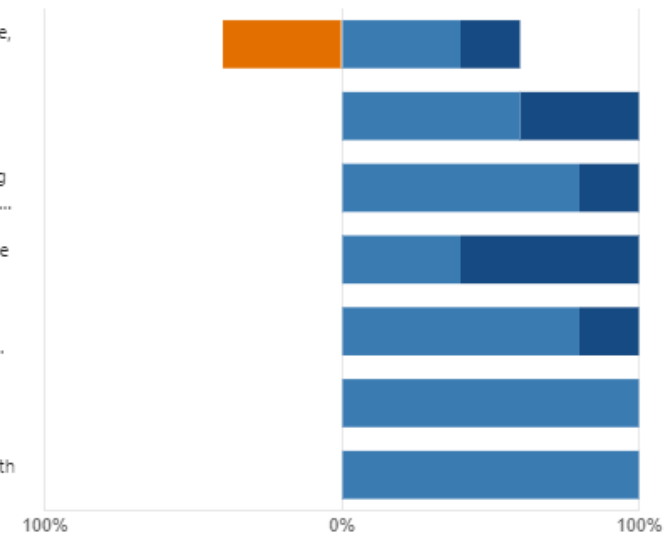
Theme 3: Committee Team Working



2022/2023 Responses

Strongly Disagree Disagree Agree Strongly Agree

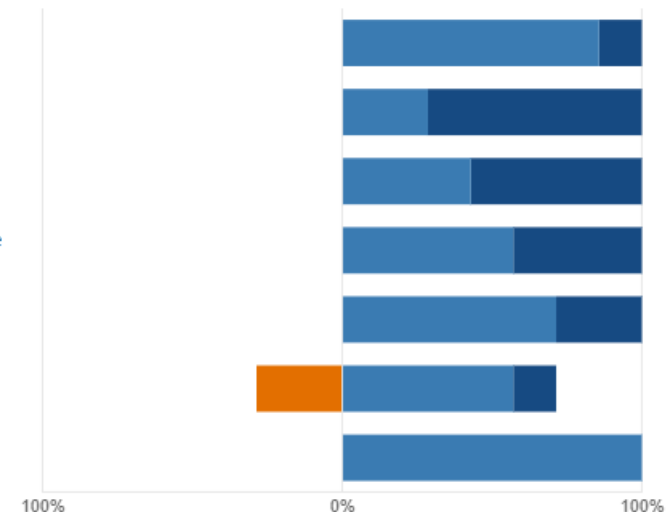
9. The Committee has the right balance of experience, knowledge, and skills to fulfill its role:
10. Management fully briefs the Committee on key risks, safety issues and any gaps in control:
11. Key risks are discussed at each meeting, including controls in place and assurances against controls, an...
12. The Trust's behaviours are reflected in the way the Committee enables people to express their view,...
13. The Trust's strategic priorities are reflected in the way the Committee operates and the information it...
14. Members hold their assurance providers to account for late or missing assurances:
15. Decisions and actions are implemented in line with the timescale set down:



2023/2024 Responses

Strongly Disagree Disagree Agree Strongly Agree

9. The Committee has the right balance of experience, knowledge, and skills to fulfill its role:
10. Management fully briefs the Committee on key risks, safety issues and any gaps in control:
11. Key risks are discussed at each meeting, including controls in place and assurances against controls, a...
12. The Trust's behaviours are reflected in the way the Committee enables people to express their view,...
13. The Trust's strategic priorities are reflected in the way the Committee operates and the information it...
14. Members hold their assurance providers to account for late or missing assurances:
15. Decisions and actions are implemented in line with the timescale set down:





Skills

More **breadth of finance related experience/expertise amongst** Committee members may be helpful.

Timeliness

System pressures sometimes **impact on timelines for papers.**

Holding Executive to Account

Papers are **often late** for FPC and there doesn't seem to be **any particular acknowledgement of this by the Chair** (therefore response by the Committee in terms of holding **the Executive to account**).

The management consistently provides **thorough briefings to the Committee**. I don't think that Committee members **generally hold assurance providers accountable for delays or missing assurances**. I think that the Chair should be **more assertive** in holding assurance providers accountable for late or missing assurances.

Theme 4: Committee Effectiveness



2022/2023 Responses

Strongly Disagree Disagree Agree Strongly Agree

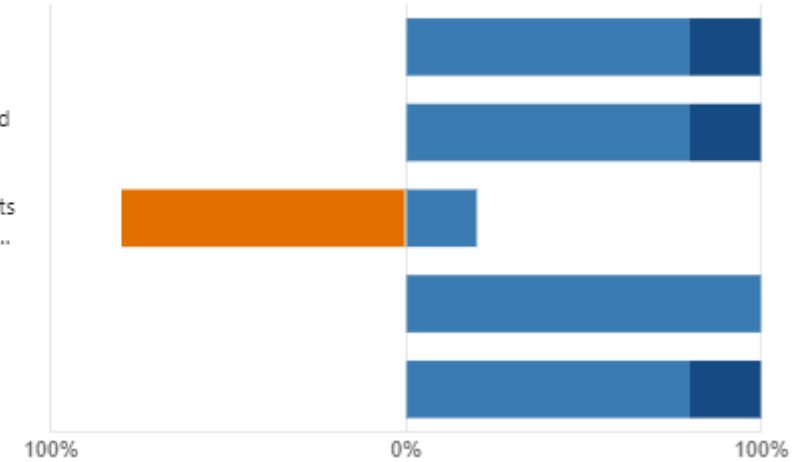
16. The quality of Committee papers received allows members to perform their roles effectively:

17. Each agenda item is 'closed off' appropriately, and the Committee is clear on the conclusion, who is...

18. At the end of each meeting the Committee reflects on the decisions and discusses what worked well, an...

19. The Committee highlight report appropriately reports and segments items into 'alert', 'advise',...

20. The Board challenges and understands the reporting from this Committee:



2023/2024 Responses

Strongly Disagree Disagree Agree Strongly Agree

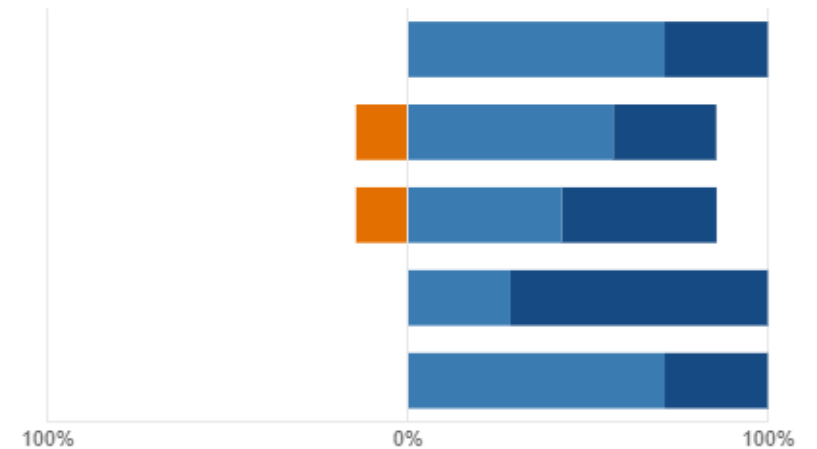
16. The quality of Committee papers received allows members to perform their roles effectively:

17. Each agenda item is 'closed off' appropriately, and the Committee is clear on the conclusion, who i...

18. At the end of each meeting the Committee reflects on the decisions and discusses what worked...

19. The Committee highlight report appropriately reports and segments items into 'alert', 'advise',...

20. The Board challenges and understands the reporting from this Committee:





AAA Reporting

The Board understands the AAA **reporting but does not always challenge it**, but that is likely to do with the fact that they often receive similar reporting (finance, IMTP, MIQPR) at their meetings in any event.

The highlight report forms the **core messaging** system to inform the Board.

The Highlight report to **board is always relevant and detailed.**

Reflections

The opportunity is **not always taken for members to reflect on the meeting.**

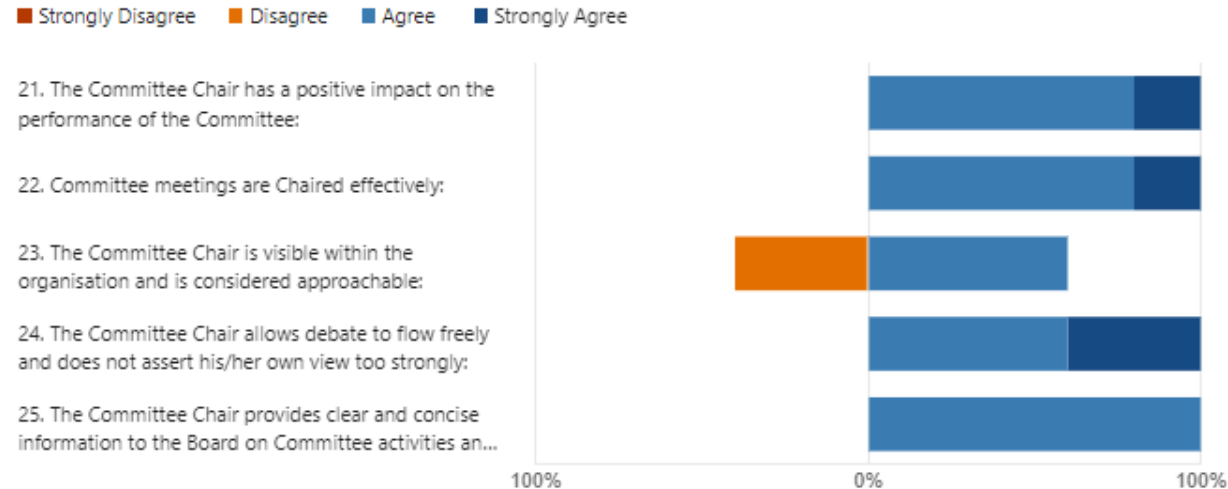
Managing Actions

There is a need for increased clarity regarding the **closure of agenda items, with a more concise approach to specifying actions required and assigning responsibility for each action.**

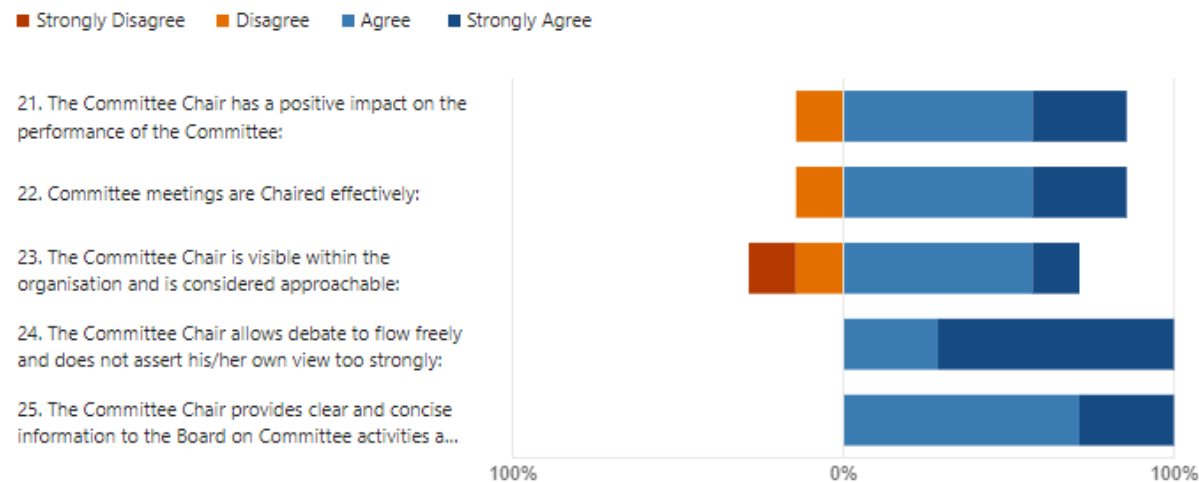


Theme 5: Committee Leadership

2022/2023 Responses



2023/2024 Responses





Leadership

The Committee Chair encourages **free-flowing debate** without imposing a strong personal view. However, the challenge here is to determine when to effectively conclude discussions.

Committee feedback to the board **reflects the challenge and scrutiny** applied by the non-executive members.

The Chair **allows debate to flow and does not assert their own views** too strongly.

What should the Committee stop, start or continue to do?

Start

Bring the **full remit of information security and governance** into its terms of reference as well as the IT infrastructure and cyber elements. **Be clear in their role with respect to the MIQPR.**

It could **add value to increase the input from trade union partners**, to understand position, contribution, challenge and support when it comes to collective action taken in response to risk and the challenges that face the organisation.

Continue

Continue **to balance all items on the agenda, to allow discussions on diverse topics**. More **finance specific experience** amongst members could be helpful.

Continue with the **clear reporting we see in the IMTP report**. Audit Committee has the implementation of **the QPMF framework** as a priority, but **this committee** will need to keep an eye on **how effective it is in floor to board performance** reporting and impact as it develops.

While continuous improvement is key to this and all committees, the **interaction between committees** especially when there is crossover, **needs closer scrutiny to avoid duplication.**

Maintain focus on performance and associated issues that are **within our gift** while also asking questions on **what more we can do to support / collaborate with partners** to get pathway level improvement.

Are there any learning and development opportunities for members the Committee should consider?

Nothing outside board development sessions, and individual new member induction.

To **continue as is** - as areas for development are identified, to address these in board development or similar.

It would be helpful to have some "**deep dive**" **activity on a thematic basis programmed** into the yearly cycle.



FINANCE AND PERFORMANCE COMMITTEE ANNUAL REPORT 2023/24

SITUATION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

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 Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The Committee met on 19 March 2024 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Committee Chair and Executive Leads ahead of that meeting. This Annual Report reflects on the effectiveness of the Committee in 2023/24 and proposes changes to terms of reference.

ASSESSMENT

Purpose of the Committee

5. The Committee is established 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.
- scrutinise business cases for capital and other investment.
- oversight of the development and implementation of the digital, estates, fleet, and environmental strategies.
- business continuity including emergency preparedness, resilience and response, cyber security, and cyber resilience.

Membership and attendance

6. The Committee met six times in private and in public as scheduled in 2023/24 and was quorate on each occasion.
7. The Committee is supported by the Chair and three Non-Executive Directors as members, and several prescribed attendees with good attendance.
8. The chart below illustrates attendance of members and prescribed attendees as listed in the terms of reference for 2023/24. The Committee welcomed non prescribed attendees at various meetings as well as external guests.
9. It is not intended to change the membership of the Committee other than the introduction of Peter Curran, Non-Executive Director, as a member. This was welcomed particularly as he has a strong finance background.

[chart to be updated with 19 March attendance]



COMMITTEE ATTENDANCE						
Name	15 May 2023	17 July 2023	18 Sep 2023	13 Nov 2023	15 Jan 2024	19 Mar 2024
Joga Singh						
Kevin Davies	Until 11.30am	Chair				
Bethan Evans						
Ceri Jackson						
Martin Turner		Left at 11.30	Left at 12.00			
Chris Turley		Navin Kalia				
Rachel Marsh		Hugh Bennett			Left 11-12	
Lee Brooks	Sonia Thompson	Judith Bryce ¹	Judith Bryce		Jon Edwards	
Liam Williams	Wendy Herbert			J Turnbull-Ross		
Angie Lewis	Liz Rogers					
Jonny Sammut						
Leanne Smith			Aled Williams			
Hugh Parry						
Damon Turner						
Trish Mills						

	Attended
	Deputy attended
	Apologies received
	No longer member

Committee Views on Effectiveness

10. The Committee's effectiveness was assessed through a review of its terms of reference, responses to a questionnaire, discussion with the Chair and Executive Leads, and at the 19 March Committee meeting.
11. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Sixteen questionnaires were sent out with seven responses being returned (a 43.75% return rate which is better than 2022/23).
12. Respondents were asked 27 questions and were encouraged to provide free text answers to explain or expand on their choices. It is often difficult to pinpoint the exact issue or example in mind when reviewing the free text, however all responses were discussed with the Chair and Executive Leads. The responses were also reviewed by the Committee on 19 March against the same questions from last year and the majority of the scores were an improvement from 2022/23.
13. With respect to the remit and volume work of the Committee, whilst it was felt that the agenda could be challenging at times, the remit is appropriate, balanced, and achievable. With respect to Trade Union Partner contributions, a more focused discussion with Committee Chairs and Trade Union colleagues is planned to ensure that they are supported in these meetings. With respect to team working, there



was a view that there was not a strong holding to account for late papers. This was discussed with the Chair and Executive Leads, and it was acknowledged that the MIQPR is often a late addition to ensure timeliness of data, but that it was important to ensure discipline for the majority of papers to be available seven days before the meeting to enable members plenty of time to read and digest them, and to seek any clarifications from Executives. This was usually achieved throughout the year.

14. Clarity on the role of this Committee regarding oversight of the Monthly Integrated Quality and Performance Report (MIQPR) was sought as opposed to the oversight of the People and Culture Committee and Quest Committee. A refresher on the MIQPR will be provided for the Board in 2024/25 to provide this.
15. Bringing in the full remit of the information governance and security was sought, which has been done for 2024/25. Other areas of focus included the need to ensure that agenda items and actions are closed off and that there is more time to offer up reflections at the end of the meeting. There were some mixed views on the Committee leadership, however there was no elaboration where respondents disagreed, noting however that Committee Chair encouraged free-flowing debate without asserting too strong a personal view on members.
16. As with other Board Committees, the question related to visibility of Committee members scored poorly. Given that there is a Board visits Standard Operating Procedure in place which illustrates members visibility, it is anticipated that this question will be omitted from the 2024/25 survey. The rationale being that it is unlikely, no matter how visible a Non-Executive or Executive Director may be, that that will always resonate with each Committee.
17. Good practice drawn out in responses included:
 - The Chair allows free flowing debate and does not impose strong personal views.
 - Feedback to the Board reflects challenge and scrutiny by members.
 - Reports / information given to the Committee is of high quality.
 - Clear reporting and escalations to the Board via AAA report.
 - Strong focus on appropriate business, with balanced agenda and diverse topics.



18. Areas to strengthen include:

- Clarity on which areas of the MIQPR the Committee should be reviewing vs other Committees.
- Increase those with finance skills / experience within the membership.
- Holding the Executive to account for delays or missing assurances.
- Greater clarity on managing and closing off actions.
- Improving visibility – more visits / publication of visits to relevant stakeholders.
- Greater contributions from TU Partners

19. The Committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the Committee and in this respect, it has discharged its responsibilities in providing assurance to the Board. The Committee's business in 2023/24 included the following, full details of which are in the Committee's AAA reports and minutes provided to the Board:

- 19.1. **Operational updates** are received at each meeting and often generate a good deal of discussion, particularly related to system pressures.
- 19.2. The proposed **Board and Committee Level Key Performance Indicators for 2023/24** were presented to the Committee and endorsed at their July meeting. Additionally, the **MIQPR** is monitored at each meeting, with a particular focus on handover delays, lost hours and system pressures and the effect of this on performance. Notwithstanding this, good performance was noted throughout the year on ROSC (return of spontaneous circulation), Ambulance Care, and 111 performance.
- 19.3. **Financial performance** was monitored at each meeting, including budget position on revenue and capital. In addition to reviewing risk 139 (*the failure to deliver our statutory financial duties in accordance with legislation*) at each meeting and following its change in scores in the latter part of the financial year. There was a deep dive conducted on the risk in Month 1. The Board was alerted in September and November with respect to the clarity of funding sources for the additional 100 WTE appointed in 2022/23.
- 19.4. [add in detail re budget setting paper for 24/25 from March 2024 meeting]



- 19.5. The final 2022/23 **financial performance report for Month 12** was presented at the May 2023 meeting with a small revenue surplus reported of £62k, capital expenditure fully spent, and gross savings of £4.392m have been achieved against a target of £4.300m. In addition, the Public Sector Payment Policy was reported as on track with performance, against a target of 95%, of 97.4% for the number, and 97.8% of the value of non NHS invoices paid within 30 days. The Committee congratulated all directorates for achieving this end of year position.
- 19.6. The Committee received regular reporting on the **financial sustainability programme** and the identified initiatives including the support services review; service review; recruitment control panel; operations savings group; and income generation group.
- 19.7. The **Capital Assurance: Vehicle Replacement Programme Internal Audit** was received at the March 2024 meeting [insert outcome of that meeting here]
- 19.8. The Committee received an update on the delivery of the **Integrated Medium Term Plan** (IMTP) 2023-26 at each meeting with issues of delivery escalated where necessary. In May 2023 it reviewed the end of year position with respect to the 2022-25 IMTP and congratulated the team for the significant amount of work that was achieved against the backdrop of a very difficult Winter in 2022/23 and prolonged industrial action. Updates on the development of the IMTP 2024-27 were received, as was the final version for endorsement to the Board in March 2024.
- 19.9. The **Strategy Development Internal Audit** was received at the March 2024 meeting [insert outcome of that meeting here]
- 19.10. The **structure and governance for the Strategic Transformation Board** and its programmes was reviewed and the Committee was assured that these were appropriate and clear
- 19.11. The Committee received a number of reports on **Emergency Preparedness, Resilience and Response (EPRR)** and were assured as to EPRR arrangements and leadership. The **Welsh Government Annual Emergency Planning Report** was also reviewed regarding the Trust's compliance and readiness to meet its obligations under the Civil Contingencies Act 2004. Later in the year risk 594 (the Trust's inability to



provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death) increased in score from 15 to 20 and was escalated to the Board.

- 19.12. The Committee was assured that good progress was being made against the applicable actions for WAST from the **Manchester Arena Inquiry**. The Trust's **Incident Response Plan v.2.0** was presented in private session in November 2023. The updates to the plan include recommendations from the Manchester Arena Inquiry.
- 19.13. The **Business Continuity Annual Report** was received in November 2023 and also presented at Board. The Committee were assured that the necessary plans and business continuity arrangements are in place for the most significant risks. The Trust also holds plans for terror attacks, disruption of telecommunications, extremes of weather, flooding etc.
- 19.14. The Committee has the review of matters relating to **demand and capacity** plans in their remit and an update was received at this meeting. The EMS, NEPTS and 111 demand and capacity reviews were discussed as were current packages of work. Notwithstanding the absence of a formal framework, the Committee was reassured that the Trust's focus on forecasting and modelling, with both external and internal support, was strong and has led to significant transformation work programmes. At the March 2024 meeting a report on the results of the **strategic demand and capacity review** were received [insert outcome from that meeting here]. A tactical **Winter forecasting and modelling report for 2023/24** was received in November 2023.
- 19.15. An update on the Decarbonisation Action Plan (DAP) was received by way of the **Environment, Decarbonisation and Sustainability Update** for April 2023, September 2023 and January 2024. The DAP has a range of actions which frame the Trust's decarbonisation response. Notwithstanding the very positive progress, the sheer volume of work, resource and capacity constraints remains of concern for WAST's delivery of the DAP – an issue which all NHS Wales organisations are experiencing, as set out in the limited assurance **internal audit on Decarbonisation**. The Committee noted that this review was conducted across all NHS Wales Health Bodies and that all have been given a limited assurance rated, therefore WAST is not an outlier. The significant work the Trust has been undertaking to address the requirements of the DAP were recognised in the report, however the overall



rating reflects the complexity and range of risks associated with this area which, along with the financial shortfalls, impacts on the Trust's ability to deliver on the wider decarbonisation agenda.

- 19.16. In September the Committee escalated to the Board the fact that the **Sustainability Report**, which they later approved, presented a headline value of a significant increase in WAST's carbon emissions between 2021/22 and 2022/23. This significant increase is predominantly due to a change in the data collection required by Welsh Government and the inclusion of aspects of emissions data which were previously not applicable. Some areas of good progress and reductions in emissions were also highlighted. The Committee was assured that, in line with other NHS Wales organisations, WAST has conducted a detailed independent inspection of all sites within scope, which details a nil return in relation to the presence of **Reinforced Autoclaved Aerated Concrete (RAAC)** in all buildings up to 2000.
- 19.17. In September 2023 and March 2024 updates were received on progress against the April 2022 limited assurance **Waste Management Internal Audit** with revised actions noted for the outstanding recommendations. One recommendation was for the presentation to this Committee of an **Annual Waste Report** which was received at the September meeting. [insert outcome of March 2024 meeting]
- 19.18. The annual **Fire Safety Compliance** report was received by the Committee in January 2024 with no issues to escalate to the Board. The limited assurance (All Wales) **Estates Condition Internal Audit Report** was received, and it was noted that this was limited across all NHS Wales Health Bodies, therefore WAST is not an outlier. The rating is based on the lack of a funded strategy to address the backlog of maintenance and the inconsistency of reporting across Wales.
- 19.19. The **Electronic Patient Care Record (ePCR) Benefits Realisation** report was received in May 2023 which had streamlined the benefits and included a five year plan to realize benefits for ePCR which will now be transitioned to business as usual, and owners identified to take these forward. Assurance on the decommissioning of the digital pen patient clinical report system following an extension to ensure patient information was also provided.



- 19.20. A Welsh Government gateway review of the WAST **Mobile Data Vehicle Solutions** was received in September 2023, with an overall delivery confidence assessment of Amber/Green, meaning successful delivery appears probable, however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. Five recommendations were made to assist in ensuring a successful project outcome is achieved and these have been satisfactorily progressed. A third and final project assessment review will be planned for 12 months post project completion.
- 19.21. In September 2023 the Committee noted the recent **review of the national commissioning functions**. This included the Welsh Health Specialised Services Committee (WHSSC), the National Collaborative Commissioning Unit (NCCU) and the emerging 111 commissioning arrangements. The key outcome is that by the 1 April 2024 WHSSC, the NCCU and the 111 commissioning arrangements, will be merged into one national commissioning function. Benefits are potentially to be realised by combining 111 commissioning with EMS and NEPTS (non-emergency patient transport service) commissioning. The **111 Commissioning Advisory Report** from Internal Audit was received in January 2024 looking at 111 commissioning arrangements with the Committee noting that there are elements of that which are within the control of commissioners rather than WAST and that new national commissioning arrangements will be in place from 1 April 2024.
- 19.22. **Value based healthcare updates** were received in November 2023 and March 2024 which set out the progress of the key workstreams within its portfolio. The work programme includes the following seven workstreams – Patient Recorded Outcome Measures (PROMS), Patient Data Linkage, Patient Recorded Experience Measures (PREMS), Patient Level Information and Costing System (PLICS), Revenue Business Case Process, Evaluation Framework & Methodology, and Benchmarking. All workstreams are progressing well.
- 19.23. The Committee reviewed the reasonable assurance **IM&T Infrastructure Internal Audit Report**, the overall objective of which was to provide assurance over the management and operation of the WAST Information Management and Technology (IM&T) Infrastructure. The reasonable assurance **ICT Capital Management Internal Audit** was received at the March 2024 meeting [insert outcome of that meeting here]



- 19.24. A priority of the Committee for 2023/24 was the oversight and monitoring of the **digital strategy**. The Committee reviewed progress on the plan in September and approved key digital system and service metrics to support monitoring of this area. Progress against the four missions in the strategy of 'digital patient', 'digital workplace', 'intelligence through data', and 'digital foundations' since 2022 has been significant and ranges from implementation of ePCR and ECNS, to EMS CAD, telephony and network upgrades, and clinical intelligence data layers and dashboards. Notwithstanding this excellent work, gaps in the plan have been identified as were vacancies in the team.
- 19.25. The initial suite of **Digital KPIs** was received in September 2023 to provide assurance on the performance, work activities and contribution of the Digital Directorate to the Trust's Strategy and IMTP. These were monitored in subsequent meetings. In private session members were presented with the cyber highlight report for the period April to July 2023 and a detailed cyber activity report for July 2023.
- 19.26. The reasonable assurance **Cyber Security Internal Audit Report** was reviewed in private session due to confidentiality.
- 19.27. Members **reflections** after each meeting included:
- Diversity of the agenda which was supported by a more structured cycle of business.
 - Flexibility from the Chair and members in taking some items out of order to allow the free flowing of discussion was effective.
 - Due to the lateness of papers for the May 2023 meeting (predominantly the open agenda) it was difficult to allocate time with predictability in the week prior and members sought to see improvements in this.
 - It was noted that the completion of cycles of business for all Committees will provide predictability and that a paper will be presented to ELT on 7 June setting out meeting timelines.
 - Good focus on the impact of the financial challenges on our patients and our people.
 - The financial position of the Trust has a direct impact on the ability of the Trust to deliver a safe service and acknowledged the direct relationship between organisational performance and patient safety and outcomes. The Members were assured that all actions within the Trust's



control were being taken to mitigate the risks and issues observed but expressed concern over the continued challenges exacerbated by wider system pressures.

- Challenge of balancing volume of papers and presentation time is one that will have particular focus at effectiveness reviews this year.
- Interaction with presenters who do not normally attend the meeting could be improved. Members felt that this was not in any way to indicate a lack of respect and thanked those presenters for the clarity of their papers and messages.

19.28. The **backlog of policies** – particularly those relevant to this Committee - was reviewed and escalated to the Board as an alert. A priority order of policies for review in 2023/24 was endorsed.

19.29. The Committee **cycle of business** was approved.

19.30. **Risks** relevant to this Committee are reviewed at each meeting and the agenda is driven by these risks. The highest rated risks, 139 (failure to deliver our statutory financial duties in accordance with legislation) and 594 (the Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death), were the focus and drive agenda setting. Other risks related to cyber security, loss of critical IT systems, and recurrent funding from commissioners were reviewed regularly.

19.31. The **annual effectiveness review** was conducted in the March 2024 meeting.

19.32. The revised **Audit** tracker and process was reviewed, and good progress is being made to close management recommendations.

19.33. The **Committee's priorities for 2023/24** are reviewed at each meeting and a more detailed update appears later in this report. The Committee also reviews progress against its cycle of business at each meeting.

19.34. [add in assurance and oversight items from March 2024 meeting]

20. In private session the Committee took matters that were commercially sensitive and confidential. Most matters made their way to the Trust Board private session and where appropriate were reported in open session in accordance with the



Standing Orders. Other matters taken in private session included the capital programme and prioritisation

21. The Board received a highlight (AAA) report from this Committee by email circulation following each meeting which included alerts, advice, and areas of assurance. Where there was a shorter proximity of the meeting of this Committee and the Board meeting, that report was provided verbally by the Chair and captured in the Board's minutes.
22. The Committee is not serviced by any Sub-Committees or task and finish groups that this time.

Proposed Changes to the Terms of Reference

23. Extensive changes to the Terms of Reference for this Committee were made during the effectiveness reviews held in 2022. The changes this year include feedback from the Committee following the survey and the meeting on 19 March. The changes in the Terms of Reference are marked up in [Annex 1] and include:
 - The information governance and information security remit has been transferred from the Quality, Patient Experience and Safety Committee. This will allow all areas of digital to be within the remit of this Committee, including IT infrastructure and strategy, information governance and information security, and cyber security. The Director of Digital who is the Senior Information Risk Officer (SIRO) and the Executive Director of Quality and Nursing who is the Caldicott Guardian are both members of this Committee.
 - Paragraph 3.18 has been amended to provide that directorate specific plans aligned to the long term strategy 'Delivering Excellence' will be *received* by this Committee rather than *reviewed for alignment*. It is a matter for the Committees who have specific remit over a plan to ensure alignment, for example when the People and Culture Plan was reviewed by the People and Culture Committee they were assured as to alignment to the long term strategy. The amendment will require new 'plans' to be received and shown on an organogram of aligned plans to the long term strategy.
 - Clarity that the Audit Committee will receive assurance on the *implementation* of the Quality and Performance Management Framework and that this Committee will receive assurance on its *effectiveness and the value of outcomes* the framework produces.
 - A change in the narrative on assurance to provide clarity on approach.



- Changes in the narrative on risk and audit to streamline responsibilities.
- Specific chair's action provision inserted, particularly given the significant number of policies which are due for approval in 2024/25.
- [insert following February meeting discussions]

24. Changes in operating arrangements in 2024/25 to address issues raised in the survey will include:

- MIQPR orientation refresher: interpretation and triangulation – to be scheduled in 2024/25
- Trade Union Partner and Committee Chair induction session to be held.

Committee priorities:

25. The Committee received an update on progress against its priorities at each meeting. The 2023/24 priorities were:

Priority	Progress
Focused oversight on the implementation of the digital strategy.	<ul style="list-style-type: none">• A Digital Strategy Plan update was given to the Committee at its meeting on the 18 September 2023 by the Interim Director of Digital Services. This report gave a snapshot of the current position and relevant data from the period 01 April 2023 – 31 July 2023.• At the September meeting the Committee also endorsed the related metrics as presented by the Interim Director of Digital Services. The metrics for digital systems infrastructure will be received (in line with the agreed reporting) on 13 November 2023.• In September, the Committee noted that the recent appointment of the new Director of Digital Services may affect the strategy implementation timeline.• In November, the Committee noted that an



Priority	Progress
	<p>update on the progress against the Digital Strategy would likely be programmed for either the January or March 2024 meeting of the Committee.</p> <ul style="list-style-type: none">• Receipt of an update on the implementation of the Digital Strategy will be programmed for the May 2024 meeting of the Committee.
Focused oversight on the implementation of the Quality and Performance Management Framework (QPMF)	<p>As of September 2023, oversight of this has moved to the Audit Committee. The Committee's ToR require that it "review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework".</p> <p>As above, the Committee will remain responsible for reviewing of the effectiveness of the QPMF once the Framework has been implemented. The Committee Cycle of Business will be updated to reflect the change in oversight of implementation of the Framework to Audit Committee.</p>

26. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2024/25:

[to be confirmed by the 19 March meeting]

- (a) [insert]
- (b) [insert]

27. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps



28. The next steps are to update the cycle of business with revised terms of reference

RECOMMENDATION

The Trust Board is requested to

- (a) Receive and note the contents of the Committee Annual Report for 2023/24 and analysis of its effectiveness; and**
- (b) Approve the changes to the Terms of Reference and operating arrangements.**

DRAFT



FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2023/242024/25

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.
- 1.3. The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:
- providing advice on strategic development and performance within the terms of reference;
 - undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
 - carrying out specific responsibilities on the Board's behalf; and
 - providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

2. PURPOSE

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:



- 2.1 overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;
- 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; ~~and~~
- [2.8 information governance and information security; and](#)
- [2.8.2.9](#) business continuity including emergency preparedness, resilience and response, cyber security, and cyber resilience.

3. DELEGATED POWERS AND AUTHORITY

With regard to its role in providing advice and assurance to the Board, the Committee will specifically:

Finance

- 3.1 Oversee and contribute to the medium and long term financial strategy, in relation to both revenue and capital;
- 3.2 Monitor the Trust's in-year and forecast revenue financial position against budget and review and make appropriate recommendations for corrective action to address imbalances;
- 3.3 Review progress against the Trust's annual operating framework and make recommendations to the Board in relation to development of the annual financial plan and budget setting and long term financial strategy and



financial sustainability programmes, efficiency review implementation and required savings targets;

- 3.4 Monitor progress against the Trust's capital programme, scrutinise, approve or recommend for approval (where appropriate) business cases for capital investment. This will include those then submitted to Welsh Government for approval via Trust Board;
- 3.5 [Receive](#) 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;
- 3.6 Receive, review and ensure mitigation of financial risks of delivery of plans;
- 3.7 Monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation;
- 3.8 Review performance against the relevant Welsh Government financial requirements;

Value Based Healthcare

- 3.9 [Receive assurance on ensure](#) delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting;

Performance

- 3.10 Review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators;
- 3.11 Monitor and review progress against the Trust's Integrated Medium Term Plan and obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams;
- 3.12 Review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework, [noting that in 2024/25 the Audit Committee will receive assurance on the implementation of the framework](#);
- 3.13 [agree-Endorse](#) and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets;



- 3.14 Monitor and review plans to recover areas of underperformance, reviewing where appropriate associated KPIs as part of any deep dives, and providing assurance to the Board and escalating as required;

Planning

- 3.15 oversee and contribute to the development of the Trust's long term strategy '[Delivering Excellence: Our vision for 2030](#)', and make recommendations to the Board for its approval/[amendment](#);
- 3.16 Oversee and contribute to the development of the Trust's Integrated Medium Term Plan (IMTP) and ensure alignment of that plan with Delivering Excellence: Our vision for 2030;
- 3.17 Monitor the effectiveness of commissioning arrangements with the Local Health Boards via the [Emergency Ambulance Services Committee appropriate commissioning forums](#);
- 3.18 ~~Review service or directorate specific long term plans and ensure they align to 'Delivering Excellence: Our vision for 2030', and are incorporated into the IMTP or, where relevant, local directorate plans. It is noted that other Board Committees will review specific long term plans in detail however this Committee will hold a central overview of all service or directorate specific long term plans. The Committee will not oversee local directorate plans; and~~ [Hold a central overview of all service or directorate specific long term plans that align to the long term strategy. These plans will be reviewed for alignment by the relevant Committee first and their implementation will be guided by the IMTP or relevant local directorate plans;](#)
- 3.19 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

- 3.20 Oversee, contribute to, and [receive assurance on](#) ~~monitor~~ the implementation of, the Estate [Strategy Plan](#).
- 3.21 Oversee, contribute to, and ~~monitor~~ [receive assurance on](#) the implementation of, the Fleet [Strategy Plan](#).
- 3.22 Review proposals for acquisition, disposal, and change of use of land/buildings.



Environmental and Sustainability

- 3.23 Oversee, contribute to, and ~~monitor~~ receive assurance on the implementation of the Environmental Strategy
- 3.24 ~~ensure~~ Receive assurance on compliance with environmental regulations and national targets

Digital Systems and Strategy

- 3.25 Oversee, contribute to, and ~~monitor~~ receive assurance on the implementation of, the Digital Strategy Plan;
- 3.26 Review projects and monitor implementation and delivery of benefits of major digital and information/reporting projects.

Business Continuity and Cyber

- 3.27 Oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and receive assurance that such plans are effective.
- 3.28 Oversight and scrutiny of cyber resilience including assurance on awareness and training of WAST staff and volunteers; maintenance of upgrades/updates of systems, and replacement of legacy/high-risk systems; and
- 3.29 Oversight and scrutiny of cyber security including assurance of regular monitoring of risks and threats, business continuity planning and engagement with national cyber centres and stakeholders.

Information Governance and Information Security

- 3.30 Receive assurance the information governance and information security arrangements are appropriately designed and operating effectively to ensure the reliability, integrity, safety, and security of information to support the delivery of high quality, safe healthcare across the organisation.
- 3.31 Review progress of measures to improve information security and adherence to Caldicott principles against the Information Governance Toolkit, Network and Information Systems (NIS) Directive (2018), Data Protection Act (2018), and receive assurance on compliance with relevant standards, legislation and regulations.
- 3.32 Receive assurance on, and review effectiveness of the Trust's information security protocols.
- 3.33 Review performance of the Trust in relation to statutory and mandatory information requests and reporting requirements including but not limited to



freedom of information requests, data breaches, police requests and subject access requests.

Policies

3.303.34 Oversight Approval of policies within the remit of the Committee

Corporate Risks and Audit Recommendation Tracker

3.35 The Audit Committee will monitor the principal risks relevant to its remit and 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 controls and mitigations of high level related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

3.36 The Committee will receive and gain assurance from internal and external audits in their remit. It will also monitor management actions to address recommendations via the audit tracker and where appropriate scrutinise the impact of actions in response to audit recommendations.

Authority

3.313.37 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.

3.323.38 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.

3.333.39 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Chair's Action

3.2 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. This is most likely, but not exclusively, to arise with respect to approval of policies particularly given the current backlog.

3.3 In these circumstances, the Chair and the Lead Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee after first consulting with at least two other Members (Non-Executive Directors).

3.4 The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Sub-Committees

3.343.40 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.

Prescribed Attendees

- 4.2 The membership will be supported routinely by the following core attendees:

- Executive Director of Finance and Corporate Resources (Joint Committee Lead)
- Executive Director of Strategy, Planning and Performance (Joint Committee Lead)
- Executive Director of Operations
- Executive Director of Quality and Nursing
- Director of People and Culture
- Director of Digital
- Trade Union Partners (x 2)
- Board Secretary
- Chairs of Sub-Committees (if any)

- 4.3 The [Trust Board Chair and](#) 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:
- (a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - (b) 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 People and Culture.

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 bi-monthly 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 than 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:
- (a) 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;

- (b) bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- (c) 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.



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

AGENDA ITEM No	15
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

WASTE MANAGEMENT UPDATE – MARCH 2024

MEETING	Finance and Performance Committee
DATE	19 March 2023
EXECUTIVE	Chris Turley - Executive Director of Finance and Corporate Resources
AUTHOR	Nicola Stephens – Environment and Sustainability Manager
CONTACT	Nicola.stephens@wales.nhs.uk

EXECUTIVE SUMMARY

To provide an update on:

- Readiness for legislation changes
- Additional waste requirements – POP
- Internal audit report, including management of clinical waste.

Recommendation:

The Committee is asked to note and take assurance from this update.

REPORT APPROVAL ROUTE

Finance and Performance Committee – 19th March

REPORT APPENDICES

Annex 1: Waste Management Notice
Annex 2: Supplemental Guidance

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

FINANCE & PERFORMANCE COMMITTEE

Waste Management Update - March 2024

SITUATION

1. This paper presents Finance and Performance Committee with an update on the upcoming April 2024 changes to waste management legislation, and the Trusts' readiness to comply.
2. It also provides an update on the previously remaining waste management recommendations from the last internal audit.

BACKGROUND

3. Upcoming changes to waste legislation in Wales requires the Trust to robustly recycle waste into additional segregated waste streams. These changes include civil action for non-compliance.
4. Current recycling rates in some areas of the Trust have been historically poor, however these changes provide an opportunity to reinforce the need to deliver this, with a plan to monitor and demonstrate progress, and provide support across all sites.
5. Challenges in closing some of the remaining internal audit recommendations, in relation to waste management, requires support external to the Trust.

ASSESSMENT

Waste legislation – Readiness to comply.

6. The new waste regulations (as a provision under the Environment (Wales) Act 2016) will come into force on 4th April 2024.
7. To comply with his new legislation the current external waste contract has been amended to provide the required additional waste streams. Contract negotiations have been positive and a robust contract management regime set. Changes to external bin provision started in February but may take until the middle-end of April to complete, a transition period found to be acceptable.

8. Challenges with providing a glass waste stream across Wales has resulted with no provision available. This issue has been circumvented by asking staff to take home glass waste for disposal. Volumes are such that this is not considered onerous or a particular risk for the Trust.
9. To ensure limited external space at some sites is not compromised, changes to waste bin sizes and frequency of collections has been included to the contractual amendment.
10. To support increased segregation, additional internal waste bins have been purchased, with delivery due to be complete by w/c 11th March. The utilisation of current internal waste bins, to supplement the newly purchased bins has been achieved by providing new bilingual signage.
11. Due to these changes, and additional ask of segregating ambulance vehicle waste, challenges relating to glass waste, and the inability to currently provide a glass waste stream, papers were written detailing the upcoming changes, and submitted to ADLT for review. Additional papers were submitted to SOT via an ADLT action. ADLT and SOT have agreed to manage actions relating to waste champions and support April go live.
12. Official communications were approved for publication on 1st March. This notice details the Trust's requirements with additional information emailed to operational and building managers w/c 6th March. *Appendices 1 & 2 provide examples of these notices, for information..*
13. The sighting of Textile banks at WAST sites, procured and insured by the ambulance service charity TASC, have been approved for installation. Profits made from these installations will be shared between TASC and the WAST charitable fund. Additional legislative requirements relating to waste textiles, due for release in 2025 will be achieved by using this waste stream.

Internal Audit on Waste – Update.

14. The audit of Trust waste management processes took place in April 2022. The audit found limited assurance of compliance to waste management requirements and compliance with Welsh Health Technical Memorandum (WHTM) 07-01 health care waste. Ten recommendations were made, of which three were remaining as outstanding.

15. Recommendation 501 – Writing of a Waste Policy. The draft Waste Management Policy has completed a period of consultation and will now be presented at Policy Group on 27th March 2024. It is expected therefore that this will then be before Committee for final approval at its May 2024 meeting.
16. Recommendation 505a – Waste transfer to hospital sites. Under WHTM 0701 an agreement to leave waste at hospital sites is required. Agreements were written and agreed with five of the seven health boards for 2023-24, whereas 2024-25 agreements have not yet been signed and returned. The Trust is effectively unable to insist that health boards agree to allow WAST to dispose of waste at their sites, and if we continue to do so without agreement in place, there is a risk as it is in contravention of the WHTM. However, the WTHM 0701 is overdue for review by its author NWSSP. An agreement is in place for WAST to be a member of the review task and finish group, allowing the Trust to be party to policy changes, with a likely recommendation to amend terminology and the process by which such waste is managed going forward. A national clinical waste management group has been established, chaired by operations, to monitor waste in the interim period. Consideration is therefore being given to how best update and reflect all this on the internal audit tracker.
17. Recommendation 505(b)- Clinical waste transfer. Current clinical waste transfer arrangements form part of a service level agreement (SLA) with NWSSP. The current SLA does not specifically define clinical waste arrangements.. Changes to the current SLA in relation to the recommendation must therefore be agreed with NWSSP, however to date this has not been a priority for NWSSP, and it must be noted that any update of the SLA will be much wider than this aspect of it. The Trust continues to explore how best to resolve this and to seek any alternatives to comply with this recommendation.

RECOMMENDATION

Finance & Performance Committee is asked to:

- **NOTE** this update, in relation to waste management changes and infrastructure put in place to manage change.
- **NOTE** the internal audit recommendations and any remaining challenges in terms of some of their closure.



Finance and Corporate Resources Directorate Official notice

22nd February 2024

New Waste Management Procedures

For the attention of all WAST staff

From 1st April 2024, new waste regulations will come into force in Wales to improve the quality and quantity of recycling from workplaces.

Due to the regulation changes, the current waste management system in place will be amended, from the two-bin approach of General waste and Dry Mixed Recycling to a new three/four bin system (depending on site) of:

- Paper and Card
- Metal, plastic, and cartons and other fibre-plastic composite packaging of a similar composition
- Food (produced by premises producing more than 5kg of food waste a week)
- Other waste.

Additional waste streams will be introduced within 2025, these include:

- Unsold small waste electrical and electronic equipment (sWEEE).
- Unsold textiles – with the use of textile banks or recycling plants required.

A transition plan is currently in development, with a focus on increasing recycling percentages before April 2024 and increased monitoring of waste by our waste contractor will start this month.

What are the Next Steps?

To ensure that WAST is making every possible step to comply with the new legislation, the following will be implemented/considered:

- WAST will be looking to make necessary changes to the Waste Management Policy in accordance with the new regulations.
- Sites will receive a minimum of 1 x Paper and Carboard Bin, 1 x Plastics, cans and containers bin, 1 x 3 tier stacker (for kitchen areas). These bins will be distributed to all stations prior to April 1st 2024.
- Those sites recycling food will also be provided with at least 1 x food caddy and starter roll of compostable bags.
- Estates teams will be looking at space outside of stations to place the outdoor bins, please be assured that the team will be looking to make minimal impact to external space.
- Local teams will be engaging to identify Waste Management champions in localities to support compliance to new regulations.

What do I need to do?

It is important that all WAST staff take responsibility to comply with the new regulations. Please see below the expectations set out by WAST in order to comply:

- Ensure that waste is put into the appropriate bins.
- Clinical waste bins should not be used as an alternative for other waste.
- It is expected for staff to take a pragmatic approach to waste on vehicles, ensuring that domestic waste is separated from clinical waste.
- Currently, WAST are unable to recycle glass items. It is requested of WAST colleagues that glass items brought into work need to be recycled separately – not placed in general waste. This could mean either taking it home or to a glass/bottle recycling bank.

For further information on the regulations, please visit: [Workplace recycling | GOV.WALES](#)

Following on from the publication of the Finance and Corporate Resources Directorate Official notice

New Waste Management Procedures

Please see below,

- Additional information
- A full description of the changed elements (can be found in Appendix A)
- Supplemental waste posters to support recycling requirements.

Additional Information

EXTERNAL BINS

Amended contracts have been agreed with the trusts waste contractor, over the coming months you will see changes to the external bins, with some being replaced and additional bins being brought to site. We have worked closely with the provider to try and reduce the impact on external space, which we know is a concern. They will also attend each site and ensure their bin signage is suitable and sufficient.

INTERNAL BINS

Some additional bins will be provided to sites where WAST controls waste management, however for environmental and financial reasons current internal bins must be used and designated accordingly- posters have been provided at the end of this update (Appendix B) to support waste receptacle identification.

Sites will receive a minimum of

1 x Paper and Cardboard Bin
1 x Plastics, cans, and containers Bin
1 x 3 tier stacker (for kitchen areas)

Images below

NOTE: Reducing bin numbers internally, increases the time our cleaning support staff have to clean – rather than empty bins. If you have too many bins and require removal contact estates.

Those sites recycling food will also be provided with at least 1 x food caddy and starter roll of compostable bags.



Image: Glasdon 2024. Eco nexus 60/85ltr & eco stacker

Appendix A: Welsh Government Separate Collection of Waste Materials for Recycling - A Code of Practice for Wales

Paper & Cardboard	
What should be placed in the container	What should <u>NOT</u> be placed in the container (unless the waste collector specifically allows it to be included)
<p>Paper (clean printed/unprinted)</p> <p>Paperback books</p> <p>Newspapers</p> <p>Magazines</p> <p>Catalogues</p> <p>Envelopes</p> <p>Telephone directories</p> <p>Cardboard packaging</p> <p>Egg boxes</p>	<p>Shredded paper (this can be recycled separately)</p> <p>Food/oil/grease/paint or otherwise contaminated paper or cardboard</p> <p>Hardback books (donate for reuse if suitable)</p> <p>Wallpaper</p> <p>Gift wrapping paper</p> <p>Tissues</p> <p>Paper towels</p> <p>Kitchen roll</p> <p>Scratch cards</p> <p>Till receipts</p> <p><u>Cartons and similar</u></p> <p>The following should all be placed in the plastics, metals, and cartons container.</p> <ul style="list-style-type: none"> • Plastic or metal laminated cardboard food and drink cartons • Rigid paper containers (e.g. "Pringles" tubes) • Laminated paper cups

Plastic, Metal and Cartons (including other fibre-plastic composite packaging of a similar composition)	
What should be placed in the container	What should NOT be placed in the container (unless the waste collector specifically allows it to be included)
<p><u>Rigid plastic packaging – only the fractions listed below</u></p> <p>Clean plastic bottles and lids (?) (e.g. milk, drink, sauce, detergent, shampoo, chemicals, oils etc)</p> <p>Clean rigid plastic food containers (e.g. butter/margarine tubs, yoghurt pots, fruit trays & non-black food and meat trays)</p> <p>Disposable plastic cups (made only of plastic)</p> <p>Plastic lids from drinks cups</p> <p><u>Metal packaging – only the fractions listed below</u></p> <p>Clean food and drinks tin cans (steel & aluminium)</p> <p>Metal aerosol cans (steel & aluminium, empty, no paint or harmful chemicals)</p> <p>Clean aluminium foil (no food or chemical contamination)</p> <p>Clean aluminium food trays,</p> <p>Metal jar lids</p> <p>Metal bottle tops</p> <p>Empty aluminium tubes (e.g. tomato puree tubes)</p> <p><u>Cartons and other fibre-plastic composite packaging of a similar composition:</u></p> <p>Cartons made out predominantly of fibre but including a metalised layer (commonly used for soft drinks and milk) and a plastic neck and cap.</p> <p>Rigid paper containers (e.g. Pringles' tubes)</p> <p>Paper cups with a plastic inner liner (not made out of biodegradable/compostable plastic)</p>	<p><u>Plastic (a number of these items can be recycled separately)</u></p> <p>Black plastic food and meat trays</p> <p>Plastic bags (including carrier bags, bread bags & frozen food bags, compost bags, fertiliser bags, feed bags)</p> <p>Bulk bags for the delivery of sand, gravel, seed, feed etc.</p> <p>Plastic film (including cling film, food tray film & pallet wrap, shrink wrap, silage wrap, crop cover)</p> <p>Sweet and biscuit wrappers</p> <p>Crisp packets / paper backed foil</p> <p>Pouches</p> <p>Sachets</p> <p>Bubble wrap</p> <p>Polystyrene</p> <p>Rigid non packaging hard plastics (including toys, coat hangers, plant pots)</p> <p>Compostable, biodegradable or oxy-degradable plastic packaging</p> <p>Plastic coffee pods</p> <p><u>Metal (a number of these items can be recycled separately)</u></p> <p>Paint cans (plastic or metal including aerosol spray paint cans)</p> <p>Gas canisters (these should not be put in the general waste either as they will cause an explosion risk. They must be managed by an appropriately authorised contractor).</p> <p>Metal scrap of any kind</p> <p>Metal coffee pods</p> <p><u>Other fibre-plastic composite packaging of a similar composition to cartons</u></p> <p>Paper cups with a compostable, biodegradable inner waterproof layer</p>

Appendix B: Waste Posters (pages 5-8)

Sbwriel Cyffredinol



General Waste

Papur a Chardbord



Paper & Cardboard

Caniau a Phlastigau



Cans & Plastics

Gwasttraff Bwyd



Food Waste.



AGENDA ITEM No

16

OPEN or CLOSED

Open

No of ANNEXES ATTACHED

4

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Finance & Performance Committee
DATE	19 March 2024
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk/Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the 8 risks that are relevant to Committee's remit for oversight and additionally the Trust's 2 highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4.
3. The more detailed description contained within the BAF provides the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the frameworks in Annex 2 of the report.
4. Each of the principal risks will be presented to the Trust Board on 28th March 2024 and are updated as at 7th February 2024 having been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3.
5. Updates are highlighted in blue on the BAF which show changes to the narrative, mitigating actions, controls, and assurances.
6. The focus for the forthcoming round of reviews will predominantly be in relation to the mitigating actions identified and taken to support risks to achieve their target score.

7. The Trust's highest rated **Risks 223** *the Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** *(Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients, scoring 25, remain unchanged because of sustained and extreme pressure across the Welsh NHS urgent and emergency care system which is negatively impacting on patient flow leading to avoidable patient harm and death. These risks continue to be closely monitored by management, Board Committees, and at the Trust Board meetings.*
8. As reported to the January 2024 Trust Board, whilst good progress has been made on the actions that the Trust can control, the extreme pressure continues. As a result, the likelihood is that the levels of avoidable harm will continue. That does not mean that the Trust is not continually seeking additional actions to mitigate these risks and the actions are articulated in the avoidable harm paper that the Board receive at each meeting.
9. Several updates have been made to the controls and assurances in relation to Risk 223 and 224 during this period and these are highlighted on the BAF to address gaps in assurance. These two risks have been reviewed closely in conjunction with each other to ensure the synergy between them both and that they reflect the actions from the avoidable harm paper in the same way.
10. Additionally, these risks will be considered further as to how the Trust can approach them by applying the risk appetite methodology as part of the Risk Management Improvement Programme and the most efficient and effective way of managing them internally.
11. A detailed review, discussion and challenge takes place with the Executive Leadership Team (ELT) and Assistant Director Leadership Team (ADLT) on each of these risks monthly.

RECOMMENDATION:

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

KEY ISSUES/IMPLICATIONS

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

REPORT APPROVAL ROUTE

14. The BAF was considered by:
 - EMT (07 February 2024)

All Principal Risks will be considered by Trust Board at its forthcoming meeting on 28 March 2024.



REPORT ANNEXES	
<ul style="list-style-type: none"> • Annex 1 - Summary table describing the Trust's Corporate Risks. • Annex 2 – Scoring Matrix • Annex 3 – Frequency of Risk review • Annex 4 - Board Assurance Framework 	

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




Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p>RESULTING IN patient harm and death</p>	Director of Operations	<p>25 (5x5)</p> <p>➡</p>
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	<p>IF patients are significantly delayed in ambulances outside A&E departments</p> <p>THEN there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised</p> <p>RESULTING IN patients potentially coming to harm and a poor patient experience</p>	Director of Quality & Nursing	<p>25 (5x5)</p> <p>➡</p>
594 FPC	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	<p>IF a major incident or mass casualty incident is declared</p> <p>THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients</p> <p>RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004.</p>	Director of Operations	<p>20 (4x5)</p> <p>➡</p>
424 FPC	Resource availability (revenue, capital, and staff capacity) to deliver the organisation's	<p>IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)</p>	Director of Strategy Planning and Performance	<p>16 (4x4)</p> <p>➡</p>


CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
	Integrated Medium-Term Plan (IMTP)	<p>THEN there is a risk that there is insufficient capacity to deliver the IMTP</p> <p>RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing</p>		
458 FPC	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning	<p>IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis</p> <p>THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.</p> <p>RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage.</p>	Director of Finance & Corporate Resources	<p>16 (4x4)</p> 
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	<p>IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p> <p>THEN there is a risk of a significant information security incident</p>	Director of Digital Services	<p>15 (3x5)</p> 

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		
543 FPC	Major disruptive incident resulting in a loss of critical IT systems	<p>IF there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems</p> <p>THEN there is a risk of a loss of critical IT systems</p> <p>RESULTING IN a partial or total interruption in WAST's effective ability to deliver essential services</p>	Director of Digital Services	15 (3x5) 
100 FPC	Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	<p>IF WAST fails to persuade EASC/Health Boards about WAST ambitions</p> <p>THEN there is a risk of a delay or failure to receive funding and support</p> <p>RESULTING IN a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>	Director of Strategy Planning & Performance	12 (3x4) 
283 FPC	Failure to implement the EMS Operational Transformation Programme	<p>IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme</p> <p>THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters</p>	Director of Strategy Planning & Performance	12 (3x4) 

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	<p>IF the Trust does:</p> <ul style="list-style-type: none"> not achieve financial breakeven and/or does not meet the planning framework requirements and/or does not work within the EFL and/or fails to meet the 95% PSPP target and/or does not receive an agreement with commissioners on funding (linked to 458) <p>THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)</p> <p>RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage</p>	Director of Finance & Corporate Resources	<p>8 (2x4)</p> 

Annex 2 - Risk Scoring Matrix

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

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

Annex 3 - Frequency of Risk Review

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

Annex 4 – Board Assurance Framework

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death			Date of Review:	17/01/2024		TREND	25 (5x5)
				Date of Next Review:	14/02/2024		➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	5	5	25	
				Target	2	5	10	
IMTP Deliverable Numbers:								
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
Risk Commentary Q3 2023/24 The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death because of the Trust not being able to reach patients in the community. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. The Trust has received 6 reports since April 2023, including 1 report in quarter 3 2023/4. 5 of these reports directly relate to system pressures with the coroners raising concerns about delays in responding to patients in the community and handover of care delays at emergency departments. In November 2023, over 20,126 hours were lost and 22,756 in December 2023 . Only Cardiff & Vale University Health Board has demonstrated material improvement and is a positive outlier. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives. Improvement actions led by Welsh Government and system partners include: - a) Audit Wales’s investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E) b) Consideration of additional WAST schemes to support risk mitigation through winter (I) c) NHS Wales reduces emergency department handover lost hours by 25% (E) d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E) e) Alterative capacity equivalent to 1000 beds (E) f) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (E) g) Implementation of Same Day Emergency Care services in each Health Board (E) h) National Six Goals programme for Urgent and Emergency Car (E)								
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
1. Regional Escalation Protocol			1. Daily conference calls to agree RE levels in conjunction with Health Boards					
2. Immediate release protocol			2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)					
3. Resource Escalation Action Plan (REAP)			3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023 .					
4. 24/7 Operational Delivery Unit (ODU)			4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.					
5. Strategic, Tactical and Operational 24 hour/ 7 day per week system to manage escalation plans			5. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required. On Call cover is reviewed weekly at SLT Performance Meetings.					
6. Limited Alternative Care Pathways in place			6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.					
7. Consult and Close (previously Hear and Treat)			7. The Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Reported through integrated quality meeting. Whilst Consult and Close is in place, the action to increase compliance is detailed in action 10 .					

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		17/01/2024	TREND	25 (5x5)
			Date of Next Review:		14/02/2024	➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation		8. WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.					
9. Clinical Safety Plan		9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The subsequent reduction in the demand is the assurance which is dynamically monitored via ODU.					
10. Recruitment and deployment of CFRs		10. CFR numbers have grown during 2022/23 which alongside a cleanse of the volunteer database has realised 500 current active volunteers with an ambition to recruit a further 100 by end of Q4. Response data indicates that our CFRs are reaching more patients, especially those with life threatening conditions in 8 minutes compared to this time last year. Numbers of CFR’s, percentage of contribution to performance a governance framework is in place. Monitoring through AD 1:1’s and volunteer highlight report (IMTP).					
11. ETA scripting		11. The ETA Dashboard is a tactic that was signed off by ELT. The dashboard supports scripting analysed by comparing with real time data. ETA performance is reviewed weekly at SLT weekly performance meeting. The effect of the ETA scripting results in cancellations of ambulances which is monitored through algorithmic review process.					
12. Clinical Contact Centre (CCC) emergency rule		12. Emergency Rule is incorporated into CSP 999 levels.					
13. National Risk Huddle		13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
14. Summer/Winter initiatives		14. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2023/24.					
15. CHARU implementation		15. Recruitment of 153 WTE has continued; To lift further, a trial of a rotational model is due to be trialled in Aneurin Bevan Health Board area.					
16. Clinical Model and clinical review of code sets		16. Reported through CPAS and DCR Review reporting through CQGG					
17. Remote clinical support enabling discharge at scene		17. Strategic Transformation Board – IMTP deliverable; Providing support to the Community Welfare Responders (CWR) initiative and supporting CFRs to discharge at scene with current non conveyance rates for CFRs in excess of 40%					
18. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)		18. Formally documented action plan – actions captured are contained within and monitored via the Mitigating avoidable harm paper from PIP.					
19. Information sharing		19. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.					
20. Completed EMS Roster Review		20. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner. Monitor production against the rosters weekly at performance meeting and that provides a level of UHP as a percentage.					
21. Delivered a reduction in the number of multiple vehicle attendances dispatched to red calls		21. This will increase vehicle availability generally across the Trust and is monitored through SLT weekly performance meeting.					
22. Transfer of Care		22. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently, work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief					
23. Virtual Ward – Connect Support Cymru		23. Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered through St John Ambulance Cymru • Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach. Early results look promising and the ambition to upscale is being explored with a focus on CSD					

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		17/01/2024		TREND	25 (5x5)
			Date of Next Review:		14/02/2024		➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood		Consequence	Score	
			Inherent	4		5	20	
			Current	5		5	25	
			Target	2		5	10	
		capacity. Whilst the pilot tests the approach with existing CFRs, the ambition is to introduce a new volunteer role to which we will recruit new volunteers.						
24. ARA – Acute Release Area - GUH		24. Live until 31 st March 2024						
25. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.		25. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.						
26. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.		27. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the ‘Six Goals for Urgent and Emergency Care’ work.						
GAPS IN CONTROLS		GAPS IN ASSURANCE						
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system		1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morrison hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.						
2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow								
3. Local delivery units mirroring WAST ODU								
4. Handover delays link to risk 224								
5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.		The majority of Health Boards have failed to deliver on this ambition; With the exception of Cardiff and Vale University Health Board, the remaining 5 Health Boards with acute Trusts that were required to deliver on this target, have failed to do so.						
6. Handover Improvement Plans agreed between WAST and Health Boards		12. Handover Improvement Plans have been replaced by Integrated Commissioning Action Plans (ICAPS) and are subject to review with EASC; However, it is noted that previous plans did not demonstrate sufficient improvement in reducing handover delays (see above)						
18. Access to Same Day Emergency Care (SDEC) for paramedic referrals		18. This forms part of the handover improvement plans in place with Health Boards; however, assurance is limited given that the uptake is low (less than 1% of total demand). There is an inconsistency in approach from Health Boards on eligibility and availability; The national Once for Wales acceptance criteria has not been uniformly deployed by Health Bards across Wales.						
Please note that the gaps listed are not WAST’s and are therefore outside of the control of WAST								
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:				
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.		Assistant Director of Operations EMS / Assistant Director of	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)				

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Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		17/01/2024		TREND	25 (5x5)
			Date of Next Review:		14/02/2024		➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death			Likelihood	Consequence	Score	
			Inherent		4	5	20	
			Current		5	5	25	
			Target		2	5	10	
		Operations – National Operations & Support						
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)		ADLT Sub-Group	30.09.22 - Superseded					
3. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]		Director of Paramedicine / Director of People & Culture	Extended to March 2024	WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.				
4. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]			Superseded					
5. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Quality & Governance / Head of Quality Improvement	Ended March 2023	The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023. Falls service enhanced day and night provision remains in place and utilisation of resources is reviewed at weekly performance meetings by Operations SLT.				
6. New 2023 EMS Demand and Capacity (roster) review		Assistant Director of Planning & Performance	March 2024	ORH modelling underway. Initial findings January 2024, full report to Trust Board and EASC in March				
7. Swansea Bay Winter actions		Assistant Director of Operations, EMS	December 2023	Some plans are in train following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.				
8. Mental Health response pilot		Assistant Director of Operations, EMS	Not yet Active.	Pilot to commence in Aneurin Bevan Health Board area Nov 2023				
9. Connected Support Cymru – is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.		Assistant Director of Quality Governance		Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. Phase 1 delivered through St John Ambulance Cymru, with further funding by the commissioner for a further phase via SJAC. Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach. Early results look promising and the ambition to upscale is being explored with a focus on CSD capacity. Whilst the pilot tests the approach with existing CFRs, the ambition is to introduce a new volunteer role to which we will recruit new volunteers.				
10. Maximise the opportunity from Consult and Close – stretch to 17%				Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Consult and Close compliance remains around 14%. Action plan activities therefore continue with a review of triage processes which may lead				


Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		17/01/2024		TREND	25 (5x5)
			Date of Next Review:		14/02/2024		➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death			Likelihood	Consequence	Score	
			Inherent		4	5	20	
			Current		5	5	25	
			Target		2	5	10	
					to shorter triage durations, along with increase in staffing, which together will enable more triages to take place, thus increasing the percentage of consult and close to 17%.			
11. Development of new model of care		Head of Strategy Development	2024/25	Development of the model remains ongoing				
12. Development of the pathway which connects mental health users connecting via the 999 system to 111 Press 2 services		Assistant Director of Operations, Integrated Care	March 2024	Development of the model remains ongoing				
13. Palliative Care Paramedic Unit		Assistant Director of Operations	January 2024	Reducing demand via APPs – 15 th January Start.				
14. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		CEO	Q4 2023-2024	<ul style="list-style-type: none">Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support)WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities.Expected outcomes in 2023/24.				
15. Winter Ambulance Handover Improvement Plan Meetings		Executive Director of Operations	February 2024 (six weeks duration)	<ul style="list-style-type: none">Weekly meetings set up with Welsh Government, NHS Executive, CASC and the Health Board COOs. All parties (including WAST) to provide updates on actions being taken to alleviate and improve handover delays. WAST to update on C&C, CWR, red dispatch and local updates from EMS HOS on initiatives.				

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients				Date of Review:		17/01/2024		TREND		25 (5x5)
					Date of Next Review:		14/02/2024				
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score		
						Inherent	5	5	25		
						Current	5	5	25		
						Target	3	2	6		
IMTP Deliverable Numbers:											
EXECUTIVE OWNER		Director of Quality & Nursing			ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee				
Risk Commentary Q3 2023/24											
<p>The risk score remains constant at 25 for quarter 3 2023/24 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. There were 1,888 patient handovers in October 2023 which were over 4 hours. The target was originally to have zero by September 2022. In November 2023 over 20,126 hours were lost and 22,756 were lost in December 2023 Cardiff & Vale University Health Board has demonstrated material improvement and is a positive outlier. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, coronial enquires and redress / claims. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. The Trust has received 6 reports since April 2023, including 1 report in quarter 3 2023/4. 5 of these reports directly relate to system pressures with the coroners raising concerns about delays in responding to patients in the community and handover of care delays at emergency departments. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. The Joint Investigation Framework in place to review incidents across the system is now approved and included in the recently published National Policy on Patient Safety Incident Reporting & Management (May 2023). Themes from system partners following review of incidents remains the consequences of high escalation levels in acute care and crowded emergency departments.</p> <p>Improvement actions led by Welsh Government and system partners include:</p> <ul style="list-style-type: none">a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 ‘Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) by the end of April 2025b) NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) revised to March 2023/24.c) Alternative capacity equivalent to 1,000 beds project (LHB CEOs) – 678 additional beds delivered, a significant achievement, but short of the target of 1,000.d) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales)e) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (Welsh Government: Chief Medical Officer and Chief Nursing Officer).											
CONTROLS					ASSURANCES						
					Internal Management (1 st Line of Assurance)						
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.					1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.						
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.					2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the ‘Six Goals for Urgent and Emergency Care’ work.						
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)					3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.						
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).					4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.						

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Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients			Date of Review:		17/01/2024		TREND	25 (5x5)
				Date of Next Review:		14/02/2024		➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership. WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.				5. Monthly Integrated Quality and Performance Report					
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).				6.					
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.				7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.					
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient’s Fundamentals of Care as best they can in the circumstances.				8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST					
9. 24/7 operational oversight by ODU with dynamic Clinical Safety Plan review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.				9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.					
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.				10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end. On Call cover is reviewed weekly at SLT Performance Meetings.					
11. Escalation forums to discuss reducing and mitigating system pressures.				11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.				12. Monthly Integrated Quality and Performance Report (October 2023 overall 76% - Safeguarding and dementia awareness remains over 91%.					
13. Clinical audit programme in place.				13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.					
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.				14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.					
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals. Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating “The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time				15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including ‘Actions to Mitigate Avoidable Patient Harm Report’ (last presented to Trust Board November 2023) and Board sub-committee oversight and escalation through ‘Alert, Advise and Assure’ reports.					

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Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients			Date of Review:	17/01/2024		TREND	25 (5x5)	
				Date of Next Review:	14/02/2024				
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.”									
16. Implementation of Duty of Quality, Duty of Candour, and new Quality Standards requirements in April 2023.				16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of December 2023 is ‘Implementing and operationalising’. The Trust has representation on the All Wales Duty of Candor Implementation Group and is actively engaged in developing resources. From April 2024 the Trust will publish an annual quality report and compliance with Duty of Candour. Operational oversight occurs at the Quality Management Group and Executive oversight is via the Clinical Quality Governance Group.					
17. Clinical Support Desk First in place				17.					
18. Summer/Winter initiatives				18. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2023/24.					
				External Sources of Assurance Management (1st Line of Assurance)					
				1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC), the Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).					
				2. Healthcare Inspectorate Wales (HIW) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover’ Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC					
				3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures.				1.					
2.				2. Implementation of the revised Joint Investigation process remains in pilot stage with good engagement seen by system partners. Several overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 38 overdue nationally reportable incident investigations. Shared system learning from the Joint Investigation Framework is currently limited with no new learning identified to date.					
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales.				3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In October 2023, 23,232 hours were lost with 1,888 +4 hour delayed patient handovers.					
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS.				4. Strengthening of patient safety reports and audit processes as e PCR system embeds.					
5. Variation pan Wales / England as position not implemented across all emergency departments*.				5. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.					
6. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas.				6. HIW approve and sign off WAST elements of recommendations.					
				External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project			WAST QI Team (QSPE)	• TBC – Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF). 17				

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients				Date of Review:		17/01/2024	TREND	25 (5x5)
					Date of Next Review:		14/02/2024	➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.		Assistant Director of Quality & Nursing	• Q4 2023/24	<ul style="list-style-type: none"> Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. Access to ePCR data (NEWS) now available. Work on-going with Health Informatics regarding patient safety and health board dashboards. 					
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.		Executive Director of Quality & Nursing	• Monthly and as required.	<ul style="list-style-type: none"> Monthly meetings continue to be held and networking through EDoNS. 					
4. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE		Director of Paramedicine	• Q4 2023/24	<ul style="list-style-type: none"> WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth. 					
5. Overnight falls service extension		Executive Director of Quality & Nursing	• 31.03.2024	<ul style="list-style-type: none"> Night Car Scheme extension agreed to 31 March 2024 (2 regional resources) Utilization rates continue to be monitoring. Nighttime falls assistance 64% Utilisation (Apr 2023 -Jun 2023); Nighttime falls assistance 66% Utilisation (July – Oct 2023); Daytime utilisation sustained: July -August 58%. September- October 58% utilisation. Optima modelling has now been completed. The modelling clearly identifies that the level two falls' vehicles are the more effective resource. The modelling has identified an estimated need of 48 (38 day and 10 overnight) falls vehicle level 2 12 hours shifts. The modelling is now being built into the strategic (five year) demand & capacity review. 					
6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded.		Executive Director of Quality & Nursing	• Q3 2023/24	<ul style="list-style-type: none"> Monthly updates to progress against actions following the baseline assessment and readiness returns. RL Datix Dashboards and KPIs under development nationally. Key policies updated and approved. Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly. 					
7. Connected Support Cymru is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.		Executive Director of Quality & Nursing	• Q3 2023/24	<ul style="list-style-type: none"> SJAC funded ended on 31 October 2023. Proof of concept using WAST CFR volunteers as CWRs is underway. Grant funding is being used to put in place roles and processes to recruit and train to new volunteer role. This eyes on support to CSD clinicians, by volunteers, is producing positive results, with early data suggesting a 35% consult & close rate for the cohort of patients covered by the pilot. The business case has now been completed and can be made available to key stakeholders. Now awaiting business case approval. The CWR will be modelled as part of the options being considered by the current EMS demand & capacity review. 					
8. Organisational change process (OCP) of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.		Executive Director of Quality & Nursing	• Q4 2023/24	<ul style="list-style-type: none"> OCP commenced 25.09.2023 and the consultation period has concluded with the final new structure confirmed. Next steps are to recruit to vacant positions which has commenced. It is anticipated that all positions will be filled by May 2024 (taking notice periods into account). 					
9. Connect with All Wales Tissue Viability Network to explore strengthening the current investigations into harm from pressure damage across the whole patient pathway.		Assistant Director Quality & Nursing	• Q4 2023/24	<ul style="list-style-type: none"> Positive meeting held in August 2023 as planned with the Chair of the TVN network. Next steps are for the Patient Safety Team to attend a TVN leads meeting to discuss opportunities for collaborative working and data / information sharing. Date to be confirmed and there has been good engagement from Health Board Tissue Viability Nurses. Workshop date confirmed in January 2024. 					

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients				Date of Review:		17/01/2024	TREND	25 (5x5)
					Date of Next Review:		14/02/2024	➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
10. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		CEO	• Q4 2023/24	<ul style="list-style-type: none"> Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support) WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24. 					
11. Internal Audit to undertake a review of Serious Adverse Incidents & Joint Investigation Framework		Executive Director of Quality & Nursing	• Q4 2023/24	<ul style="list-style-type: none"> Internal audit in progress. Delays due to sickness in the internal audit team. 					
12. Winter Ambulance Handover Improvement Plan Meetings		Executive Director of Operations	• February 2024 (six-week duration)	<ul style="list-style-type: none"> Weekly meetings set up with Welsh Government, NHS Executive, CASC and the Health Board COOs. All parties (including WAST) to provide updates on actions being taken to alleviate and improve handover delays. WAST to update on C&C, CWR, red dispatch and local updates from EMS HOS on initiatives. 					
13. Swansea Bay Winter actions		Assistant Director of Operations, EMS	• December 2023	<ul style="list-style-type: none"> Some plans are in train following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter. 					


RISK ID 594	The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death			Date of Review:		17/01/2024		TREND	20 (4x5)
				Date of Next Review:		14/02/2024		➡	
IF a major incident or mass casualty incident is declared		THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	4	5	20		
				Target	2	5	10		
IMTP Deliverable Numbers: TBC									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance & Performance Committee			
Risk Commentary Q3									
The challenges across the unscheduled care system November 2023, over 20,126 hours were lost and 22,756 in December 2023. Only Cardiff & Vale University Health Board has demonstrated material improvement and is a positive outlier. There is a direct correlation with ambulance availability and high levels of resources unavailable due to protracted waits at hospital E.Ds. Several incidents declared have failed to provide sufficient on the ground assurance that vehicles would be released. Health Boards have declined to incorporate testing of vehicle release into a recent mass casualty exercise. Further, a recent workshop undertaken by the EPRR team as part of the Manchester Arena Inquiry assurance process which has tested our ability to fulfil the PDA in North and South Wales, both in and out of hours, has confirmed that we would only meet the PDA in one of these four mass casualty scenarios.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Immediate release protocol			1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services.						
2. Resource Escalation Action Plan (REAP)			2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.						
3. Regional Escalation Protocol			3. Daily conference calls to agree RES levels in conjunction with Health Boards						
4. Incident Response Plan			4. The Incident Response Plan has been ratified via EMT						
5. Mutual Aid arrangement with NARU			5. AACE National Policy on mutual aid in place						
6. Clinical Safety Plan			6. CSP adopted by EMT and operational; reviewed annually by SLT in December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.						
7. Operational Delivery Unit 24/7 cover			7. Shift reports from ODU & ODU Dashboard received by Exec, SOT, and On-Call Team at start/end of shift and cover review at weekly performance meeting						
8. In hours and out of hours command cover			8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan. Cover review at weekly performance meetings						
9. Notification and Escalation Procedure			9. Published procedure in operation, reviewed 3 yearly by SLT						
10. Continued escalation of risk to partners and stakeholders			10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasised at the face-to-face COO Peer Group meeting on 14 April 2023.						
			External Independent Assurance N/A						
11. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans.			11. Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays more than 2 hours. Programme of improvement underway in ABUHB commencing at 4-hour tolerance with a plan to reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs.						
12. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration.			12. All Health Boards responded with assurance of plans except BCU.						
13. Multi Agency Exercise to be arranged.			13. This exercise has taken place although Health Boards declined to incorporate vehicle release plans						

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RISK ID 594	The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death			Date of Review:		17/01/2024	TREND	20	
				Date of Next Review:		14/02/2024		(4x5)	
IF a major incident or mass casualty incident is declared		THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites		RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	2	5	10
14. Meeting with Welsh Government to outline this risk; WG agreed to write to HBs seeking assurance from EPRR leads in HBs on the ability to clear EDs and release vehicles. WG agreed to incorporate testing into the forthcoming mass casualty exercise, and a timeframe for vehicle release was proposed by WAST with 30% of vehicles released within 10 minutes of an incident declaration, 50% within 20 minutes and 100% within 40 minutes.				14. WG have confirmed that they have written to HB EPRR leads. Health Board COOs approved the proposals for vehicle release as outlined.					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.				The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.					
				Following two incidents (Pembroke Dock Ferry fire on 11 th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower-level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance. Further testing of the pre-determined attendance levels has been undertaken as part of the Manchester Arena Inquiry recommendations; This tested the Trust’s ability to fulfil the PDA in North Wales and South Wales in the event of a mass casualty scenario both in hours and out of hours. This simulation concluded that in three of these four scenarios, the Trust would be unable to fulfil the PDA. A further declared major incident at Treforest Industrial Estate in December 2023 following an explosion, failed to release resources from Morriston Hospital, Wales’s dedicated burns unit (formal debrief still to be conducted).					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Review of Manchester Arena Inquiry			Assistant Director of Operations	March 2024	This programme of work is underway, and a workshop has confirmed that the PDA would be unable to be met in three out of four simulated mass casualty scenarios. The financial case associated with MAI is planned to be familiarised with ELT and EASC during Jan and Feb 2024, with the final outline case to ELT in March 2024.				
2. Further correspondence to Welsh Government to seek assurance of testing plans following recent mass casualty exercise where Health Boards declined to incorporate vehicle release plans			Assistant Director of Operations	January 2024	Correspondence with Welsh Government remains ongoing				


Risk ID 424	Resource availability (revenue, capital, and staff capacity) to deliver the organisation’s			Date of Review:		17/01/2023		TREND	16 (4x4)
	Integrated Medium-Term Plan (IMTP)			Date of Next Review:		14/02/2024		➡	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)		THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust’s ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	4	4	16		
				Target	1	4	4		
IMTP Deliverable Numbers: All									
EXECUTIVE OWNER		Director of Strategy, Planning & Performance		ASSURANCE COMMITTEE		Strategic Transformation Board and Finance and Performance Committee			
Risk Commentary									
Risk score remains currently at 16 as some outstanding gaps in controls and, linked to risk 458, some continued risk with regards to recurrent funding. There are also currently sickness & vacancies in the Transformation team resulting in gaps to support delivery of key workstreams and delivery of mitigations listed in this BAF, however these are in the recruitment and managing attendance processes. IMTP planning for 2024-2027 underway to refresh our priorities for the next three years, taking into account the external context in which the Trust is working. This risk will therefore remain under review as we put further controls in place but also taking account of the new commissioning landscape, financial context and our strategic developments.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Prioritisation of IMTP deliverables			1. Prioritisation detailed in IMTP and reviewed and agreed at Strategic Transformation Board						
2. Financial policy and procedures			2.						
3. Governance and reporting structures e.g., Strategic Transformation Board (STB)			3. IMTP sets out delivery structures and meeting minutes are available						
4. Assurance meetings with Welsh Government and Commissioners			4. Agendas, minutes, and slide decks available						
5. Transformation Support Office (TSO) which supports the major delivery programmes			5. Paper on TSO to Strategic Transformation Board						
6. Project Path Framework (PPF)			6. PowerPoint pack detailing Project Path Framework						
7. Regular engagement with key stakeholders			7. Stakeholder Engagement Framework						
8. Financial Sustainability Programme – savings and income work streams			8. FSP programme highlight reports						
			Independent Assurance (3 rd Line of Assurance) 2. Subject to Internal Audit						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. Project and programme management (PPM) framework to be reviewed			1. PPM needs to be reviewed and approved through STB						
2.—			2. Benefits have not been fully linked to benefits realisation						
3. Lack of a commercial contractual relationship with Commissioners (link to risk 458)									
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Recruit a Head of Transformation		Assistant Director of Planning	30.09.22 complete	Recruited 02.08.22 in post on 01.11.22					
2. Review the PPF		Head of Transformation	Extended from 31.03.23 – To 31.06.23 and then to 30.09.23 in line with milestone for delivery Extend to 31.12.23 in line with timescales for sign off. Extend to 31.01.24 in line with timescales for sign off. Extend to end of Feb in line with next STB.	Currently (January 2023) working through delivery structures for 2023-26 which will inform the PPM review – changed checkpoint date to 31.06.23. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3. Planning Framework approved by STB on 04.07.2023 which sets out the Project Path framework at a high level. Project Path Framework presented at ISPG on 27.10.23 and is scheduled for approval at STB on 27.11.23. STB reviewed the Project Path Framework and generally good feedback but some alterations to be made and brought back to STB in January 2024 for approval. Further finalisation required; approval deferred to STB meeting 26.02.24.					

Risk ID 424	Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)			Date of Review:		17/01/2023	TREND	16	
				Date of Next Review:		14/02/2024	➡	(4x4)	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)		THEN there is a risk that there is insufficient capacity to deliver the IMTP		RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	4	4	16
						Target	1	4	4
3. Develop Benefits Realisation plans in line with Quality and Performance Management framework		Assistant Director of Planning/Assistant Director, Commissioning & Performance	Extended from 30.09.22 – to 31.03.23. Further extend to 31.06.23 and then to 30.09.23 in line with milestone for delivery Extend to 31.12.23 as priorities have taken precedence but there is work ongoing in this space. Extend to 29.02.24 as other priorities have taken precedence but there is work ongoing in this space. As above extend to end of Feb.		Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3 as part of Project Path Framework. Work continues with the Commissioning and Performance Team to align performance metrics with programme/IMTP deliverables. An evaluation methodology is being trialled with Swansea University to look at benefits realisation of small, agile projects and PDSA cycles. Work continues this but will be rolled out as part of the PPF.				
4. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)		Director of Finance	31.12.22 – checkpoint date 31.06.23 and then to 30.09.23 Extend to 31.12.23. As above extend to end of Feb.		Extend checkpoint date to 31.03.2023 on basis of new financial allocations for 2023 to be worked through with Commissioner. A business case panel process has been developed and trialled as part of the development of the project path framework and is factored into the IMTP planning cycle, to give finance colleagues a timelier view of potential developments into the next 3-year cycle. Extended in line with the roll out of PPF as the business case process is within that framework, however it has been utilised to review the recent CSC Business Case and was found to be helpful and supportive – albeit the model for developing business cases needs to be reviewed further to make the actual output more streamlined				

Risk ID 458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services		Date of Review:	17/01/2024		TREND	16
			Date of Next Review:	14/02/2024			(4x4)
IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.		THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential ‘exit strategies’ from developed services could be challenging and harmful to patients.	RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage		Likelihood	Consequence	Score
				Inherent	3	4	12
				Current	4	4	16
				Target	2	4	8
IMTP Deliverable Numbers:							
EXECUTIVE OWNER		Director of Finance and Corporate Resources	ASSURANCE COMMITTEE		Finance and Performance Committee		
Risk Commentary							
Linked to risk 139, though funding has been sourced internally for the EMS staff, and non-recurrently from EASC, the score remains the same as clarity from Commissioners has still not been provided on any recurrent funding ask on this topic which could have a negative recurrent impact on the Trusts financial position. Other key item to note is funding for 111, WAST continues dialogue with commissioners of the service and any financial risk is mitigated by operating on a spend and cost recovery basis with commissioners.							
CONTROLS			ASSURANCES				
			Internal Management (1 st Line of Assurance)				
1. Financial governance and reporting structures in place			1. Risk is reviewed quarterly at FPC, and a report is submitted bimonthly to Trust Board				
2. Financial policies and procedures in place			2.				
3. Setting and agreement of recurrent resources			3.				
4. Budget management meetings			4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.				
5. Budget holder training			5. Diarised dates for budget holder training				
6. Annual Financial Plan			6. Submission to Trust Board in March annually				
7. Regular financial reporting to EFG & FPC in place			7. Diarised dates for EFG and FPC with full financial reports				
8. Regular engagement with commissioners of Trust’s services			External Management (1 st Line of Assurance) 1. Accountability Officer letter to Welsh Government 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised. 9. Monthly monitoring returns				
9. Welsh Government reporting monthly			Independent Assurance (3 rd Line of Assurance) 2. Internal Audit reviews of financial policies & procedures as part of their audit plan				
GAPS IN CONTROLS			GAPS IN ASSURANCE				
• Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding			1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:			
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.		Executive Leadership Team	31.3.24	Update: 23/24 Recurrent funding remains an issue for the 100 WTE £6m funding from commissioners. In addition, discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis.			
2.Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.		Deputy Director of Finance	31.3.24	Update: Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.			

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems			Date of Review:		17/01/2023		TREND	15 (3x5)
				Date of Next Review:		14/02/2024		➡	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place		THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Digital Services		ASSURANCE COMMITTEE		Finance and Performance Committee			
Risk Commentary The latest National Cyber Security Centre (NCSC) assessment indicates that the threat of Cyber-attacks remains unchanged with activities of state actors and criminal gangs still high. Whilst the Trust and wider NHS Wales organisations have in place several layers of technology to protect the Trust and its information systems, there is still a risk that users will be fooled by phishing emails which are becoming ever more sophisticated. To raise user awareness of cyber threats the Trust ICT department run regular phishing exercises as well as short security training packages, reporting the results and uptake through IGSG and into FPC.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Appropriate policy and procedures in place for Information/Cyber Security			1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.						
2. Trust Business Continuity Procedure and Incident Response Plan			2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing						
3. IT Disaster Recovery Plan			3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.						
4. Relevant expertise in Trust with respect to information security			4. Staff undertake relevant training courses e.g., CISSP to increase knowledge and expertise						
5. Data Protection Officer in post			5. In job description of Head of ICT						
6. Cyber and information security training and awareness			6. Training statistics are available on ESR and from Phish threat module						
7. Mandatory Information Governance training which includes GDPR			7. Training statistics reported on by Information Governance department						
8. ICT tests and monitoring on networks & servers			8. Any issues would be identified and flagged and actioned						
9. Information Governance framework			9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.						
10. Internal and NHS Wales governance reporting structures in place			10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.						
11. Checks undertaken on inactive user accounts			11. Software in place to run check on inactive accounts as and when						
12. Business Continuity exercises			12. Annual schedule of testing						
13. Operational ICT controls e.g., penetration testing, firewalls, patching			13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when. 04/08/23 – Exploring procurement of additional penetration tests with the aim of annual testing of all critical systems.						
14. Security alerts			14. Daily alerts are received. Anti-virus alerts received as and when threat discovered						
15. Cyber/Info Security KPI are reported to senior management and committees			15. Monthly KPI reports now being generated routinely and fed into the Digital Leadership Group, ELT, IGSG and FPC						
16. Regular cyber awareness campaigns are conducted			16. Cyber training is provided to staff and regular phishing campaigns are conducted. These are reported as part of the KPI reports						
17 IT recovery Plan does include a cyber response			17. Cyber response incorporated into IT Disaster Recovery Plan						
18.Information Security Policy refreshed and in Trust wide consultation.			External Independent Assurance25						

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems			Date of Review:		17/01/2023		TREND	15
				Date of Next Review:		14/02/2024		➡	(3x5)
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place		THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
			NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. Lack of understanding and compliance with policy and procedures by all staff members			1.						
2. No organisational information security management system in place			3. SIRO in place and ISMS evolving in line with refresh of Trust information Security Policy						
3.									
4. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects, and procurement and this has a cyber security, information governance and resource impact									
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Establish Cyber and Information Security KPIs		Director of Digital Services	31.03.23 complete	KPI format agreed and will be produced from Q1 2023-24 with a retrospective annual report produced for 2022-23.					
2. Discuss how cyber risk is reviewed and frequency of review		Director of Digital Services	28.10.22 Close – now Business as Usual	a. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources. b. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends.					
3. Suite of business continuity exercises that departments can undertake to test their plans to be provided.		North Resilience Manager	28.10.22 Complete	The Trust has run two exercise Joshua & Joshua 2 to test departments readiness					
4. Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22 - Complete	Exercise reports being drafted.					
5. Formalise Cyber Incident Response Plan		Head of ICT	30.06.23 – complete	Cyber Incident Response Plan adopted, and CRU Assessment conducted during May 2023 with report expected by end June 2023.					
6. Implement Meta Compliance Policy Solution		Senior ICT Security Specialist	30.06.23 – Complete Checkpoint Date 31.03.2024	Additional learning modules purchased, and both will be rolled out from Q1 2023-24. Drive up staff compliance of IG & Cyber training					
7. Cyber Improvement Plan		Senior ICT Security Specialist	Next checkpoint date 31.03.2024	Implementation of Cyber Improvement Plan actions ongoing and reported into IGSG					

Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems			Date of Review:	17/01/2024		TREND	15 (3x5)
				Date of Next Review:	14/02/2024			
IF there is an unexpected or uncontrolled event e.g., flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems		THEN there is a risk of a loss of critical IT systems	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	3	5	15	
				Target	2	5	10	
IMTP Deliverable Numbers: TBC								
EXECUTIVE OWNER		Director of Digital Services	ASSURANCE COMMITTEE		Finance and Performance Committee			
Risk Commentary								
The risk remains static as work continues to migrate services to the new infrastructure. In addition, controlled cut over of key systems to backup sites was undertaken during this quarter. Maintenance works has been undertaken by estates on power systems supporting key ICT sites which will provide additional assurance for sites in the event of incoming mains disruption. Further desktop exercises are being considered to test both department BCP and ICT recovery plans. Internal audit has completed an audit on ICT system resilience which was rated as reasonable assurance. Work will be undertaken to address the recommendations.								
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
1. Trust Incident Response Plan and Department Business Continuity Plans			1. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. Annual schedule of testing of BCPs.					
2. IT Disaster Recovery Plan			2. Recent ICT tabletop exercise undertaken					
3. Recovery/contingency plans for critical systems			3. Reports from tabletop exercises					
4. Service management processes in place			4. Documented and approved service management processes in place					
5. Incident Management Policy, Procedure and Process			5. Incident Policy and Procedure put in place in February 2022. This would be required annually and if there is a system change, the review would be earlier					
6. Regular data back ups			6. Daily report on status of backup and fully automated process. Log kept of where restores are undertaken					
7. Resilient and high availability ICT infrastructure in place			7. 04/08/23 – New back-up system ordered with the aim of implementation before the end of Nov23.					
8. Robust security architecture and protocols			8.					
9. Diverse IT network (both data and voice) delivery at key operational sites			9.					
10. Regular routine maintenance and patching			10. 04/08/23 – Ongoing continual update of servers and replacement of out-of-date equipment					
11. Environmental controls			11.					
12. Intelligence gathered from suppliers with respect to future tool sets and enhancements			12. Via email and webinars					
			External Independent Assurance <ul style="list-style-type: none">2021_16 Internal Audit review of IM&T Control Assessment – baseline exercise2021_19 Internal Audit review of ICT Disaster Recovery – Limited AssuranceWAST_2324-14 Internal Audit review of ICT Technical Assurance – Reasonable AssuranceNIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
Non identified			Undertaking Cyber Essentials assessment					
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone		Progress Notes:			
1. Suite of business continuity exercises that departments can undertake to test their plans to be provided.		North Resilience Manager	31.12.22 extend to 30.06.23 now complete		Suite of exercise available via BC teams’ channel.			
2. Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22 extend to 30.06.23 now complete		Joshua and Joshua 2 reports produced and circulated.			
3. Cyber Essentials assessment to be completed.		Head of ICT	30.06.23 Extend to 31.03.24 - ongoing.		Evidence submitted to assessor – further works required to meet requirement. Implementation of action plan in response to CRU Cyber assessment recommendations			
4. Implement recommendations of IA Technical resilience audit		Head of ICT	30.06.2024		Implementation of the 4 recommendations from the internal audit technical resilience			

Risk ID 100	Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:		17/01/2024		TREND	12 (3x4)
				Date of Next Review:		10/04/2024		➡	
IF WAST fails to persuade EASC/Health Boards about WAST ambitions		THEN there is a risk of a delay or failure to receive funding and support	RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	3	4	12		
				Target	2	4	8		
IMTP Deliverable Numbers: 2, 3, 4, 6, 11, 14, 29, 34									
EXECUTIVE OWNER		Director of Strategy, Planning & Performance		ASSURANCE COMMITTEE			Finance and Performance Committee		
Risk Commentary The ambition is appropriate levels of patient safety and good working conditions for our staff. Clearly neither of these are currently being achieved in the emergency ambulance care pathway as evidenced by the long waits, shift overruns and volume of concerns and reportable incidents. The Trust is currently commissioned on the assumption of 6,000 hours of handover lost hours, with current levels at 23,000 (Dec-23) . EASC has an ambition to achieve 12,000 handover lost hours by the beginning of quarter four 2023/24, which looks very unlikely, but even if it was achieved, it would still be double what the EMS rosters are predicated on. The Trust is not fully funded on these rosters either. The Trust is not fully funded for the CHARU roster lines, with an identified shortfall of -89.5 FTEs. The Trust has made the decision to transfer staff from emergency ambulance roster lines to CHARU roster lines, which is almost complete, but does not add more staff. Similarly, the Trust has made the decision (delivered) to recruit another intake of APPs, an additional 16 FTEs, but this is also being funded through internal movements, with a planned temporary relief gap to fund these internal movements . The 2023 EMS Demand & Capacity Review is live with an estimated completion date of March 2023 EASC . This strategic review will enable the Trust to articulate the type and level of resource that optimises response and conveyance to deliver appropriate levels of patient safety and good working conditions for our staff i.e., the ambition. Health boards are clearly under substantial financial pressures, so whether EASC can then support the ambition as articulated by the review, remains to be seen. The Trust have provided senior external stakeholders with five key areas that it is focused on, as detailed in the Patient Harm Mitigations report to Trust Board (25/01/24) with health boards being asked to do the same . If further funding is not forthcoming, post the 2023 EMS Demand & Capacity Review, the risk may need to be revise its score upwards.									
CONTROLS			ASSURANCES						
			Internal & External Management (1 st Line of Assurance)						
1. EASC/WAST Forward Plan for EMS and NEPTS in place and monitored at EASC meetings			1. Minutes of meetings and a standard agenda item						
2. EASC and its 2 sub-committees established as a forum to discuss WAST’s strategy			2. Minutes of meetings and a standard agenda item						
3. Weekly catch up between CASC/CEO			3. Meetings are diarised every week						
4. Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme			4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.						
5. Monthly CASC Quality and Delivery Meeting established			5. Formal meeting with agendas, minutes, and action logs available.						
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced			6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholder’s fortnightly						
7. Programme structure has been established for ‘inverting the triangles’ including EASC			7. This is now an established programme of work with the Trust making an offer to the system via the Six Goals Programme in January 2024.						
			External Management (1 st Line of Assurance) 1. Plans go to every bi-monthly meeting 2. Meet bi-monthly and agendas, minutes, and action logs available						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. EASC meetings focus largely on EMS and cursory note of NEPTS			1. NEPTS is covered in the WAST Provider Report to EASC.						
2. Governance coordination between NCCU and WAST to be improved.			2. Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface. Actioned but has lapsed due to capacity and resourcing in NCCU team. The Trust is currently meeting every two weeks connected to the development the IMTP.						
3. WAST’s ability to influence hospital handover delays (this is outside of the Trust’s control and a Health Board responsibility)			3. Ministerial direction on handover reduction with significant pressure being applied to health boards through the NHS Leadership Board and NHS Executive accountability arrangements.						
4. Funding does not flow in a manner to balance demand with capacity (outside of WAST’s control)			4. Strategic demand and capacity review being undertaken with output due to be reported to EASC in Mar-24, with initial findings already shared.						

Risk ID 100	Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience				Date of Review:		17/01/2024		TREND	12 (3x4)
					Date of Next Review:		10/04/2024		➡	
IF WAST fails to persuade EASC/Health Boards about WAST ambitions		THEN there is a risk of a delay or failure to receive funding and support		RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered				Likelihood	Consequence	Score
							Inherent	4	4	16
							Current	3	4	12
							Target	2	4	8
Actions to reduce risk score or address gaps in controls and assurances		Action Owner		By When/Milestone	Progress Notes:					
1. Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST		CEO WAST		02/08/23 Checkpoint Date	30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23. 12/01/23 Recurrent funding for the +100 not secure. 02.05.23 Recurrent funding still not secure. 28.07.23 Funding secure for 23/24, but not recurring. 18.01.24 Offer being made to the system in January 2024 via the Six Goals Programme.					
2. Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours		CEO WAST		02/08/23 Checkpoint Date	30.09.22 4-hour handover backstop agreed and -25% reduction in handover from October 2021 baseline. 12/01/23 There has been a significant worsening picture. 02.05.23 Continued worsening picture with almost 29,000 lost in March 2023. 28.07.23 There has been some reduction, but levels remain extreme. 18.01.24 NHS Leadership Board is increasing accountability and focus of health board handover reduction actions.					
3. Increased understanding of NEPTS by EASC		Executive Director of Strategy Planning and Performance		02/08/23 Checkpoint Date	30.09.22 “Focus on” session in May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU. 02.05.23 Continued attendance by NCCU at Ambulance Care Transformation Programme. 28.07.23 EASC want WAST to develop a LTS for NEPTS, which will increase the focus on it. 18.01.24 Ambulance Care strategy sessions held as part of the inverting the triangle programme and IMTP development held.					
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface		Assistant Director Commissioning & Performance		02/08/23 Checkpoint Date	30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability of NCCU to undertake. 28.07.23 Availability remains a challenge, but there is regular informal dialogue between WAST and NCCU. 18.01.24 This specific meeting remains lapsed, but the Trust is currently meeting every two weeks with the NCCU on the development of the IMTP.					
5. Utilising the engagement framework to engage with the stakeholders		Director of Partnerships & Engagement AD Planning & Transformation		02/08/23 Checkpoint Date	30.09.22 Significant engagement through roster review briefings. 12/01/23 Engagement on roster review largely concluded, with some political interest continuing in a few areas. 02.05.23 Continued interest from various stakeholders as the roster review concludes. 28.07.23 New engagement manager appointed linked to inverting the triangle work. 18.01.24 The Trust is currently still working with PWC on the information that will drive engagement, but as above an offer being made to the system in January 2024.					

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		17/01/2024		TREND	12 (3x4)
				Date of Next Review:		10/04/2024		➡	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme		THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	3	4	12		
				Target	2	4	8		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Strategy Planning & Performance		ASSURANCE COMMITTEE		Finance and Performance Committee			
Risk Commentary The EMS Operational Transformation Programme is the Trust’s strategic delivery response to the 2019 EMS Demand & Capacity Review. The programme has now largely been delivered e.g., closure of relief gap (recruitment of +300 staff), increase consult & close above the 10.2% benchmark, re-roster EMS, ensure that there was sufficient fleet and estate to support these changes and roll out the new CHARU resource. The main area outstanding is the reconfiguration of EMSC, which was initially delayed by the pandemic and then further delayed by the need to update the data used to ensure the recommended actions were still correct. This update has just been completed, so the focus is now on finishing the EMSC project within this programme. The full role out of the CHARU resource also remains an open action. The programme was subject to internal audit in 2022 and narrowly missed substantial assurance (quoracy to be reflected in PID and PID updated, both of which have been addressed). Whilst the programme has largely delivered on its agreed outputs, it has not delivered the required levels of patient safety and staff working conditions for two main reasons: extreme handover (+20,000 lost hours v the 6,000 that the programme was predicated on) and abstractions (34% v the 30% benchmark).									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Implementation Programme Board in place – meetings held every 3 weeks with the DASC and TU reps on the membership. Now every 6 weeks as the programme largely delivered.			1. Minutes and papers of Implementation Programme Board.						
2. Executive sponsor and Senior Responsible Owner (SRO) for programme in place.			2. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board. PID is up to date.						
3. Programme Manager and Programme support office in place (for delivery of the programme).			3. Same as 2 above.						
4. Programme risk register.			4. Highlight reports showing key risks reported to STB every 6 weeks.						
5. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks.			5. Highlight reports presented to STB every 6 weeks.						
6. Programme budget in place (including additional £3m funding for 22/23).			6. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks and letter received from CASC on £3m funding for 22/23						
7. Programme documentation and reporting is in place to Programme Board every 3 weeks and STB receives highlight report.			7. PID and Programme Plan Summary kept up to date. PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks.						
8. Regular engagement with the Commissioner and Trade Unions and representation			8. Commissioner and TU participation at the Implementation Programme Board.						
9. Management of external stakeholder and political concerns			9. Communications and Engagement Plan sets out WAST’s arrangements for engagement with stakeholders.						
10. Secured specialist consultancy to support decision making			10. Reports and contractual compliance.						
			External Management (1 st Line of Assurance)						
			a. Deputy Ambulance Services Commissioner sits on the Implementation Programme Board.						
			b. Emergency Ambulance Service Committee Management Group receives a highlight report every two months.						
			c. EASC receives an update every 2 months on the programme as part of the WAST Provider Report.						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. Current controls on workforce buy in are not sufficient due to changes in working practices			1. Project Initiation Document (PID) needs to be updated to reflect 22/23 budget position. The PID has been updated for 2023/24 and reflects the budget, commissioning intentions and IMTP.						

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		17/01/2024		TREND	12 (3x4)
				Date of Next Review:		10/04/2024		➡	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme		THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	3	4	12		
				Target	2	4	8		
2. System pressures – patient handover delays at hospitals (link to risks 223 & 224)			2. No prompts from STB for programme PID or risk register updates. The SRO continues to provide the HLR, but the PID needs to be signed off by the Executive Sponsors. This can be done outside of STB.						
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Increase in engagement on the specifics of change through facilitation mechanisms		Assistant Director – Commissioning & Performance	02.08.23 Checkpoint Date	30.09.22 Significant engagement through roster review project. 12/01/23 Largely complete. 02.05.23 There remains some minor engagement as the project concludes. 18.01.24 The main o/s action here is engaging with the TU partners on the evaluation of the roster review. A draft evaluation has been written up and will be shared with TU partners this quarter.					
2. More capacity requested (transition plan)		Assistant Director of Planning & Transformation	02.08.23 – Checkpoint Date	30.09.22 Transition plan not funded, but +100 FTE agreed. 12/01/23 Recurrent funding not secure. 02.05.23 this has not been forthcoming, and handover lost hours are offsetting all the gains that the Trust has made. 03.08.23 More capacity unlikely within current financial pressures, but Trust has recently started the next iteration of the strategic EMS Demand & Capacity Review. 18.01.24 Trust currently making an offer to the system via the Six Goals Programme.					
3. Engage with key stakeholders to reduce handover delays		CASC	02.08.23 – Checkpoint Date	30.09.22 Reduction commitments agreed, but trend is still upwards. 12/01/23 Extreme and upward trend. 02.05.23 handover hours remain extreme. 28.07.23 Increasing focus through ICAP meetings, with C&V showing notable progress and early signs of progress in some other health boards. 18.01.24 Significant increase in health board accountability and focus via the NHS Leadership Board.					
4. Reduce abstractions in particular sickness absence		Deputy Director of Workforce & OD	02.08.23 Checkpoint Date	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100. 12/01/23 Abstractions have reduced, but still very high. Sickness is reducing and on trend to achieving the 10% Mar-23 target. High abstractions linked to internal movements caused by internal recruitment. 02.05.23 the Trust achieved 7.99% in Feb-23, but levels are higher in Operations. Continued focus into 2023/24 to reach 6% by 31/03/23. 28.07.23 Abstractions, which includes sickness now less than 35% with benchmark to 30%. 18.01.24 Abstractions were 31% in November 2023. They did increase in December.					
5. Engage with Assistant Director of Planning and Transformation on process for PID updates		Assistant Director – Commissioning & Performance	02.08.23 Checkpoint Date	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date. 12/01/23 PID has been further updated but requires sign off by the SRO and STB. 02.05.23 PID has been updated but needs to be signed off by Executive Sponsors. 28.07.23 PID updated and programme aligned to new arrangements required by HoT. 18.01.24 PID up to date.					

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		17/01/2024		TREND	8 (2x4)
				Date of Next Review:		10/04/2024		➡	
IF the Trust does: <ul style="list-style-type: none">not achieve financial breakeven and/ordoes not meet the planning framework requirements and/ordoes not work within the EFL and/orfails to meet the 95% PSPP target and/ordoes not receive an agreement with commissioners on funding (linked to 458)			THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	RESULTING IN potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage		Likelihood	Consequence	Score	
					Inherent	3	4	12	
					Current	2	4	8	
					Target	2	4	8	
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Executive Director of Finance and Corporate Resources			ASSURANCE COMMITTEE		Finance and Performance Committee		
Risk Commentary Q3 2023/24									
The risk has now been further reviewed in conjunction with the level of financial risk detailed in the Trust’s financial monitoring returns submitted to WG. The score has improved in year as a result, in part due to WAST being able to resource the remaining cost of the EMS staff increase itself in year, whilst further confirmation and assurance has been received from WG on any pay award funding due. In addition, a recent letter from WG confirmed that the Trust does not need to contribute anything further to the wider NHS Wales deficit reduction plan or will see any further reduction in its income to do so, providing further confidence that for this financial the risk has reduced. It must be noted that even though the risk has reduced for this year, in the current challenging financial climate for all public sector organisations the risk will remain elevated especially as focus turns towards financial planning for the new financial year e.g., recurrent funding will still need to be agreed with Commissioners for the new financial year for the 100 WTE EMS staff.									
CONTROLS					ASSURANCES				
					Internal Management (1 st Line of Assurance)				
1.	Financial governance and reporting structures in place				1. Risk is reviewed quarterly at FPC, and a report is submitted bi-monthly to Trust Board				
2.	Financial policies and procedures in place								
3.	Budget management meetings				3. Diarised dates for budget management meetings				
4.	Regular financial reporting to ADLT, EFG, ELT, FPC and Trust Board in place				4. Diarised dates for EFG and FPC and monthly reports				
5.	Welsh government reporting								
6.	Monthly review of savings targets				6. ADLT monthly review				
7.	Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.								
8.	Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.				8. Diarised dates for ICMB meetings with regular monthly report				
9.	PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications				9. Regular PSPP communications (Trust wide) on Siren				
10.	Forecasting of revenue and capital budgets				a) Monthly monitoring returns to ADLT, EFG, ELT and FPC (b) Reliance on available intelligence to inform future forecasting.				
11.	Business cases and benefits realisation (both revenue and capital)				11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, ELT, FPC prior to Trust Board for approval as appropriate according to value.				
					External Assurances Management (1 st Line of Assurance)				
					5. Monthly Monitoring Returns to Welsh Government				
					7. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.				
					8. Bi-monthly Capital CRL meetings with Trust and WG capital leads				
					9. Regular P2P meetings diarised (bi-monthly)				
					10. Monthly monitoring returns into Welsh Government				
					Independent Assurances (3 rd Line of Assurance)				
					1-10 Internal audit reviews covering				
					1-10 External audit reviews				

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Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation		Date of Review:		17/01/2024		TREND	8 (2x4)
			Date of Next Review:		10/04/2024		➡	
IF the Trust does: <ul style="list-style-type: none">not achieve financial breakeven and/ordoes not meet the planning framework requirements and/ordoes not work within the EFL and/orfails to meet the 95% PSPP target and/ordoes not receive an agreement with commissioners on funding (linked to 458)			THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)	RESULTING IN potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage		Likelihood	Consequence	Score
					Inherent	3	4	12
					Current	2	4	8
					Target	2	4	8
GAPS IN CONTROLS				GAPS IN ASSURANCE				
• Lack of formalised service contracts between Commissioner and WAST as a commissioned body				1. None identified.				
Actions to reduce risk score or address gaps in controls and assurances			Action Owner		By When/Milestone		Progress Notes:	
1. Continuing negotiations with Commissioners			Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance		31/03/24 – Checkpoint Date		In line with the recent WAST financial position and monthly monitoring letter sent to WG, WAST can resource the cost of the EMS staff itself. In addition, discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis.	
2. Embed a transformative savings plan and ensure organisational buy in			ADLT and Savings subgroup		31/03/24 – Checkpoint Date		The Financial Sustainability workstreams that were launched in May 2023 have now been rebranded as the Financial Sustainability Program (FSP) and the work of the program underpins the need of the organisation to deliver transformative savings via the Achieving Efficiencies and Income Generation subgroups. WAST is currently over delivering against its savings plan.	
3. Embed value-based healthcare working through the organisation			Executive Leadership Team and Value Based Healthcare Group		31/03/24 – Checkpoint Date		Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.	
4. WIIN support for procurement, savings, and efficiencies			WAST Improvement and Innovation Network group		31/03/24 – Checkpoint Date		WIIN ideas are regularly communicated across to the Achieving Efficiencies subgroup of the FSP.	
5. Foundational economy, Decommissioning, and procurement to mitigate social and economic wellbeing of Wales			Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership		31/03/24 – Checkpoint Date		The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best value for money while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales.	

Decarbonisation

Final Internal Audit Report

February 2024

Welsh Ambulance Services NHS Trust



Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust



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Review reference:	WAST-2324-002
Report status:	Final
Fieldwork commencement:	9 July 2023
Fieldwork completion:	28 September 2023
Draft report issued:	8 November 2023 & 26 January 2024 (updated)
Draft report meeting:	29 November 2023
Management response received:	9 February 2024 & 15 February 2024
Final report issued:	15 February 2024
Auditors:	Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit; Donna Morgan, Audit Manager
Executive sign-off:	Chris Turley, Executive Director of Finance & Corporate Services
Distribution:	Richard Davies, Assistant Director of Capital & Estates; Joanne Williams, Head of Capital Estates; David Holmes Fleet Manager; Nicci Stephens, Environment & Sustainability Manager; Lucinda Wassall, Project Manager.
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement:

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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Executive Summary

Report Opinion

	Trend
 <p>Limited More significant matters require management attention.</p> <p>Moderate impact on residual risk exposure until resolved.</p>	N/A

Assurance summary¹

Objectives	Assurance
1 Governance	Reasonable
2 Localised Strategies	Limited
3 Funding Strategy	Limited
4 Monitoring and Reporting	Reasonable
5 Project Delivery	Reasonable

Purpose

The NHS in Wales faces unprecedented challenges balancing the management of the delivery of the decarbonisation agenda and associated risks, against other competing priorities and within existing funding constraints.

The primary source of funding being Estates Funding Advisory Board (EFAB) and the requirement for the Trust to contribute 30% from their discretionary funding.

The audit sought to consider progress against the NHS Wales Decarbonisation Strategic Delivery Plan and the Trust's Decarbonisation Action Plan - demonstrating how the Trust will implement the NHS Wales Decarbonisation Strategic Delivery Plan initiatives.

It is recognised that prior to the development of the Strategic Delivery Plan, NWSSP commissioned a Carbon Footprint assessment for the whole of NHS Wales (2018/19). This assessment influenced the approach set out in the Strategic Delivery Plan and provides the initial baseline emissions data for target setting.

Overview

We recognise the significant work the Trust has been undertaking across all directorates to address the requirements of the Decarbonisation Strategic Delivery Plan., However, given the complexity and range of risks associated with this area, and noting that these cannot be managed by the Trust within the existing funding, to meet the targets set by the Welsh Government, an overall **limited** assurance has been determined. Further, recognising the financial shortfalls and being cognisant of the wider financial pressures across NHS Wales, the risks associated with the achievement of the Decarbonisation Action Plan and the ability to deliver on the wider decarbonisation agenda will be a challenge going forward and tough choices will need to be made by the Trust.

This assurance opinion is in line with that determined across NHS Wales, given the common challenges faced by each organisation.

Further matters arising (see **Appendix A**) concerning the areas for refinement and further development have also been noted including:

- Completion of the risk register, at both Programme and Corporate level, and ongoing regular review of the risk register; and
- Review of the membership at Decarbonisation Programme Board noting the number of apologies / non-attendance recorded.

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
1	Attendance at Decarbonisation Programme Board	1	Operation	Medium
2	Delivery of the DAP	1, 2, 3	Operation	High
3	Risk Management	2, 3	Operation	Medium
4	Funding Strategy	3	Design	High

1. Introduction

- 1.1 The Welsh Government is party to international agreements to reduce carbon emissions and control climate change, most notably as arising from the 2016 Paris Accord. Accordingly, they have sought to create a framework of controls, guidance and support to achieve these aims.
- 1.2 The Welsh Government declared a climate emergency in 2019 and committed to achieving a Net Zero public sector by 2030.
- 1.3 The *NHS Wales Decarbonisation Strategic Delivery Plan* was published in March 2021 and responds to the climate emergency declaration and recognises that the NHS has a critical role to play in contributing towards this target as the largest public sector organisation in Wales.
- 1.4 The plan sets interim targets for the whole of the NHS (from a 2018/19 base) of carbon budget reduction of 16% by 2025 and 34% by 2030.
- 1.5 Category targets were also set for:
 - Buildings;
 - Procurement;
 - Fleet and business travel; and
 - Staff, patient, and visitor travel.
- 1.6 All Wales activity support streams have been created, including Estates planning, and approaches to healthcare.
- 1.7 The Welsh Government has made funding available NHS-wide of circa £8.1m (which includes each organisation matching 30% of the WG contribution from their own discretionary programme) for decarbonisation initiatives via the Estates Funding Advisory Board in both 2023/24 and 2024/25
- 1.8 This audit seeks to build upon our advisory review undertaken in 2022/23, which identified that the implementation plans had not been sufficiently developed to allow meaningful testing and to provide an assurance rating to respective Audit Committees. Accordingly, the decision was taken to provide an overview of the overarching position across NHS Wales and provide an action plan of common themes which were considered by the Trust. Noting the advisory nature of the report, the recommendations were not included formally on the Trust's Internal Audit recommendation tracker; however, we have included updates on some of the recommendations (where relevant) within the body of this report which demonstrates that they are being taken forward by the Trust.
- 1.9 The risks considered during the review were:
 - Regulatory/legislative risk through not achieving mandated reductions in carbon emissions;
 - Reputational risk by failing to meet emission targets; and

- Failing key stakeholders by not reducing carbon emissions which have a detrimental effect on health and, not meeting the requirements of the Wellbeing of Future Generations Act (2016).

1.10 The wider role of NWSSP Procurement, in the decarbonisation agenda, has not been audited as part of this review.

2. Detailed Audit Findings

2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	1	-	-	1
Operating Effectiveness	1	4	-	5
Total	2	4	-	6

2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in **Appendix A**.

Objective 1: Appropriate governance arrangements have been established in relation to decarbonisation that integrate with existing organisational accountability and reporting structures.

2.3 Our national report for 2022/23 highlighted that internal reporting had been limited, and that there was therefore a need to fully roll-out the structures to support appropriate monitoring and reporting within NHS Wales organisations. It is evident that progress to establish sound governance arrangements in respect of decarbonisation has been made at the Trust in recent months.

2.4 The governance framework includes:

- A Decarbonisation Programme Board (see para 2.6);
- Operational Groups within the existing structure (see paras 2.7 & 2.43);
- Representation at Committee level (see para 2.8); and
- Representation at Board level.

2.5 Applying project management principles, an approved Project Initiation Document (PID), outlining the scope of the Decarbonisation Programme and the relationship between the Programme Management Team and Corporate Management at the Trust is in place; and has been updated regularly to reflect the dynamic nature of the decarbonisation agenda at the Trust.

2.6 The Decarbonisation Programme Board was established in January 2023 and acts as a central forum for senior management across the Trust to oversee the Decarbonisation agenda. The Programme Board is chaired by the Director of

Partnerships and Engagement, with the Director of Finance and Corporate Resources also named as the Senior Responsible Officer. The terms of reference have recently been agreed (August 2023) by Programme Board members and state that meetings will be held quarterly. Four meetings have been held to date and an action log is in operation to monitor and manage the agreed actions from each meeting; however, from review of the minutes, attendance appears to be a challenge noting the number of apologies and non-attendance recorded. **See MA1.** Management recognise this issue but also note it is one of their better attended meetings.

- 2.7 Fleet, Estates and other operational groups (where relevant) feed into the Decarbonisation Programme Board (also see para 2.43).
- 2.8 The Decarbonisation Programme Board reports to the Capital Management Board, with the Finance and Performance Committee having a further oversight role. Decarbonisation initiatives, alongside the Trust's IMTP, are also considered at the Strategic Transformation Board, which meets on a quarterly basis.
- 2.9 The Programme Board is responsible for recommending and monitoring the developments and delivery of the Trust's Decarbonisation Action Plan (DAP). It represents, at managerial level, the business user and supplier interests of the programme and is the decision maker responsible for the commitment of resources (staff, money, equipment etc.). It is also responsible for the management and review of the decarbonisation risk register. For further details in relation to risk management, refer to **audit objective 2**.
- 2.10 Our prior year report raised that recruiting to additional operational posts has proven difficult across Wales, with the limited appointments to date coming from the existing public sector staff pool. Noting that these appointments are key to being able to implement the agreed strategies, it is positive to note that the Trust has not experienced these issues. An internal team structure for meeting the decarbonisation initiatives has been established. Executive leadership is provided by the Director of Finance and Corporate Resources, who is supported by the Fleet Manager and Assistant Director of Capital and Estates. The latter is further supported by the Head of Capital Development (with Project and Programme Managers) and Head of Estates and Facilities (with an Environmental & Sustainability Manager and Officer). There were no vacancies in the internal structure at the time of audit, however we acknowledge that three of the nine members of the team had been in post for a relatively short period of time (at the date of fieldwork, less than a year).
- 2.11 Roles and responsibilities in respect of decarbonisation obligations were not explicitly stated in individuals' job descriptions; but are referenced in the DAP for ownership of actions. The efficacy of monitoring arrangements occurs when the DAP is reviewed at Decarbonisation Programme Board. The DAP, at the date of fieldwork (V6, October 2023) has assigned owners for all bar one actions. The exception is linked to the NHS expenses system which is outside of the control of the Trust and has been raised at the National Programme Board.

- 2.12 Regular reporting and liaison with Welsh Government and NWSSP was evident. For further details in relation to the reporting arrangements in place, refer to **audit objective 4**.
- 2.13 In respect of training, there is an All Wales 'Environmental, Waste & Energy' e-learning module on ESR that staff can complete. This isn't a mandatory training module therefore compliance isn't monitored. The Environment & Sustainability Manager advised that they had attended the carbon literacy training by 'Ystadau Cymru'. Our prior year report noted that in accordance with the NHS Wales Decarbonisation Strategic Delivery Plan, HEIW/collaborative training should be commissioned on an All-Wales basis to provide both common and tailored decarbonisation training. We understand that HEIW is currently developing a suite of training to address this requirement, therefore no recommendation has been raised at this report.

Conclusion:

- 2.14 Appropriate governance arrangements have been put in place to enable the Trust to progress towards the achievement of its decarbonisation targets. Owners are assigned to each of the actions included within the DAP and we note that guidance is being sought at a national level for the one action that is outside of the control of the Trust; and this will continue to be monitored by the Decarbonisation Programme Board. Noting that the challenges of attendance at this Board need to be addressed, we have assigned **reasonable** assurance to this objective.

Objective 2: A tailored decarbonisation strategy and action plan has been developed in accordance with available legislation and guidance; documents have been appropriately scrutinised and approved prior to submission to Welsh Government; and the strategy and plan are adequately reflected within wider organisational documentation such as the IMTP.

- 2.15 As noted in para 2.9, a DAP has been developed. The current version (V6, October 2023) outlines how the Trust will meet the requirements of the national NHS Wales Decarbonisation Strategic Delivery Plan; and is subject to a quarterly review at the Decarbonisation Programme Board. There are currently 144 actions detailed for the Trust to address; but we acknowledge that exemptions (61), as determined by the NWSSP Decarbonisation Co-ordination Reporting (DCR) Group, have been applied thus reducing the applicable actions to 83.
- 2.16 Alongside the generic objectives requiring completion by all NHS Wales organisations, the Trust was also provided with additional objectives within the national NHS Wales Decarbonisation Strategic Delivery Plan directed solely at fleet. We note that this is the biggest challenge for the Trust, accounting for circa 80% of its emissions.
- 2.17 Challenges to the achievement of the objectives in respect of fleet are as follows:
- Capital funding for the annual fleet replacement programme has reduced;
 - The Fleet Manager has advised that 77 NEPTS vehicles are due for replacement based on age profile;

- Hybrid / electric vehicles are more expensive (recognising that the Trust needs to strike a balance between prioritising reducing its emissions but also maintaining the number of vehicles in its fleet to meet service demand);
- Lead times for ordering vehicles are unpredictable and often lengthy following the pandemic (circa 18 months);
- The technology for emergency ambulances is not available at present. Trials in London for an electric emergency ambulance have not been successful; and
- The infrastructure for electric charge points for commercial vehicles (emergency ambulances) is not in place and there are concerns that the grid may not be able to support them.

2.18 The current RAG status of the delivery against DAP is reported to be 'amber', noting that 13% of the remaining applicable actions are rated red (urgent attention required) and 43% are rated amber (some attention required). This, however, is an improvement on the 'red / amber' status which was the starting point. The Trust has highlighted that the financial shortfalls (see audit objective 4) will impact on the organisation's ability to make further progress on the DAP.

2.19 The RAG status of the Trust's overall confidence of delivering the target reduction in emissions by 2025 is currently reported to be 'amber', again, an improvement against the previous status which was 'red'. However, there remains a real risk that the Trust may not be able to contribute effectively to the NHS carbon reduction targets and the Welsh Government's ambition for public sector carbon neutrality by 2030. See **MA2**.

2.20 The NHS Wales Carbon Footprint 2018/19 influenced the approach set out in the Strategic Delivery Plan and provides the initial baseline emissions data for target setting. However, as noted in our prior year report, issues were identified with the baseline data and the disaggregation of the data for reporting purposes. We, therefore, recommended that each organisation should seek assurance on the accuracy of the baseline data.

2.21 Carbon emissions reported for 2022/23 have seen a significant increase in value, as has been faced by all NHS Wales organisations, and this has been due to a change in the data collection by Welsh Government and the inclusion of aspects of emissions data which were previously not applicable. The following table sets out the variations across key categories:

Category	2022/23 Kg CO ² e	2022/21 Kg CO ² e	Difference Kg CO ² e
Medical Gases	739,904,200	n/a	n/a
Fluorocarbonated Gas	971,686	n/a	n/a
Fleet Fuel	13,039,762	13,066,596	(26,834)
Electricity	855,981	951,327	(95,346)
Water	2,654	2,604	50
Gas/LPG	605,076	732,989	(127,914)

Business Miles	543,227	503,687	39,540
Domestic Waste	39,767	48,751	(8,984)
Fleet Waste	781	639	142
Commuting & homeworking	283,737	275,193	8,544
Land sequestration	-14,535	n/a	(14,535)
Supply chain	17,146,514	16,759,929	386,585
Total	773,378,849	32,341,716	
Renewables	(27,312)	(4,117)	(23,195)

- 2.22 Whilst continuing to report in accordance with Welsh Government requirements, the Trust is investigating alternative methods for calculation. At the Welsh Government Estates Engagement Forum (May 2023) it was reported that *'lack of clarity relating to the 2018/19 carbon reduction benchmark has seen WAST develop its own for clarity. Using the Aether reporting schedule for 2021/22, previous years data has been used to develop an acceptable baseline for comparison'*. The Environment and Sustainability Manager confirmed that the Trust's calculations of carbon emissions using this alternative method has been reported to both Welsh Government and NWSSP DCR Group. No further feedback has been provided; and there has been no formal notification of a change to the baseline figures for the Trust. Recognising that feedback is awaited on this revised baseline calculation, and that it has been recognised as a high-rated risk which continues to be highlighted to the Decarbonisation Programme Board and the Finance & Performance Committee, no recommendation has been raised.
- 2.23 We recognise that in addition to challenges with its fleet (see para 2.17), there are wider challenges that the Trust faces, as it evolves in line with its long-term strategy 'Delivering Excellence', in the achievement of its DAP. These have been effectively reported in the risk register and are subject to routine scrutiny/appropriate mitigating actions including:
- lack of funding;
 - increasing workforce which may result in increased carbon emissions;
 - restraints with its existing estate (e.g., older buildings / stations are not sustainable buildings and therefore require further investment);
 - management of shared buildings noting circa 40% of the Trust's estate is shared (e.g., with the police / fire services or with health boards); and
 - changes to emissions reporting (e.g., medical gases were previously omitted). Whilst we appreciate medical gases are not part of the DAP, their inclusion in reporting will increase the Trust's reported carbon emissions and, as per para 2.19, impact the Welsh Government's ambition for carbon neutrality by 2030. We note that this latter change has not been explicitly captured on a Trust risk register. See **MA3**.
- 2.24 We note that decarbonisation is linked to each of the strategic ambitions in the IMTP. In terms of wider strategies and policies, we also note that an Environment

Strategy 2020-2025 has been developed alongside the Trust's DAP, which aligns to the requirements of the NHS Wales Decarbonisation Strategic Delivery Plan.

- 2.25 In respect of risk management, a Decarbonisation Programme Board risk register was initially developed in March 2023 and is monitored via the Trust's Decarbonisation Programme Board. It was updated in August 2023 and includes 25 open risks, eight of which have a score of 25. From review of the register we noted that the column 'Date Closed / Next Update Due' was incomplete throughout the risk register. Although we recognise that these risks are active risks, we considered that a date for 'next update due' may be recorded to facilitate effective, proactive monitoring of each risk. **See MA3.**
- 2.26 Recent changes to the Trust's requirement to include medical gases within its carbon emissions reporting should also be captured within a Trust risk register – see para 2.19.
- 2.27 As reported to the Finance and Performance Committee, given the complexity and range of risks within this work, a programme level risk management approach has been adopted. Work continues to articulate the level of corporate risk for consideration at Board level and we note that discussions have been ongoing, since July 2023, in respect of the development of Risk 542: *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan*. **See MA3**

Conclusion:

- 2.28 A Decarbonisation Action Plan (which is also the Trust's Decarbonisation Strategy) has been developed and approved by the Trust; and reported to Welsh Government in accordance with the requirements of NHS Wales Decarbonisation Strategic Delivery Plan. The risk register is reviewed and updated at the Decarbonisation Programme Board; however, work is required to finalise the decarbonisation programme risk for inclusion in the Corporate Risk Register. We recognise that the Trust's carbon footprint had increased in value (as is the same for all NHS Wales organisations) since the initial baseline assessment, as a result of the inclusion of aspects of emissions data which were previously not applicable. As recommended in our prior year report, the Trust is investigating alternative methods for calculation of emissions but these have yet to be approved by Welsh Government. Current reporting indicates that there remains a real risk that the Trust may not be able to contribute effectively to the NHS carbon reduction targets and the Welsh Government's ambition for public sector carbon neutrality by 2030.. Accordingly, we have assigned **limited** assurance.

Objective 3: An appropriate funding strategy targeting discretionary, EFAB and All-Wales funding is in place.

- 2.29 As recommended in our prior year report, DAPs should be supported by funding strategies e.g., differentiating between local/national funding, revenue or capital funding. Management advised that an initial 10-year capital cost estimate had been provided to Welsh Government, along with some high-level specific estimates of costs of the delivery of the DAP itself and noted that some elements couldn't yet be accurately costed. The Trust continues to prioritise schemes and bid for

additional resources against existing funding streams; however, there remains a material risk that such is unaffordable noting the current financial climate and considering total funding requirements across NHS Wales. **See MA4**

- 2.30 EFAB funding of £2.1m was allocated to the Trust for fire, infrastructure and decarbonisation, for the period 1 April 2023 to 31 March 2025, of which the Trust contributes 30% (£630k). A number of EFAB funded schemes were underway at the Trust, for which business cases were submitted and approved by Welsh Government, with those specifically identified as decarbonisation totalling £568.8k for 2023/24. Welsh Government had funded 70% (£398.2k) and the Trust had funded 30% (£170.6k) from its discretionary capital. Refer to **audit objective 5** for further details.
- 2.31 For 2024/25 the Trust has been successful in obtaining £417.5k of funding under the EFAB scheme to introduce more decarbonisation workstreams totalling £596.4k (inclusive of the Trust's 30% contribution). This work will include the installation of solar PV panels, battery storage and EV charging infrastructure at seven sites; and roof replacements at three sites.
- 2.32 We note that for 2023/24, decarbonisation projects were not included in the discretionary capital funding allocation following a prioritisation exercise led by the Executive Director of Finance and Corporate Resources and noting the limited funds available.
- 2.33 The 2023/24 Fleet Business Justification Case (£18m) containing decarbonisation and electric vehicle initiatives was approved by the Trust Board and submitted to Welsh Government. All Wales Capital funding of £9m was approved for this BJC for fleet for 2023/24. This was 50% of what was requested and so a prioritisation exercise was undertaken to ensure funding will be invested where it's needed most. The outcome is that emergency ambulances will be prioritised in this financial year, as agreed by the ELT (Executive Leadership Team) and ADLT.
- 2.34 A separate audit of the delivery of the vehicle replacement programme is being undertaken by the NWSSP Audit & Assurance Specialist Services Unit as part of the 2023/24 internal audit plan.
- 2.35 Given the ongoing scarcity of funding, the Capital Management Team is currently considering options appraisals for its funding strategy for the next financial year (e.g., request the shortfall not approved for 2023/24 as well as the funding needed for 2024/25 versus requesting approval for the shortfall for 2023/24 only versus asking for the funding needed for 2024/25 alone). The Trust is also proactively considering sustainable investments for its future.
- 2.36 It was noted at its qualitative report that the Trust will seek to both maximise its investments and learn lessons to strengthen continued future bids for funding via any available sources. We were advised that the Trust is also looking at alternative funding options for future investments including, Asset Collaboration Funding, Invest to Save and Salix funding (the latter of which provides grants for public sector bodies to fund heat decarbonisation and energy efficiency measures).

Conclusion:

- 2.37 An initial 10-year capital cost estimate had been provided to Welsh Government, along with some high-level specific estimates of costs of the delivery of the DAP itself. The Trust continues to prioritise schemes and bid for additional resources against existing funding streams. However, recognising the financial shortfalls, and being cognisant of the wider financial pressures across NHS Wales, and the impact that this may have in being able to deliver on the decarbonisation agenda, we assign this objective as providing **limited** assurance.

Objective 4: Appropriate monitoring and reporting arrangements are in place to provide ongoing assurance on the implementation of the strategy and action plan.

- 2.38 As noted under **audit objective 1**, our national report for 2022/23 highlighted that internal reporting had understandably been limited, with the level of reporting increasing after Welsh Government's review of the DAPs. The recent changes made to the governance arrangements within the Trust supports that the profile of decarbonisation has increased to reflect the challenge faced.
- 2.39 The Decarbonisation Programme Board is responsible for recommending and monitoring the developments and delivery of the DAP. The DAP provides ongoing assurance on the implementation of the strategy. Refer to para 2.8 for details of the reporting lines in place.
- 2.40 Decarbonisation was included within the IMTP updates at both the May and August 2023 Strategic Transformation Board meetings. Updates against IMTP delivery are undertaken on a quarterly basis in line with the terms of reference.
- 2.41 An 'Environment, Decarbonisation and Sustainability' update was provided at the September 2023 Finance and Performance Committee, and focus on this area going forward is included in the Committees work programme. A highlight report to Trust Board (May 2023) has also been evidenced. Reporting on carbon emissions is undertaken through the annual report to Welsh Government (see para 2.46). Management advised that to prepare emissions data, on a more frequent is currently onerous and time consuming, and not possible for all categories.
- 2.42 In addition, the Transport Project Board, EFAB Meeting and Environmental and Sustainability groups are also in place internally to monitor and report on the decarbonisation agenda to provide ongoing assurance.
- 2.43 The Trust's update to the Welsh Government Estates Engagement Forum states that '*increased levels of reporting in relation to Decarbonisation has become a resource issue*'. A significant number of reports are required which require considerable time and resource/ effort to develop. This has also been highlighted within the Trust as it places a significant pressure on the small WAST team and potentially distracts from the ability to focus on progressing actions.
- 2.44 We also note that the Trust attends several external groups pan Wales to liaise and share information in respect of the decarbonisation agenda. Groups including:

- Health and Social Care in Wales Climate Emergency Programme Board; supported by the following project boards:
 - the Buildings, Estates, Land Use and Planning (BELP);
 - procurement and transport;
 - social care; and
 - approach to healthcare / service design.
- Community of Experts (a monthly nationwide group hosted by WG);
- Transport Task and Finish Group (hosted by NWSSP);
- Decarbonisation Co-Ordination Reporting ((DCR), hosted by NWSSP);
- Emergency Services Environment and Sustainability Group (UK wide blue light services environment leads);
- Sustainable Development Co-Ordinator's Cymru (Public Sector Wales Environment Manager);
- North Wales Decarbonisation Officer Group (public sector energy based);
- Joint public services board environment groups (public sector biodiversity based); and
- GrEAN – Environment Managers Group (all UK ambulances services).

2.45 The Trust is required to submit annual quantitative and qualitative reports (the latter of which was formerly required every six months) to Welsh Government detailing the progress of their contribution to the Climate and Nature Emergency and associated targets as outlined in the Trust's plan. Management have advised that no feedback was provided following the September 2022 submission of the quantitative and qualitative reports. A further qualitative report was submitted in April 2023. No feedback was reported from this submission either.

2.46 The Trust is also required to present a quarterly report to NWSSP's DCR Group led by NWSSP on behalf of the Welsh Government. The DCR is responsible for collating the reporting of the delivery of the NHS Wales Decarbonisation Strategic Delivery Plan for the health boards and Trusts pan NHS Wales.

2.47 Two reports have been submitted to DCR to date:

- i. The first report was a pilot focusing on Transport and Procurement only (issued June 2023)
- ii. The second report addressed all workstreams for the period of quarter one (2023/24). At the date of audit fieldwork, the dashboard had yet to be finalised and issued by DCR.

2.48 The Trust's return was analysed and collated into a dashboard. The overall RAG status for transport and procurement for NHS Wales collectively was amber. The dashboard was subsequently submitted to the Health and Social Care Climate Emergency (HSCCE) Project Board, and then to the HSCCE National Programme Board for review in July 2023.

- 2.49 It was noted that the Trust continues to work towards achieving the DAP actions but recognises its limitations of a challenging capital programme and wider financial constraints which will limit the ability to prioritise decarbonisation specific schemes (refer to **audit objective 3**).

Conclusion:

- 2.50 Appropriate internal monitoring and reporting controls are in place for providing assurance on the decarbonisation agenda at the Trust. However, it is noted that many of the governance structures in place are recent and will take time to mature. Further, from review of the external reporting streams, the number of outputs required places a significant pressure on the small WAST team and potentially distracts from the ability to focus on progressing actions Accordingly, we have provided **reasonable** assurance in this area.

Objective 5: Projects included within the 2023/24 funding commitments have been successfully delivered, and appropriate arrangements are in place to secure available funding during 2024/25.

- 2.51 As noted at para 2.33, capital funding of £9m was approved for the 2023/24 Fleet Business Justification Case. At the time of audit, this project is on course to be delivered on time, and within budget. The delivery of the vehicle replacement programme is subject to a separate audit by the NWSSP Audit & Assurance Specialist Services Unit as part of the 2023/24 internal audit plan.
- 2.52 As noted in para 2.30, EFAB funding of £2.1m was allocated to the Trust for fire, infrastructure and decarbonisation, for the period 1 April 2023 to 31 March 2025. The decarbonisation schemes identified for EFAB funding for 2023/24 are renewable energy projects at:
- AFSRC Wrexham,
 - Blaenau Ffestiniog,
 - Cardiff Ambulance Station, and
 - Glynneath.
- 2.53 At the date of audit, all projects remained ongoing and current reporting forecast that each project was to be delivered on time and within budget (see **Appendix B**).
- 2.54 EFAB funding has also been received for 2024/25 at the Trust. HART, Newtown and Tredegar renewable energy projects, to commence with effect from 1 April 2024, have been selected for this funding.
- 2.55 Our prior year report noted that NHS Wales organisations were also self-funding decarbonisation initiatives from their discretionary programme; and that it is important that the cost benefit of these schemes is also subject to challenge and scrutiny for inclusion within the overall data. Management confirmed that bids for funding would be managed through the Discretionary Programme Board; but we note that for 2022/23, there were no Trust funded decarbonisation projects given the limited discretionary capital funds available.

Conclusion:

2.56 At the time of audit, projects in receipt of 2023/24 EFAB funding were underway and reported to be delivered within the expected budget and delivery profiles; and EFAB funding has been secured for 2024/25 projects. The approved vehicle replacement programme is also on course to be delivered on time and within budget. Noting the current reported progress of these projects to date, we are providing **reasonable** assurance.

Appendix A: Management Action Plan

Matter Arising 1: Decarbonisation Programme Board: Attendance (Operation)	Impact
<p>The Decarbonisation Programme Board has held four meetings since its inception in January 2023. The terms of reference for the Programme Board list the membership (25 officers named) for attendance. However, from review of the minutes, attendance appears to be a challenge noting the number of apologies and non-attendance recorded:</p> <ul style="list-style-type: none"> January meeting – 14 of the 25 named membership attended. There were an additional two officers in attendance who are not named in the terms of reference (Senior Training & Development Lead – Driving; and Fleet Business Manager); April meeting – 15 of the 25 named membership attended; June meeting – 11 of the 25 named membership attended; and August meeting – 14 of the 25 named membership attended. There was one additional officer in attendance who was not named in the terms of reference (Locality Manager South East) <p>For those not in attendance, there was no evidence of an alternative representative.</p> <p>We recognise that the terms of reference have recently been approved, yet the attendance figures suggest that the membership is not appropriately aligned to the requirements of the Programme Board.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> Inadequate controls to mitigate risks due to lack of ownership or accountability of risks; resulting in failure to achieve mandated reductions in carbon emissions.
Recommendations	Priority
<p>1.1 The named membership in the terms of reference should be reviewed again to ensure reasonable and appropriate representation at the Decarbonisation Programme Board.</p>	<p>Medium</p>

Agreed Management Action		Target Date	Responsible Officer
1.1	<p>Noted. The membership will be further reviewed to ensure that quoracy levels outlined within the Terms of Reference are achieved. All teams will be asked to reconfirm their representatives.</p> <p>It is however noted that the attendance is actually good in comparison to other project and programme board meetings, with it never necessarily being expected that all those invited to attend will do so at all meetings, and no issues have arisen in terms of the ability of the PB to discharge its duties due to any attendance issues.</p> <p>This action will be considered closed once the team is assured that meetings have been, and continue to be, quorate and the updated attendance list has been ratified at the Programme Board.</p>	30 April 2024	Decarbonisation Project Manager and Head of Capital Development

Matter arising 2: Delivery of the DAP (Operation)		Impact	
<p>The current RAG status of both the delivery against DAP and the Trust's overall confidence of delivering the target reduction in emissions by 2025 are reported to be 'amber'; an improvement against the previous status which was 'red / amber' status and 'red' respectively.</p> <p>Nevertheless, based on the RAG ratings above, there is a risk that the Trust may not meet its carbon reduction targets and the Welsh Government's ambition for carbon neutrality by 2030. The Trust has highlighted that the financial shortfalls will impact on the organisation's ability to make further progress.</p> <p>The Trust is required to complete over 80 actions covering all Trust aspects. These actions are included in the DAP. Additionally, the Trust has specific targeted actions relating to its fleet, many of which are currently rated red – this is one of the Trust's biggest challenges to address noting that fleet accounts for approximately 80% of the Trust's emissions.</p> <p>We recognise that in addition to the fleet challenges there are wider challenges that the Trust faces to the achievement of its Decarbonisation Action Plan which has been effectively reported in the risk register and are subject to routine scrutiny / appropriate mitigating actions. In addition, the Trust is evolving in line with its long-term strategy 'Delivering Excellence' which may result in an increase to staff levels, its estate and its fleet which will have an impact on the organisation's emissions.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Failure to meet the mandated carbon reduction targets set out in the NHS Wales Decarbonisation Strategic Delivery Plan. 	
Recommendations		Priority	
2.1	Challenges and risks to the achievement of the objectives within the Trust's Decarbonisation Action Plan, along with any mitigating factors, should continue to be monitored with regular updates provided via the established governance routes through to Trust Board.	High	
Management response		Target Date	Responsible Officer
2.1	The DAP and Risk Register will continue to feature as standard agenda items on every Decarbonisation Programme Board. Regular reporting will continue to Capital Management Board, Finance and Performance Committee and Trust Board as per the agreements set out. This action is considered closed, as it forms part of BAU practice	N/A	Head of Capital Development

Matter Arising 3: Risk Management (Operation)		Impact
<p>A Decarbonisation Programme Board risk register was initially developed in March 2023 and is monitored via the Trust's Programme Board. It was updated in August 2023 and includes 25 'open' risks. Given the complexity and range of risks within this work, a programme level risk management approach has been adopted.</p> <p>However, we noted the following issues:</p> <ul style="list-style-type: none"> The column 'Date Closed / Next Update Due' is incomplete throughout the risk register. Although we recognise that these risks are active risks, we considered that a date for 'next update due' should be recorded to facilitate effective, proactive monitoring of each risk. Work continues to articulate the level of corporate risk for consideration at Board level. Discussions have been ongoing since July 2023 in respect of the development of risk 542: <i>Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan</i> for inclusion on the Corporate Risk Register. <p>Further, we also recognise that recent changes to the Trust's requirement to include medical gases within its carbon emissions reporting should be captured within the Trust's risk register. Whilst we appreciate medical gases are not part of the DAP, we note the impact of their inclusion may have on the wider role of NHS organisations in their ability to meet the ambition of public sector carbon neutrality by 2030.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Inadequate controls to mitigate risks due to lack of ownership or accountability of risks; resulting in failure to achieve mandated reduction in carbon emissions.
Recommendations		Priority
3.1	The 'Date Closed / Next Update Due' should be completed for each risk.	Medium
3.2	Noting the recent requirement to include medical gases within the Trust's carbon emissions, the associated risk should be reflected appropriately	
3.3	The development of risk 542: <i>Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan</i> should be finalised to ensure the Trust's Corporate Risk Register is appropriately reflective of prevalent risks.	

Agreed Management Action		Target Date	Responsible Officer
3.1	The date closed and next update due will be completed for each risk. This action has now been completed, and this is considered closed. The risk register will be reviewed on a regular basis, and any relevant new risks added as appropriate	N/A: actioned since fieldwork	
3.2	Risk 8 on the current risk register outlines the risk of not being able to compare current emissions to baseline. The item will be updated to reflect the risk of WG further changing the scope of reporting, but will not specifically reference medical gases as this is just one specific example of the risk materialising.	30 April 2024	Decarbonisation Project Manager
3.3	Risk 542 will be finalised for inclusion within the Corporate Risk Register	30 April 2024	Head of Capital Development and Assistant Director of Capital and Estates

Matter arising 4: Funding Strategy (Design)			Impact
<p>Further to our prior year report and the expectation that DAPs should be supported by funding strategies, management advised that an initial 10-year capital cost estimate had been provide to Welsh Government, along with some high-level specific estimates of the costs of delivery of the DAP itself.</p> <p>There has been no further update to this submission. No detailed resource analysis to determine the costs of delivery of the DAP has been undertaken; nor has an options appraisal been prepared and shared with the Board to help visualise the problem of achievement of the Welsh Government targets. This would also help with the development of Risk 542 (see MA3.2).</p>			<p>Potential risk of:</p> <ul style="list-style-type: none"> The Trust is not investing sufficient resources to achieve its decarbonisation programme. Failure to achieve the Welsh Government targets for carbon emissions.
Recommendations			Priority
4.1	The Trust should develop a long-term financial model for the financial support required to support the decarbonisation programme to provide assurance to the Board regarding achievement of the Welsh Government targets. A clear timeline should be determined for undertaking this exercise, with progress monitored at a relevant forum.	High	
Management response		Target Date	Responsible Officer
4.1	<p>The value of such an overarching exercise at this stage, compared to that previously undertaken and the resource required to do so needs to be considered, and as opposed to the way the Trust has looked to approach this to date. It also needs to be noted that part of the ongoing process to do so is also linked to any initial response from WG to that previously provided and the now confirmed upcoming and updated overall NHS Wales capital prioritisation work that will be progressed through 2024. Again it is not considered good value of resource to further progress anything here until this has now been completed and reported back to us.</p> <p>In the meantime a number of other significant areas of progress continue in relation to this, including the detailed costings undertaken to ensure significant (and greater than could have been expected) funding in relation to EFAB schemes through 2023/24 and 2024/25, along with the detailed decarbonisation impacts being front and centre of all new proposed and planned developments. The cost implications of this and the impact this may have affordability of schemes, either locally through the Trust's</p>	31 March 2025	Executive Director of Finance and Corporate Resources, Head of Financial Business Intelligence and Capital Planning, Head of Capital Development

<p>discretionary capital funding or nationally via AWCP needs to however also not be underestimated and a balance will always need to be struck in this regard with other competing factors such as operational requirements, staff welfare and safety, etc.</p> <p>Recent Fleet BJCs have also included cost estimates to support, where possible and currently commercially and practically available, the electrification of the Trust's fleet, and the required supporting infrastructure.</p> <p>Examples of where other aspects of this can be further enhanced include the estate retrofit guide, which will be used as a framework to assess the impact and potential cost of estate requirements on a priority basis. This is also linked to any planned further refreshes in the overall Estates Strategy (SOP), high level information will also be used (where available) to determine broad fleet replacement costs including infrastructure. This will similarly be a key part of any proposed rewrite likely to be required through 2024 of the Fleet SOP, again due to current capital funding challenges at a national level but which will provide an opportunity to further consider specific decarbonisation cost within this area of the Trust's plans going forward.</p> <p>Overall, this will give a further indication of estimated total requirements, building on that already undertaken.</p>		
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Appendix B: EFAB Funding Tracker 2023/24

Location	Project overview (Proposal Summary)	Current WG Approved Spend Total 2023/24	Current WG Approved Spend Total 2024/25	Current Overall Total Recommendation	Health Board Forecast Spend 2023/24	Health Board Total Forecast	Spend to date	% Spend to date	Staged Reached	Forecast variance from WG approved spend 2023/24	Total Over / Underspend	Overall RAG (Delivery /Prog/£/ Quality)
<i>AFSRC Wrexham - Renewable energy project</i>	Install PV system & battery storage. EV charging infrastructure	£190,800		£190,800	£190,800	£190,800	£14,098	7%	Design	£0	£0	Amber
<i>Blaenau Ffestiniog - Renewable energy project</i>	To install a PV system, battery storage and EV charging infrastructure	£138,000		£138,000	£138,000	£138,000	£12,208	9%	Design	£0	£0	Amber
<i>Cardiff make ready depot - Renewable energy project</i>	To install a PV system and battery storage at the Make ready Depot.	£102,000		£102,000	£102,000	£102,000	£6,329	6%	Design	£0	£0	Amber
<i>Glynneath - Renewable energy project</i>	To install a PV system, battery storage and EV charging infrastructure.	£138,000		£138,000	£138,000	£138,000	£10,767	8%	Design	£0	£0	Amber

Appendix C: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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Vehicle Replacement Programme Final Internal Audit Report

February 2024

Welsh Ambulance Services NHS Trust

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Review reference:	SSU-WAST-2324-01
Report status:	Final Report
Fieldwork commencement:	11 th August 2023
Fieldwork completion:	10 th October 2023
Draft reports issued:	21 st November 2023 & 31 st January 2024
Management response received:	12 th February 2024
Final report issued:	15 th February 2024
Auditors:	NWSSP Audit & Assurance: Specialist Services Unit
Executive sign-off:	Chris Turley, Executive Director of Finance & Corporate Services
Distribution:	<p>Lee Brooks, Executive Director of Operations</p> <p>Judith Bryce, Assistant Director of Operations, National Operations & Support</p> <p>Navin Kiala, Deputy Director of Finance & Corporate Resources</p> <p>David Holmes, National Fleet Manager</p> <p>Andrea Davies, Project Manager</p> <p>Edward Roberts, Head of Financial Business Intelligence & Capital Planning</p> <p>Joanne Williams, Head of Capital Development</p> <p>Richard Davies, Assistant Director of Capital & Estates</p> <p>Trish Mills, Board Secretary</p>
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit and Corporate Governance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Welsh Ambulance Services NHS Trust no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Welsh Ambulance Services NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

The Trust undertakes a cyclical refresh of its fleet of vehicles. This includes both emergency, and non-emergency ambulances as well as specialist support vehicles.

The audit was undertaken to evaluate the processes and procedures put in place by the Trust to support the management and control of the ongoing procurement of replacement vehicles.

Overall Audit Opinion and Overview

A ten-year Strategic Outline Programme commencing in 2017/18 was endorsed by Welsh Government in 2018. A 2021 refresh (also endorsed by Welsh Government), profiled requirements as £94m for 642 vehicles over the remaining 6 years of the programme.

Business Justification Cases are presented to Welsh Government for annual funding based on current circumstances and prices, within the context of the overall programme.

The refresh was found to be a mature process with good understanding of the key factors determining refresh frequency (e.g. expiry of warranties).

Recommendations have therefore been made in context of the general robustness of the overall approach.

Key issues raised within the audit included the need to:


- ensure compliance with Standing Orders for Trust Board approval of contracts;
- enhance reporting and review of the procurement strategy to ensure best value;
- ensure procurement and contractual arrangements obtain best value from strategic partnering;
- detail variances to programme at business cases;
- demonstrate optimal vehicle procurement numbers; and
- better align the project management and business case processes with best practice.

Other recommendations / advisory points are within the detail of the report.

An overall **reasonable assurance** has been determined.

Report Classification

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary ¹

Assurance objectives		Assurance
1	Strategic planning & approvals	Substantial
2	Programme management	Reasonable
3	Procurement	Limited
4	Financial monitoring & reporting	Reasonable

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising		Assurance Objective	Priority
1	Project controls should be reviewed for appropriate compliance with Prince2 principles	2	Medium
4.1	The various aspects of the procurement strategy should include: (a) enhanced narrative within the business case; & (b) evaluation and approval by appropriate parties to confirm that it remains optimal (as detailed within the business case for approval) e.g. to affirm that it best aligns procurement and contractual arrangements to obtain best value from strategic partnering.	3	Medium
4.2	Allocated duties for dialogue and negotiation on the costs and price of the specification should be delineated between procurement and project officers at the Project Initiation Document.	3	Medium
5.1	Contracts should be discretely authorised in accordance with Standing Orders.	3	High
5.2	Pre-tender Estimates and variance commentary should be utilised to inform tender evaluations.	3	Medium
6	Business Justification Cases should show investment to date against plans of the Strategic Outline Programme, including variance commentary (for both vehicle numbers and values).	4	Medium

1. Introduction

- 1.1 This audit forms a part of the 2023/24 operational plan agreed with the Trust.
- 1.2 The audit was undertaken to evaluate the processes and procedures put in place by the Trust to support the management and control of the ongoing procurement of replacement vehicles. A programme business case provides a framework within which to plan annual needs.
- 1.3 The annual replacement programme is subject to annual financial allocation requests submitted via discrete business cases. For the purposes of this audit, these are referred to as projects.
- 1.4 The potential risks considered in the review were as follows:
 - Risks may not be appropriately prioritised, and investment may not appropriately directed;
 - Management arrangements may be poorly established leading to a loss of control over key time, cost, and quality aspects;
 - The client brief may not be met;
 - Local and national requirements may not be adhered to; and
 - Approved plans may not appropriately consider the potential to positively impact decarbonisation.

2. Detailed Audit Findings

- 2.1 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in **Appendix A**.

Strategic planning & approvals: *To obtain assurance that there was an established and approved strategy to the overall replacement programme, integrated with the approved Integrated Medium-Term Plans and annual plans; and that decarbonisation and other emerging priorities have been adequately assessed within the strategies.*

- 2.2 A Demand and Capacity Review had been conducted to inform a ten-year Strategic Outline Programme (SOP) for refresh of the ambulance fleet. Annual plans derived from this were contained within call-off Business Justification Cases (BJCs), presented to Welsh Government for specific funding. These plans, in turn were integrated with the (three year) Intermediate Medium Term Plan (IMTP) of the Trust, with Board approval of SOP, BJC's and IMTP.
- 2.3 A Fleet SOP Delivery Group was in place to oversee production of required documents for the refresh programme, supported by an appropriate range of sub-groups and expertise.
- 2.4 Accordingly, **substantial assurance** has been determined in relation to strategic planning and approvals.

Programme management: *To confirm appropriate programme management arrangements, including client defined requirements, adoption of project management tools, and commissioning arrangements.*

- 2.5 The Programme was overseen by an experienced National Fleet Manager, being a national lead in this area. A dedicated project manager undertook operational management of procurement and was supported by specialist procurement officers and an administrator.
- 2.6 The Project Initiation Document (PID) outlined how the project would be managed according to Prince2 best practice principles (a government standard for project management).
- 2.7 Accordingly, the programme benefitted from a:
- Project Initiation Document;
 - Project Plan;
 - Risk Register;
 - Issues Register;
 - Decisions Register;
 - Communications Plan; and
 - Benefits Realisation document.
- 2.8 In accordance with Prince2, roles were also allocated for those commissioning the project, those delivering, and the end Users. However, duplication in allocated officers was observed, and accordingly there was a need to review the allocation and operation of these roles in accordance with Prince2 customer / supplier accountabilities (**MA 1**).
- 2.9 There was also a need for the Project Board to allocate tolerances (of time and cost etc.) to the Project Manager, to enable them to manage by exception (**MA 1**).
- 2.10 A core part of Prince2 is management by stages, with periodic reviews of the investment to direct progression. It was evident that a reduction in the number of such stages (to annual review) would make the process more manageable and effective (**MA 1**).
- 2.11 This would also facilitate effective Stage reporting and (annual) evaluation of project controls. This should include the evaluation of allocated risk contingencies to inform future funding requirements (**MA 1**). However, in context, both outcomes and performance were well understood e.g. the performance of the parties was thoroughly assessed in evaluating tenders, and any late deliveries were known.
- 2.12 One element utilised within Prince2 is the formal adoption and utilisation of a user specification - which also serves as a basis of change (and cost) control. A detailed specification was evidenced, with changes on-going throughout the year. A listing was provided of dates that changes were submitted / notified to the Project Board (the FSDG). However, while management have commented that there is de-facto

approval, it has been recommended that minuted or signed User approval is formally documented (**MA 3**).

- 2.13 There was an associated need to update the Project Initiation Document to reflect all controls that are currently operating any revised controls adopted as a result of this audit, and also to specify User sign off at commissioning (**MA 1**).
- 2.14 While noting the above recommendations, the basic process of managing and requesting funding for refresh was a mature one and well understood e.g. that ongoing costs of retention escalate significantly once warranties expire. A **reasonable assurance** has therefore been determined in relation to programme management.

Procurement: *To obtain assurance that the procurement of vehicles (and adaptation) complied with established local and national procurement requirements; and that decarbonisation and other emerging priorities have been adequately considered at the procurement approach.*

- 2.15 Procurement comprised of sourcing chassis and fit-out / conversion suppliers of vehicles of various types. Of these, the largest volume was that of emergency ambulances (circa £10m p.a.), for which there had been a long-standing preferred supplier.
- 2.16 The project benefitted from:
- comprehensive specifications for both the chassis and conversion;
 - extensive User involvement;
 - use of collaborative procurement frameworks to derive best value;
 - comprehensive and contract award assessments;
 - official sign-off of recommended suppliers;
 - expert procurement support;
 - call-off Purchase Orders; and
 - a defined quality acceptance process.
- 2.17 During the audit, it was also confirmed that procurement arrangements were being added to the draft 2024/25 business case, including the specification of contractors. However, it has been recommended that the expansion of the narrative to further explain choices made would enhance the review of processes in line with Prince2 principles (e.g. including derivation and use of a Pre-tender Estimates and review of outcomes) (**MA 4**).
- 2.18 As noted, certain procurement arrangements were of a long-term partnering nature. In the case of emergency ambulances, the chosen supplier was stated to be the only one able to provide chassis of sufficient load bearing weight. They also supplied enhanced vehicle features, extended warranty, and roadside servicing with specialist parts. Accordingly, the Trust had invested in specialist tooling for servicing and repairs at its depots, specific to this brand.

- 2.19 Noting this, there was a need to ensure that procurement and contractual arrangements best reflected these relationships and obtained best value from strategic partnering e.g. engaging in appropriate dialogue in relation to the long-term partnering and any specifications which could be modified or omitted to optimise supply chain costs (**MA 4**).
- 2.20 The National Fleet Manager had actively engaged in procurement partnering negotiations with other Trusts. However, allocated duties for dialogue and negotiation on the costs and price of the specification (as permitted under the procurement frameworks) were not delineated between procurement and project officers at the Project Initiation Document (for clarity and assurance of effective engagement) (**MA 4**).
- 2.21 Purchase Orders were authorised by the Chief Executive Officer (CEO) (with delegated authority to contract to £500k). Two sampled Purchase Orders were valued at £2,122,320 and £3,042,200 respectively. However, Standing Orders required Trust Board approval of contracts exceeding £500k. Feedback to the audit highlighted Trust Board approval of the Business Justification Case (BJC), and its associated procurement values. However, contractual arrangements were made subsequently, and therefore its approval could not represent approval of specific contracts. While subsequent narrative was provided to the Trust Board of procurement arrangements, their authorisation of specific contractual arrangements was not evidenced (**MA 5**).
- 2.22 Noting this breach of Standing Orders, **limited assurance** has been determined in relation to procurement arrangements.

Financial reporting and monitoring: *To obtain assurance that appropriate controls operated, including monitoring of in-year expenditure and overall budget.*

- 2.23 Both long term and annual budgets were formally approved via the business cases.
- 2.24 There was therefore formal reporting and approval of budgets and their derivation both by the Trust and Welsh Government.
- 2.25 In-year financial monitoring was also undertaken by the Head of Financial Business Intelligence & Capital Planning and published to Welsh Government.
- 2.26 Prince2 requires Stage evaluation i.e. the outcome of a project / programme Stage should inform future progression e.g. in this case no ambulances were funded by Welsh Government in 2020/21. This is informative to understand current business case requests as profiled against previously agreed programmes. It can also help understand if any shortfalls in procurement arose from price variations etc. However, the refresh of the Strategic Outline Programme (SOP) only updated forward requirements. While BJCs narrated the 2020/21 funding shortfall, they did not report out-turn data against the prior plans with variance commentary (**MA 6**).
- 2.27 While noting this matter, recognising approved financial budgets and on-going monitoring, **reasonable assurance** was determined in relation to financial reporting and monitoring.

Appendix A: Management Action Plan

Matter Arising 1: Project Management (Design)		Impact
<p>The Project Initiation Document stated that it sought to utilise “a tailored project management methodology based on Projects in Controlled Environments (Prince2)” i.e. the government recommended project management methodology.</p> <p>There are several aspects of current arrangements which could benefit from review against Prince2 methodologies including:</p> <ul style="list-style-type: none"> • effective representation of the Supplier, Customer, and Executive roles within the project management structure; • delegated financial tolerances to project managers for stage / annual delivery; and • end stage reports to review project controls, benefits realised, and lessons learnt etc. (e.g. the adequacy of project contingency). 		<p>Potential risk that:</p> <ul style="list-style-type: none"> • Best practice methodologies are not effectively applied
Recommendations		Priority
1	<p>Project controls should be reviewed for appropriate compliance with Prince2 principles including:</p> <ul style="list-style-type: none"> • effective representation of the Supplier, Customer, and Executive roles within the project management structure; • delegated financial tolerances to project managers for stage / annual delivery; • End-stage reports to review project controls, benefits realised, and lessons learnt, etc. 	Medium
Agreed Management Action		Target Date
1	Agreed to be reviewed, noting that the agreed and stated approach is to a pragmatic approach and the application of an overarching Prince2 methodology.	30th June 2024
		Responsible Officer
		FSDG Chair and Project Manager

	<p>The FSDG Terms of Reference and the Project Initiation Document for future projects will be reviewed with particular consideration being given to project controls including allocation of roles and responsibilities and delegated tolerances to provide clarity, with the outcome of the review being documented and any agreed changes implemented.</p> <p>End stage / project reporting will be reviewed and developed in line with project timescales. Further narrative will be developed in the Project Initiation Document for future projects to provide clarity on such reporting.</p> <p>This will all be reviewed through the FSDG, at which point this action will be considered closed.</p>		
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Matter Arising 2: Optimal procurement quantity (Design)			Impact
<p>Prince2 methodology requires reporting against targeted benefits i.e. the measurable improvement, resulting from an outcome that is perceived as an advantage by one of the stakeholders.</p> <p>Collation of data for the assessment of benefits was also a requirement of the funding approval letter from Welsh Government in April 2023.</p> <p>A table of costs and benefits of chosen replacement numbers was set out at the Strategic Outline Programme, and annual call-offs within business case were derived from this.</p> <p>However, at annual business cases for specific call-off, while benefits analysis demonstrated that new vehicles were more beneficial than older vehicles, the incremental benefit of new vehicles was not set against the additional costs of purchase. It was difficult therefore to determine the optimal annual replacement numbers from information provided to at the annual business cases and associated presentations.</p> <p>Future business cases should also report performance against prior benefit targets to better inform investment decisions.</p>			<p>Potential risk that:</p> <ul style="list-style-type: none">Benefit measures do not sufficiently inform decisions.
Recommendations			Priority
2	The benefit of additional purchases should be contrasted to the associated costs of retention at business cases.		Low
Agreed Management Action		Target Date	Responsible Officer
2	Agreed. Benefits realisation monitoring will continue as part of project review. Further data and analysis relating to vehicle replacement versus retention will continue to be developed and included as part of this monitoring.	30 th June 2024	Head of Financial Business Intelligence & Capital Planning and Project Manager

	<p>Consideration will be given to the relevance of including information on benefits realisation (performance versus targets) in future business cases where appropriate.</p> <p>It should be noted that the agreed vehicle life cycles are identified in the SOP and then drawn down into the annual business cases, and this determines the optimal numbers. In addition, the prioritisation process which had to be undertaken for 2023/24 due to restricted funding took into account the cost of retention versus replacement for the various vehicle types in deciding what vehicles to progress.</p>		
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Matter Arising 3: User sign-off (Operation)	Impact
<p>Prince2 requires Users to agree a product configuration as a defined baseline for delivery acceptance, and from which change control authorisations are required.</p> <p>Accordingly, the Project Initiation Document stated that:</p> <ul style="list-style-type: none"> • <i>"all vehicle specifications are approved by Project Board"; and that</i> • <i>"changes from the agreed baseline specification ..are formally approved by Users."</i> <p><u>User sign-off</u> Minuted sign-off was not evidenced. The National Fleet Manager presented User requirements and change requests to the Project Board.</p> <p>The model and supplier selection was also presented at Project Board by the Senior Supplier (National Fleet Manager), rather than the Senior User.</p> <p>While Users were involved in assessing supplier tenders (including conformance to specification), the complexity of this meant that each assessor could score with differing subjective key criteria of desired specification.</p> <p>While management have commented that there is de-facto User approval of the specification, it has been recommended that minuted or signed User approval is always formally documented.</p> <p><u>Quality - Final acceptance</u> The PID also required sign-off against the agreed specification via a:</p> <ul style="list-style-type: none"> • <i>"schedule of visits to vehicle converters in-build to confirm compliance with vehicle specification" and a "final User-acceptance sign-off visit...managed by the Fleet Operational Lead (Senior Supplier) and Commissioning Lead.</i> <ul style="list-style-type: none"> ◦ <i>Quality Method - Approved suppliers, contract documentation, pre-build meetings, inspections.</i> ◦ <i>Quality Check - Fleet sign off / ICT sign off / TU Partner representative sign off".</i> 	<p>Potential risk that:</p> <ul style="list-style-type: none"> • User requirements are not appropriately specified.

This inspection and acceptance by technical staff was not evidenced. Similarly the nature of their interaction with the Supplier; User / commissioning leads; Vehicle Working Group; and the Project Board in formal sign-off was not defined.		
Recommendations		Priority
3.1	The process of agreement of specification by relevant parties should be specified at the Project Initiation Document e.g. as involving parties such as the Vehicle Working Group and the Project Board, and user sign-off of requirements / minimum performance specifications.	Low
3.2	Inspections by technical staff should be formally documented and advised to the Senior Supplier, User, and commissioning leads as part of the quality acceptance process.	Low
Agreed Management Action		Target Date
3.1	Agreed. The process of specification agreement will be further developed and documented, and narrative included in the Project Initiation Document for future projects. A visual process map will also be included.	30 th June 2024
3.2	Agreed. The inspection and quality acceptance process will be developed and documented and ratified by the FSDG.	30 th June 2024
		Responsible Officer
		Project Manager
		Project Manager

Matter Arising 4: Procurement Strategy (Operation)	Impact
<p>A key part of project management is the procurement strategy, and accordingly it is recommended by NHS Wales investment guidance for post project review.</p> <p>Accordingly, the 2023/24 draft business case included narration of the procurement choices, including the chosen contractors. These were largely structured around the use of national frameworks (e.g. as provided by the Crown Commercial Service - CCS).</p> <p>However, there remains the potential to further develop this narration to better inform scrutiny parties as to the rational for such choices, and to assist evaluation of outcomes e.g. (by vehicle type):</p> <ul style="list-style-type: none"> • The potential for volume discounts based on wider partnering with common core specifications (e.g. European partners); • contractual options e.g. annual framework call-off v longer term / strategic partner arrangement; • optimal split of work between chassis and fit-out contracts; • derivation & use of Pre-tender Estimate; • lifecycle & support costs; and • dialogue with the supplier (e.g. over specification & key cost drivers). <p>Regarding this latter point – presently the Trust pass the specification (circa 100 pages) to Procurement Services who obtain a market price from the supplier. However, price negotiation is expressly permitted by the CCS framework. Procurement Services may not have sufficient expertise relating to the specification to participate in dialogue relating to any inclusions within the specification that may be causing the supplier particular cost (and which perhaps could be modified, deleted, or provided by an alternative). However, the Project Initiation Document did not specify any involvement in such dialogue for either the Trust or Procurement Services in order to obtain best market value.</p> <p>During the audit, management confirmed that narration of the procurement strategy had been enhanced at the draft 2024/25 business case proposal to include:</p> <ul style="list-style-type: none"> • exclusion of a lease option due to capital funding requirements; and • confirmation that tender options are considered against framework options. 	<p>Potential risk that:</p> <ul style="list-style-type: none"> • best value is not obtained from procurement arrangements.

<p>However, noting the above considerations, further expansion of the narrative would enhance review of processes.</p> <p>The National Fleet Manager stated that the chosen model (as adapted) was unique to Wales, and that any potential for home nations partners to drive volume of the basic chassis was currently provided via participation of Scotland in the CCS framework. Evidence was also provided, where collaboration and options outside this framework has also been utilised to obtain best value (via negotiated price based on additional volume).</p> <p>The National Fleet Manager stated that the present chassis supplier for Emergency Vehicles was preferred on an on-going basis due several key factors, including:</p> <ul style="list-style-type: none"> • load bearing weight; • longer life vehicles (circa 2 years); • preferred chassis size; • roadside assistance with specialist parts; • extended warranty (or mileage warranty); and • investment by the supporting servicing and repair shops in dedicated equipment <p>Noting these factors, it was apparent that the relationship was one of long-term strategic partnering. However, contractual arrangements were based on one-year call-off based on annual funding, rather than a supply arrangement negotiated on a longer-term basis.</p> <p>Noting the range of considerations, as previously noted, further expansion of the narrative would further enhance review of processes in line with Prince2 principles.</p>	
Recommendations	Priority
<p>4.1 The various aspects of the procurement strategy include:</p> <ul style="list-style-type: none"> (a) enhanced narrative within the business case; & (b) evaluation and approval by appropriate parties to confirm that it remains optimal (as detailed within the business case for approval) e.g. to affirm that it best aligns 	<p>Medium</p>

	procurement and contractual arrangements to obtain best value from strategic partnering.		
4.2	Allocated duties for dialogue and negotiation on the costs and price of the specification should be delineated between procurement and project officers at the Project Initiation Document.		Medium
Agreed Management Action		Target Date	Responsible Officer
4.1	Agreed. The current narrative describing the procurement strategy will be further detailed within future business cases to better facilitate evaluation of the procurement strategy.	At future business case compilation – next one expected by Dec 2024	National Fleet Manager and Project Manager
4.2	Agreed. Narrative on roles and responsibilities relating to procurement dialogue and negotiation will be developed and included in the Project Initiation Document for future projects.	At future PID development as part of project delivery – anticipated to be June 2024	Project Manager

Matter Arising 5: Contracts (Operation)							Impact
<p>The audit sought to establish whether:</p> <ul style="list-style-type: none">contracts of appropriate content were in place prior to procurement; andcontract award evaluation reports had been appropriately authorised and informed by Pre-tender Estimates (in accordance with the procedures and guidance of the Crown and Commercial Services framework utilised by WAST and procurement best practice). <p>The audit found the following in relation to contractual arrangements:</p>							<p>Potential risk that:</p> <ul style="list-style-type: none">There is breach of Standing Orders;Longer term liabilities may not be adequately addressed until the main contract is finalised and executed agreeing specific requirements of the works;The Trust may be exposed to increased risk/liabilities.
Re: Procurements of approved 2022/23 Business Justification Case (BJC)							
Contracts	2022/23 BJC Target No.	Value £'m		In-date Framework (Y/N)	In-date contract (Y/N)	Evaluation (Y/N)	
Emergency Ambulances (EA)	51	3.1	Chassis	Y	Y	Y	
		3.8	Fit-out	Y	Y	Y	
Car Based & Rapid Response Vehicles (CBRV) / (RRV)	23	0.8	Chassis	Y	Y	Y	
		0.7	Fit-out	Y	Y	Y	
Non-Emergency Private Transport Service (NEPTS)	37	0.9	Chassis	Y	Y	Y	
		1.3	Fit-out	Y	Y	Y	
Specialist HART	0		Chassis	N/A - Not progressed / BJC updated			
			Fit-out				
* Note – equipping, contingency and project costs are additional to the above							

Standing Orders require contracts to be authorised as follows:

Authorisation by	Value
Budget holder	< £10,000
Service lead or Board Secretary	< £50,000
Relevant Executive	< £100,000
Chief Executive Officer	< £500,000
Trust Board	> £500,000

While “*guiding principles*” permit Board delegation, they also state that “*everything is retained by the Board unless it is specifically delegated.*” No such specific delegation was identified in respect of this matter.

Prior to contract award, a Pre-tender Estimate is a management tool that allows the Trust to consider the potential costs involved - and can be used as a benchmark for tender returns in determining Value for Money. Pre-tender Estimates are a requirement for Shared Services procurements (noting that the procurement process was undertaken in partnership with NWSSP: (Shared Services) Procurement Services, and is also recommended best practice for infrastructure procurement. While they were not utilised in this case, they could usefully be derived and adjusted from base model market price (e.g. the basic model as supplied in volume to the U.S.A.). Variance commentary is then added to the evaluation to inform approval.

Contractual arrangements were stated as following the business case (BJC), and therefore approval of the business case did not represent approval of specific contracts.

Specific contract under the frameworks were effected by means of quotations (agreed by the National Fleet Manager) followed by a Purchase Order at the agreed prices.

Purchase Orders were authorised by the Chief Executive Officer (CEO), noting the need for an individual officer to authorise a Purchase Order. Two sampled Purchase Orders were valued at £2,122,320 and

<p>£3,042,200 respectively (i.e. above the delegated limits of the CEO and requiring authorisation by the Trust Board).</p> <p>However, while subsequent narrative was provided to the Trust Board of general arrangements, authorisation of all and specific contractual arrangements by the Trust Board was not evidenced.</p> <p>In context, the Trust Board had approved both the overall programme, and annual business cases outlining purchasing requirements. Updates were also provided to the Trust Board retrospectively outlining some of the key contractual arrangements. NWSSP (Shared Services) Procurement (Procurement Services), were also involved in expediting contractual arrangements in accordance with NHS Wales Procurement regulations. A national framework was utilised to procure both chassis and conversion and has been consistently utilised for some years as a mechanism to assure best value. (However, as at MA 4, there was a need to narrate the full procurement strategy to better inform the Trust Board as to such conclusions).</p>		
Recommendations		Priority
5.1	Contracts should be discretely authorised in accordance with Standing Orders.	High
5.2	Pre-tender Estimates and variance commentary should be utilised to inform tender evaluations.	Medium
Agreed Management Action		Target Date
5.1	Agreed. Noting that the current approach is across the Trust and not specific to fleet procurement, the Trust's Standing Orders and Standing Financial Instructions have been reviewed with regards to contract award approvals and delegated authority. As a result, a proposal to add an additional mechanism to ensure discrete Trust Board contract approval together with an amendment to the narrative relating to delegated authority for purchase order approvals will be presented to the March 2024	March 2024
		Executive Director of Finance & Corporate Services and Trust Board Secretary

	Audit Committee and Trust Board meetings for consideration and approval and for subsequent implementation. Such proposals will mitigate this recommendation.		
5.2	Agreed - Pre-tender estimates and variance commentary will be utilised for future tender evaluations.	At future business case compilation	Head of Financial Business Intelligence & Capital Planning and National Fleet Manager

Matter Arising 6: Monitoring (Operation)		Impact	
<p>While refresh of the Strategic Outline Programme (SOP) only updated forward requirements, it did not report outcomes against the prior plans with variance commentary.</p> <p>By way of example, no funding was provided in 2020/21 due to financial impact of the Covid pandemic. In subsequent years, inflation differed significantly from original assumptions.</p> <p>As a result, the 2021/22 BJC referenced <i>"a re-profiling of vehicle replacements due to funding not being available for the 2020/21"</i>. Subsequently, the Finance & Performance Committee were advised in May 2023, that the 2023/24 BJC <i>"continued to include an element of "catch up" / smoothing of vehicle replacements following the inability of any fleet funding to be made available to the Trust in the 2020/21 financial year."</i> However, full 10 year re-profiling against the original SOP was not reported at the BJCs.</p> <p>A variance table would enhance understanding of current requests (including contingencies), as compared to the originally approved SOP.</p>		<p>Potential risk that:</p> <ul style="list-style-type: none"> Investment decisions are not appropriately informed. 	
Recommendations		Priority	
6	Business Justification Cases should show investment to date (planned and approved) against plans of the Strategic Outline Programme, including variance commentary (for both vehicle numbers and values).	Medium	
Agreed Management Action		Target Date	Responsible Officer
6	Agreed. A review of the existing data and narrative contained in previous business cases relating to SOP proposals will be further undertaken and consideration will be given to providing further information in future business cases as appropriate.	At future business case compilation	National Fleet Manager

Appendix B Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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Strategy Development

Final Internal Audit Report

February 2024

Welsh Ambulance Services NHS Trust



Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
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Audit and Assurance Services



Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust



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Review reference:	WAST-2324-006
Report status:	Final
Fieldwork commencement:	28 August 2023
Fieldwork completion:	23 January 2024
Draft report issued:	25 January 2024
Draft report meeting:	29 January 2024
Management response received:	14 February 2024
Final report issued:	14 February 2024
Auditors:	Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit; Donna Morgan, Audit Manager
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Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement:

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note:

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Non-Executive Directors or officers including those designated as Accountable Officer. They are prepared for the sole use of the Welsh Ambulance Services NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with the Welsh Ambulance Services NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

A review of the arrangements in place to support the development of the Trust’s strategic ambitions. To include a review of the process in place to manage strategic decision making and how these are communicated throughout the organisation.

Overview

An overall reasonable assurance has been determined.

The key matters requiring management attention include:

- Delays to the Engagement Framework Delivery Plan; and
- Opportunities to improve how the Trust measures and reports progress.

We recognise that the Trust’s long-term strategy has been subject to regular review with commitment to its objectives recently re-confirmed by the Board. However, noting the current juncture of the strategy, consideration should be given to refresh to account for Trust developments post approval and following the Covid-19 pandemic.

See Appendix A for further details.

Other recommendations are within the detail of the report.

Report Opinion

		Trend
Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.	N/A

Assurance summary¹

Objectives	Assurance
1 Legislative Obligations	Reasonable
2 Development of Strategic Ambitions	Reasonable
3 Stakeholder Engagement	Reasonable
4 Monitoring and Reporting	Reasonable

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
2	Engagement Framework Delivery Plan	3 Operation	Medium
3	Reporting and monitoring of delivery and progress	4 Design	Medium

1. Introduction

- 1.1 In March 2019 the Welsh Ambulance Services NHS Trust ('the Trust') approved a long-term strategy, Delivering Excellence, which set out a vision for the service in Wales up to 2030. Following this, the Trust has developed and continues to evolve strategic ambitions for an integrated set of service offers for the people of Wales over the next 3-5 years. The Strategic Plan is designed around supporting the delivery of relevant national strategies and policies, including:
- Wellbeing of Future Generations Act;
 - 'A Healthier Wales';
 - 'Six goals for urgent and emergency care'; and
 - Emergency Ambulance Services Commissioners (EASC) commissioning intentions.
- 1.2 In 2021/22 the Trust identified a seven-stage framework of strategy development to support the continued development and enrichment of the Trusts Long Term Strategic Framework and Strategic Ambitions.
- 1.3 The Trust's Integrated Medium-Term Plan (IMTP) sets out, over a three-year cycle, the priorities to move the Trust towards realising its long-term strategic ambitions. These are then scheduled into a delivery plan and taken forward by one of the seven Transformation Programme Boards which monitor and regularly report their progress and status to the Trust Board via the Strategic Transformation Board.
- 1.4 The potential overarching risk associated with this subject area is delivery of the Trust's strategic objectives could be jeopardised by ineffective planning arrangements.

2. Detailed Audit Findings

- 2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	2	-	2
Operating Effectiveness	-	1	1	2
Total	-	3	1	4

- 2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in Appendix A.

Objective 1: The Trust's strategy and associated objectives address the requirement of the Welsh Government and Commissioners.

- 2.3 The Trust developed its Long-Term Strategy (LTS) titled '*Delivering Excellence, Our Vision for 2030*' in 2017/18, in line with Welsh Government requirements to have a strategic document setting out the longer-term ambitions.
- 2.4 As part of the engagement process, the Commissioners (Emergency Ambulance Services Committee¹) were involved in key stakeholder meetings during the development of the Strategy. The Strategy was endorsed by EASC in 2019 (see **objective 3** for further details on engagement). The LTS was approved by the Trust Board in March 2019, although we note that it was not submitted to Welsh Government.
- 2.5 The Strategy outlines the Trust's ambition to move away from being a traditional ambulance and transport service and sets out how it plans to achieve this. The following three ambitions were identified in line with the Welsh Government's objectives, specifically 'A Healthier Wales':
1. *Helping patients and staff to stay healthy;*
 2. *Helping patients more easily access our services at the right time; and*
 3. *Providing the right care in the right place, wherever and whenever it is needed.*
- 2.6 Four enablers were identified to support the successful implementation of the Strategy:
1. *Continue to provide the best care possible, outcomes and experience to our patients;*
 2. *Enable our people to be the best that they can be;*
 3. *Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology; and*
 4. *Whole system partnership and engagement.*
- 2.7 Regular high-level reviews of the LTS have taken place at the Strategic Transformation Board. Noting that broad objectives were outlined in the Strategy, the Trust has reviewed and reconfirmed its commitment to these at a recent Board Development session.
- 2.8 However, noting that the LTS is approaching its fifth year, the Strategy and Planning Team considers that a refresh at its mid-point would be beneficial, to account for developments that have occurred since Covid, the recent development of the 'Inverting the Triangle' service model², and the wider integrated model proposed which would also include Emergency Medical Services (EMS), Non-

¹ Emergency Ambulance Services Committee (EASC) is the joint Committee of the seven health boards in Wales and has the responsibility for planning and securing sufficient ambulance services for the population.

² Inverting the Triangle is the Trust's service model outlining the Trust's vision of altering its traditional service model and how it will manage demand differently. This includes increasing telephone consultations and expanding the provision of treatment in the community with the aim of reducing the levels of ambulance conveyance to hospital.

Emergency Patient Transport Services (NEPTS) and Integrated Care (111 and the clinical support desk). See **MA1**.

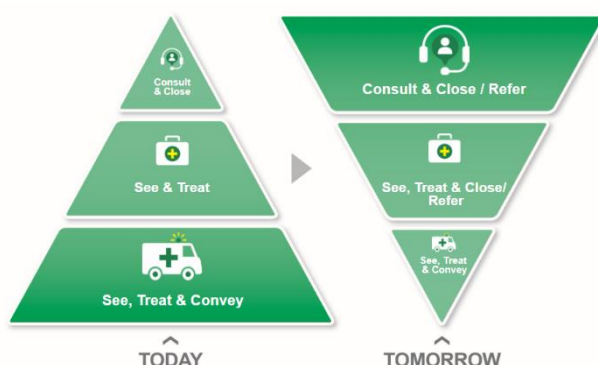
- 2.9 The Strategy also includes its 'golden threads' which links the Trust's processes and systems to its goals. The Strategy is organised into key projects of work and sets out the Trust's priorities, which form the basis for the three-year IMTPs to deliver the Trust's ambition to transform and improve services. It also underpins annual directorate delivery plans and is aligned to the EASC commissioning intentions for EMS, NEPTS and 111.
- 2.10 Delivery of the IMTP is therefore one of the main drivers for service change, and it states the strategic objectives from the LTS to maintain alignment. The Trust's IMTP has consistently been endorsed by Welsh Government each year; the most recent version having been approved in September 2023 based on accountability conditions issued by the Director General.
- 2.11 A paper was presented to the Finance and Performance Committee in November 2023 to outline the progress and actions required to develop the next iteration of the Trust's IMTP for 2024-27.
- 2.12 The aims for achieving an approved plan were reported as follows:
- *Refresh of the current 3-year IMTP with a focus on how the Trust is working towards its strategy, whilst also maintaining control of its spend in the challenging financial environment;*
 - *To be clearer about the milestones across the whole period in years 1,2 and 3 – this is the direction set by the Board and Welsh Government;*
 - *Ensure the IMTP meets the needs of patients, colleagues and the wider public and WAST's people; and*
 - *That it showcases the Trust's commitment to delivering its statutory obligations and commissioning intent.*
- 2.13 As highlighted in the Audit Wales Structured Assessment (2023) for the Trust, the Board intends to ensure the IMTP 2024-27 has increased clarity on what the Trust is seeking to deliver in years two and three.

Conclusion:

- 2.14 The Trust's Long-Term Strategic Framework, IMTP and associated objectives are aligned to the requirements of the Welsh Government and Commissioners. Although we recognise that the Board has confirmed that the Strategy remains fit for purpose as it approaches its fifth year, the Strategy and Planning Team is looking to undertake an exercise to refresh its stated ambitions regarding the future service model and so we have raised a recommendation to support this. Accordingly, we have assigned **reasonable** assurance to this objective.

Objective 2: Mechanisms are in place to support the continued development of strategic ambitions.

- 2.15 As recognised by Audit Wales in their Structured Assessment report, corporately, the Trust has a good approach for developing strategies and plans and there is alignment between the LTS and the IMTP. Appropriate Board scrutiny of those strategies was also evident (see **objective 1** for details on the development of the LTS), and the Strategic Transformation Board (STB) oversees delivery (refer to **objective 4** on the reporting framework in place).
- 2.16 A high-level review of the LTS was undertaken and reported to the September 2023 Executive Leads away day. A report was also presented outlining progress in delivering the ambitions. Management advised that these sessions are not formally minuted.
- 2.17 The Strategy and Planning Team's desire to refresh the LTS demonstrates the Trust's ongoing commitment to the continued development of its strategic ambitions. See para 2.5 and **MA1**.
- 2.18 We note that one of the Trust's main drivers for service change is through the 'Inverting the Triangle' (ITT) model for EMS:



- 2.19 Noting that this model has been developed in recent years, this is not currently expressly stated in the approved LTS. However, we accept that this aligns to the principles of providing the right care in the right place, wherever and whenever it is needed. We acknowledge that work is continuing to build on the ITT concept and the Trust is starting to develop a broader and more integrated model of care that brings the core services closer together (EMS, NHS111 and NEPTS).
- 2.20 It is reported that full transformation of the service offer will not be possible in one step noting that this will be a significant change to how the service has operated in recent times. Consultation with PricewaterhouseCoopers (PwC) is ongoing at the Trust for the development of the Strategic Case for Change (specifically the 'Inverting the Triangle' service model).
- 2.21 We noted that in addition to the LTS, there are a number of other strategies / plans in place at the Trust that need to be aligned to support the achievement of the Trust's strategic aims, including, but not limited to the Clinical Strategy, People and Culture Plan and Digital Strategy.

Conclusion:

- 2.22 Appropriate mechanisms are in place for the development and ongoing scrutiny of strategic objectives. Consultation for the development of the Strategic Case for Change, including the 'Inverting the Triangle' and the wider integrated service models proposed, is currently ongoing. The Strategy and Planning Team's desire to undertake a refresh of the Long-Term Strategy demonstrates the Trust's ongoing commitment to the continued development of its strategic ambitions. Accordingly, we have assigned **reasonable** assurance to this objective.

Objective 3: There is appropriate involvement and engagement with stakeholders for the identification and communication of service change strategies.

- 2.23 A stakeholder engagement document for the long-term strategic framework for ambulance services in Wales was issued in 2017. When initially developed, Trust undertook a series of large engagement events across Wales to collaborate with external partners and key stakeholders to identify the opportunities and expectations for the strategy. This included Commissioners, Health Board clinical and management leads, blue light partner organisations and patient/volunteer groups. There was also proactive engagement with the public via a range of events facilitated by the Trust's Patient Engagement and Community Involvement Team. All stakeholders were actively encouraged to share comments and feedback. The Trust captured the feedback in various excel sheets and collated the results in a PowerPoint that informed the strategic objectives in the LTS.
- 2.24 The Trust also has an Engagement Framework in place that focuses on the Trust's commitment to its LTS and particularly the transformation of emergency medical services. The Board approved the Framework at its July 2022 meeting and the associated delivery plan at its January 2023 meeting.
- 2.25 The Framework is regularly reviewed and is currently on its third iteration. However, at the November 2023 People and Culture Committee it was reported that '*...the Engagement Framework delivery plan is currently being revised in respect of both timelines and specifics to align with the further emerging broader strategy work (the move from inverting the triangles to transforming care more broadly)*'. See **MA2**.
- 2.26 It was reported that although timescales have been revised, work was underway to reprofile timescales and provide opportunities for systemised engagement. See **MA2**.
- 2.27 The Trust is currently working with the Consultation Institute to review its Engagement Delivery Plan to develop this work into a more formal document. A series of workshops are planned up until March 2024. We have been advised that the Trust is currently working to a target of April 2024, at which point, the plan will be complete.
- 2.28 The following phases are planned under the revised framework:

- Phase 1 - key stakeholder³ engagement.
- Phase 2 - staff (including trade unions) / volunteer engagement.
- Phase 3 - pre-engagement public.
- Phase 4 - engagement on options.
- Phase 5 - consultation on preferred option (*note: at the date of reporting, no explicit decision had been made if 'formal consultation' is required*).

2.29 Wider stakeholder engagement is undertaken via a number of different Boards / Groups which support delivery of the strategy, taking forward key initiatives / improvement actions, including:

- EASC Committee and EASC Management Group;
- 111 Programme Board;
- Welsh Government Six Goals for Urgent and Emergency Care;
- Integrated Commissioning Action Plans (ICAPS) with health boards;
- Community Health Councils (Llais); and
- Representation at most Regional Partnership Boards.

2.30 A workshop was held in November 2023 with members of staff to discuss the Strategic Case for Change, including the 'Inverting the Triangle' service model and also the potential opportunities for the wider integration of services. Employees also had the opportunity to learn more about what the Trust is doing moving forward and what it is looking to achieve at the recent CEO Roadshows.

Conclusion:

2.31 Engagement with stakeholders for the identification and communication of service change was evident for the Trust's Long-Term Strategy at several consultation events held throughout Wales. Noting that there have been delays to the delivery of the engagement framework delivery plan, and the uncertainties around its delivery, but recognising that the Trust is currently working to a target date of April 2024 for completion of its Engagement Framework, we assign this objective as providing **reasonable** assurance.

Objective 4: There is regular monitoring and reporting of strategy development status, and it is subject to appropriate review and scrutiny.

2.32 There is a defined reporting framework in place at the Trust. The STB maintains a focus on strategic ambitions, overseeing and managing the implementation of the strategic framework. See **Appendix B**.

³ Stakeholders include Health Board partners (including clinical and management leads from unscheduled care, primary and community services), Public Health Wales, Community Health Councils, Local Authority Partners, representatives from the Voluntary Sector, Welsh Government, Older People's Commissioner for Wales, Children's, Future Generations Commissioners and 'Blue Light' partners.

-
- 2.33 It is accountable to the Finance and Performance Committee and focuses on assuring IMTP delivery and its alignment with the LTS.
- 2.34 The Finance and Performance Committee receives quarterly IMTP progress updates, including the status of each delivery programme. We note that the report contains details, including the status of the actions, progress made since the previous report as well as work to be completed. The most recent report highlighted that the status of the IMTP delivery and enabling programmes are rated amber or green / amber.
- 2.35 We also noted that item 424 at the Trust's corporate risk register – *Prioritisation or availability of resources to deliver the Trust's IMTP* is currently RAG rated 'red'. It is reported that *'If resources are not forthcoming within the funding envelope available to WAST (link to risk 139), then there is a risk that there is insufficient capacity to deliver the IMTP, resulting in delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing.'*
- 2.36 There are a number of Programme Boards sitting under STB. These coordinate the below strategic delivery programmes and provide quarterly written assurance reports, including progress against agreed delivery milestones:
- EMS Operations Programme;
 - Ambulance Care Programme;
 - Clinical Transformation Programme;
 - Gateway to Care Programme; and
 - Financial Sustainability Workstreams.
- 2.37 In addition to the STB, a Transformation Steering & Assurance Group (TSAG) has been embedded to oversee delivery of the EMS service level strategy 'Inverting the Triangle'.
- 2.38 An Integrated Strategic Planning Group is also in operation. This Group provides an internal mechanism to bring together intelligence from engagement with health boards via ICAPs and other associated work streams into the organisation which help to drive delivery of aspects of the strategy and service transformation.
- 2.39 Periodic Board Development sessions are held with Non-Executive Directors (NEDs) and the Executive Management Team (EMT). Strategy forms a key area of focus and discussion at these sessions.
- 2.40 We noted that a review of the governance arrangements for STB and the transformation programmes was undertaken during quarter 4 of 2022/23 to identify opportunities to strengthen and improve their functioning. The following groups were disbanded following the review:
- The Board Strategic Advisory Group, established in 2021 with the aim of providing dedicated 'informal thinking and discussion space'. No terms of reference were developed for this former group; and
-

- The Strategy Development Working Group which was established to allow for strategic discussion. We were advised that following four cycles of meetings, it was determined that this group duplicated the work of other groups / boards.

- 2.41 The Trust plans to transition to a strategic Board Assurance Framework that reflects more closely the Trust's strategic objectives against its LTS. We have also noted a commitment to alternate the order of the STB agenda between 'Strategic Forward View' and 'IMTP Programme Delivery'. This demonstrates the intention to focus on the Trust's commitment to deliver its LTS by 2030, in addition to its short-term obligations as outlined in its IMTP. The planned refresh of the LTS (see **MA1**), could present an opportunity to highlight progress against the ambitions and outcomes to date. See **MA3**.
- 2.42 Many of the IMTP deliverables are being managed through the Trust's main service focused programmes (IMTP Delivery Programmes). Benefits and associated measures of success for key programmes of work / objectives are outlined in the IMTP.
- 2.43 However, there may be an opportunity to further review and refresh how the Trust measures and reports progress on an ongoing basis. This is consistent with the Audit Wales Structured Assessment report which highlighted that reporting tends to focus on the status of actions; noting that there are opportunities to enhance the report to understand whether these are having the intended impact in terms of outcome achievement. A draft 'benefits realisation plan' is in development. This process is to be embedded and undertaken across all programmes / work streams. This exercise remained ongoing at the time of audit. See **MA3**.
- 2.44 We also noted one instance in April 2023 where there was an issue with the sign off of a report at the STB due to the meeting not being quorate. The work around for this to avoid further delays was to circulate the reports to individuals outside of the meeting to obtain sign off virtually.
- 2.45 In respect of reporting arrangements, we note that Strategy Highlight Reports are issued frequently (every six weeks) by the Strategy Team. These reports include updates on the EMS Transformation Programme ('Inverting the Triangle' service model).

Conclusion:

- 2.46 Internal monitoring and reporting controls are in place for providing assurance at the Trust, however we considered that the completion and embedding of the benefits realisation plan would enhance monitoring arrangements at the Team. Reporting of performance issues and outcomes would be beneficial and could be implemented alongside the proposed refresh of the LTS. Accordingly, we have provided **reasonable** assurance in this area.

Appendix A: Management Action Plan

Matter Arising 1: Review of the Long-Term Strategy (Operation)		Impact
<p>The Trust developed its Long-Term Strategy (LTS) 'Delivering Excellence Our Vision for 2030' in 2017/18, in line with Welsh Government requirements to have a strategic document setting out their longer-term ambitions.</p> <p>Regular high-level reviews of the LTS have taken place at the Strategic Transformation Board. Noting that broad objectives were outlined in the Strategy, the Trust has reviewed and reconfirmed its commitment to these at a recent Board Development session.</p> <p>However, noting that the LTS is approaching its fifth year, the Strategy and Planning Team considers that a refresh at its mid-point would be beneficial to account for developments that have occurred since Covid, the recent development of the 'Inverting the Triangle' service model, and the wider integrated model proposed which would also include EMS (Emergency Medical Services), NEPTS (Non-Emergency Patient Transport Services) and Integrated Care (111 and the clinical support desk).</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Strategic ambitions are not met as the Long-Term Strategy does not reflect current practices and developments.
Recommendations		Priority
1.1	A refresh of the Long-Term Strategy shall be considered, clearly outlining the aspects of the long-term strategy that require updating, and specifying the new developments to be included.	Low
Agreed Management Action		Target Date
1.1	Aligned to the continued development of the future clinical service model taking place in Q1 to Q2, a clear recommendation shall be presented to ELT and respective groups outlining the specific requirements (if required) to refresh the Long-Term Strategy document.	December 2024
		Responsible Officer
		Director of Strategy Planning & Performance and Head of Strategy Development/

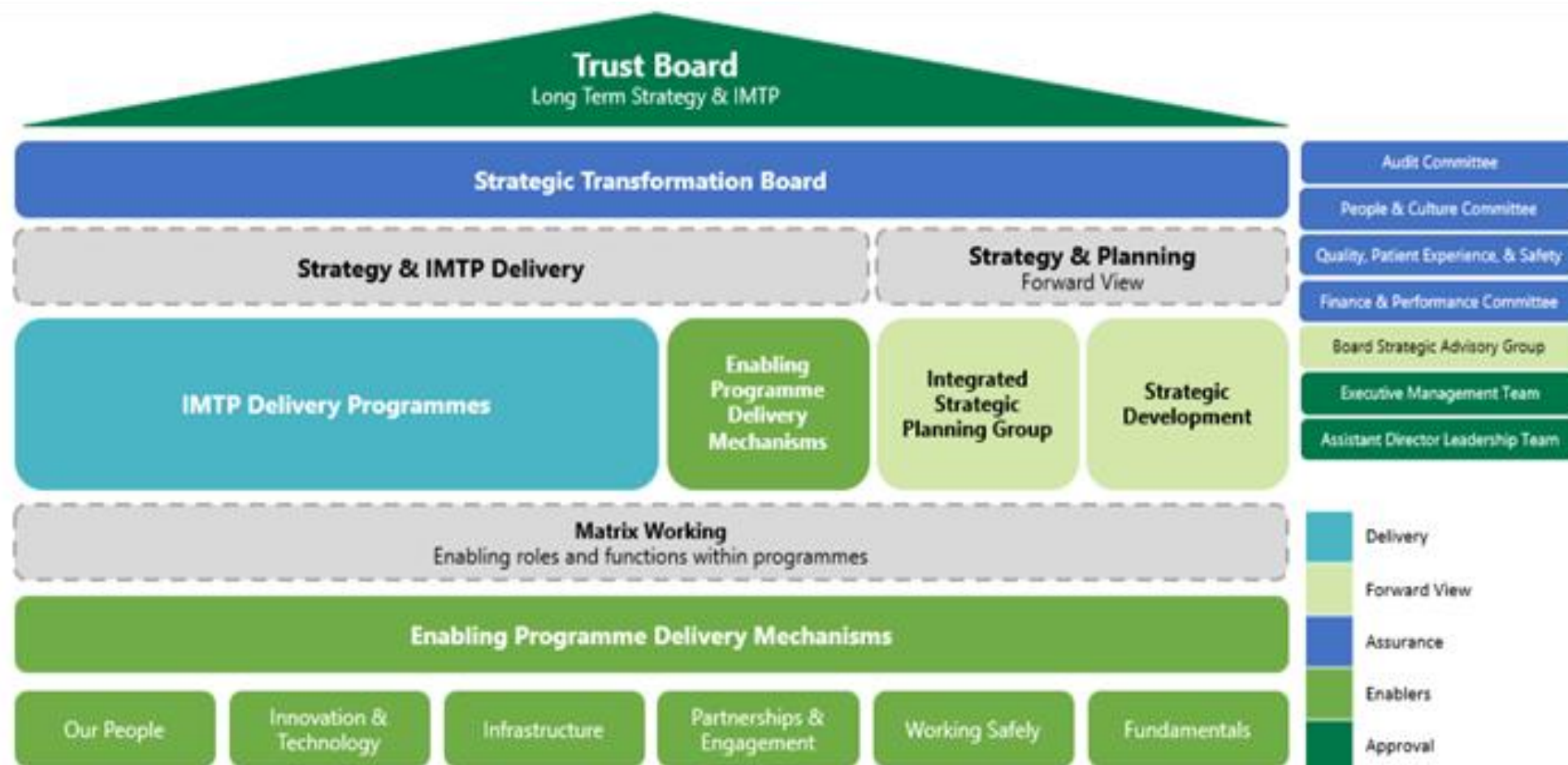
Matter Arising 2: Engagement Framework Delivery Plan (Operation)	Impact
<p>The Trust has an Engagement Framework in place that focuses on the Trust's commitment to its Long-Term Strategy, and particularly the transformation of emergency medical services. The Board approved the Framework at its July 2022 meeting and the associated delivery plan at its January 2023 meeting.</p> <p>The Framework is regularly reviewed and is currently on its third iteration. However, at the November 2023 People and Culture Committee it was reported that '<i>...the Engagement Framework delivery plan is currently being revised in respect of both timelines and specifics to align with the further emerging broader strategy work (the move from inverting the triangles to transforming care more broadly)</i>'.</p> <p>It was reported that although timescales have been revised, work was underway to reprofile timescales and provide opportunities for systemised engagement.</p> <p>The Trust is currently working with the Consultation Institute to review its Engagement Delivery Plan to develop this work into a more formal document. A series of workshops are planned up until March 2024. We have been advised that the Trust is currently working to a target of April 2024, at which point, the Engagement Delivery Plan will be complete.</p> <p>The following phases were planned under the revised framework:</p> <ul style="list-style-type: none"> Phase 1 - key stakeholder engagement. Phase 2 - staff (including trade unions) / volunteer engagement. Phase 3 - pre-engagement public. Phase 4 - engagement on options. Phase 5 - consultation on preferred option (<i>note: at the date of reporting, no explicit decision had been made if 'formal consultation' is required</i>). 	<p>Potential risk of:</p> <ul style="list-style-type: none"> Inadequate involvement and engagement with stakeholders for the identification and communication of service change strategies.

Recommendations		Priority	
2.1	The Trust should complete the work to revise engagement framework delivery plan and monitor its implementation.	Medium	
Agreed Management Action		Target Date	Responsible Officer
2.1	<ol style="list-style-type: none"> Continue work with the Consultation Institute and internal leads to revise and finalise the Engagement Delivery Plan. The revised plan will provide further detail of the key phases of engagement, purpose and approach of the engagement activities with re-profiled timescales for delivery. Commence implementation of the Engagement Delivery Plan (as per the approach set out and agreed timescales in the revised and approved plan). Build in clear periods of 'pause and reflect' following each phase of engagement to monitor progress and delivery reporting into TSAG / ELT. 	<p>June 2024</p> <p>June 2024</p> <p>June 2024*</p> <p>*(Pause and Reflect process to continue throughout the lifespan of the Engagement Delivery Plan</p>	Director of Partnerships & Engagement

Matter arising 3: Reporting and Monitoring of Delivery and Progress (Design)	Impact
<p>There is a defined reporting framework in place at the Trust. The STB maintains a focus on strategic ambitions, overseeing and managing the implementation of the strategic framework. See Appendix B.</p> <p>It is accountable to the Finance and Performance Committee and focuses on assuring IMTP delivery and its alignment with the LTS.</p> <p>The Finance and Performance Committee receives quarterly IMTP progress updates, including the status of each delivery programme. We note that the report contains details, including the status of the actions, progress made since the previous report as well as work to be completed. The most recent report highlighted that the status of the IMTP delivery and enabling programmes are rated amber or green / amber.</p> <p>The Trust plans to transition to a strategic Board Assurance Framework that reflects more closely the Trust's strategic objectives against its LTS. We have also noted a commitment to alternate the order of the STB agenda between 'Strategic Forward View' and 'IMTP Programme Delivery'. This demonstrates the intention to focus on the Trust's commitment to deliver its LTS by 2030, in addition to its short-term obligations as outlined in its IMTP. The planned refresh of the LTS (see MA1), could present an opportunity to highlight progress against the ambitions and outcomes to date.</p> <p>Many of the IMTP deliverables are being managed through the Trust's main service focused programmes (IMTP Delivery Programmes). Benefits and associated measures of success for key programmes of work / objectives are outlined in the IMTP.</p> <p>However, there may be an opportunity to further review and refresh how the Trust measures and reports progress on an ongoing basis. This is consistent with the Audit Wales Structured Assessment report which highlighted that reporting tends to focus on the status of actions; noting that there are opportunities to enhance the report to understand whether these are having the intended impact in terms of outcome achievement. A draft 'benefits realisation plan' is in development. This process is to be embedded and undertaken across all programmes / work streams. This exercise remained ongoing at the time of audit.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • The Trust does not achieve the ambitions set out in its long-term strategy; and • The Trust is not able to demonstrate that strategic delivery programmes are having the intended impact.

Recommendations		Priority	
3.1	The benefits realisation plan should be completed to facilitate monitoring of progress against the achievement of the ambitions set out in the Long-Term Strategy – Delivering Excellence: Vision 2030.	Medium	
3.2	The Trust should also consider opportunities to enhance reporting to demonstrate that strategic delivery programmes are having the intended impact in terms of outcome achievement.		
Management response		Target Date	Responsible Officer
3.1	Draft Benefits Realisation Framework underway. To be finalised and approved in Q1/Q2 FY2024/25, in order to facilitate consistent and standardised approach to developing and monitoring of all Trust ambitions, including the Long-Term Strategy – Delivering Excellence: Vision 2030	September 2024	Assistant Director of Planning and Head of Transformation
3.2	1. Undertake a review of the internal programme delivery structures to determine the optimal delivery and monitoring structure.	June 2024	Assistant Director of Planning and Head of Transformation
	2. Implement changes to the programme structures (identified following the initial review).	September 2024	
	3. Aligned to the Benefits Realisation Plan, respective benefits and outcomes to be mapped and regularly monitored as part of the refreshed programme arrangements	September 2024	

Appendix B: Governance for Strategy Development



Appendix C: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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CYMRU
NHS
WALES

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Cydwasaethau
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ICT Contract Management

Final Internal Audit Report

March 2024

Welsh Ambulance Services NHS Trust



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Welsh Ambulance Services
NHS Trust



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Review reference:	WAST 2324-15
Report status:	Final
Fieldwork commencement:	19 th October 2023
Fieldwork completion:	1 st February 2024
Debrief meeting:	21 st February 2024
Draft report issued:	21 st February 2024
Management response received:	4 th March 2024
Final report issued:	5 th March 2024
Auditors:	Martyn Lewis Senior IT audit Manager Kevin Bridgman IT Audit manager
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Distribution:	Aled Williams Assistant Director of Digital Robert Walker ICT Contract Manager
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit & Risk Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Welsh Ambulance Services NHS Trust (WAST) and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Digital Health and Care Wales. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

To assess whether the Trust has appropriate contract management arrangements in place, ensuring achievement of value for money.

Overview

We have issued **reasonable** assurance on this area.

We note the progress made by the ICT Contract Manager to develop a framework and process for ICT contract management. A SOP has been produced and recently approved, and a register of ICT contracts has been developed which contains the key information required to track and monitor contracts.

Contract performance monitoring occurs, with regular meetings with key suppliers and performance reports received. We note the evidencing of this is incomplete, along with evidence that contracts are appropriately assessed at the end of the term. We also note that not all contracts are subject to monitoring at present.

The significant matters which require management attention include:

- Ensuring the register includes all ICT related contracts and suppliers
- Evidencing the contract review process.
- Evidencing the end of term review and assessment process.

Report Opinion



Reasonable assurance

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved

Trend

None

Assurance summary¹

Objectives	Assurance
1 Procedures	Reasonable
2 ICT contracts and agreements are in place and recorded	Reasonable
3 Contracts are monitored and reviewed	Reasonable
4 Contracts are monitored to identify those due for retender	Reasonable

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
2	Contract register	2	Operation	Medium
3	Evidence of contract performance monitoring	3	Operation	Medium
4	Evidence of the contract end of term review and assessment process	4	Operation	Medium

1. Introduction

- 1.1 The aim is to assess Welsh Ambulances Services NHS Trust's (the 'Trust or 'organisation') processes for the management of information and communication technology (ICT) contracts.
- 1.2 The Trust holds contracts, and spends a large amount of financial resource with a number of suppliers of ICT related products and services. Without appropriate contract and supplier management in place, the delivery of these contracts may not be in line with the original contractual agreement and fail to meet the requirements of the Trust.
- 1.3 The potential risks considered in the review were as follows:
- The Trust does not achieve value for money from contracts;
 - ICT contracts do not meet the requirements of the Trust, potentially resulting in disruption to services and patient harm;
 - Non-compliance with key information governance legislation; and
 - Breach of contract which could result in legal challenge, reputational damage and/or financial loss.

2. Detailed Audit Findings

- 2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	-	-	-
Operating Effectiveness	-	5	1	6
Total	-	5	1	6

- 2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in [Appendix A](#).

Objective 1: Procedures are in place to ensure that contract management arrangements are appropriate.

- 2.3 The Welsh Ambulance Services NHS Trust (WAST) has acknowledged that the process and documentation regarding ICT contract management was fragmented and limited. WAST did not have robust contract management guidance and limited management arrangements were in place to effectively oversee the services procured to ensure value for money.
- 2.4 There has been no specific WAST policy or approved guidance issued on the subject of contract management processes. However, we note that procurement and contract management is required to be conducted in accordance with Trust Standing Orders, which together with the Standing Financial Instructions (SFI) and the Scheme of Reservation and Delegation (SoRD) provide the regulatory framework

for the business conduct of the Trust. In addition, the NHS Wales Shared Services Partnership (NWSSP) Procurement Department has developed a comprehensive set of policies and procedures which WAST is required to comply with regarding the purchasing of goods and services.

- 2.5 In order to rectify this an ICT Contract Manager has been appointed within the last two years and has recently developed a Standard Operating Procedure (SOP) for Supplier Contract Management within the Digital Directorate.
- 2.6 The aim of the SOP is to provide a formal structure and framework to the process and define responsibilities and expectations for contract and supplier management. The SOP defines the process for managing commercial contracts where a need is identified for goods and/or services to be supplied from an external supplier, to enable the Digital Services Directorate (DSD) to deliver technology and data services across the Trust. We note that the SOP was approved and published as we concluded our work and therefore requires time to fully embed within the organisation. **Matter Arising 1**
- 2.7 The SOP notes that a consistent directorate-led approach will improve the management of contracts through the stages of the of the procurement lifecycle, and is a comprehensive document that sets out the overall aims and processes for the management of suppliers and contracts within three stages. These being:
- a. Contract formation.
 - b. Contract management.
 - c. Contract closure.
- 2.8 We note that the responsibility for the first part, i.e., contract formation, lies in the main with NWSSP Procurement who work with relevant WAST staff to develop the specification and ensure that the contract is appropriately sourced and reflects the needs of the organisation. However, once the contract has been awarded it becomes the responsibility of the WAST ICT Contract manager to monitor the contract.

Conclusion:

- 2.9 WAST have recognised the lack of a supplier and contract management structure within Digital Services and have taken action to rectify this. A Contract Manager has been appointed and a SOP recently developed as a part of a framework to provide a consistent approach to contract management. As the SOP was approved at the end of fieldwork and has therefore not yet been fully embedded within the organisation, we have provided **reasonable assurance** for this objective.

Objective 2: ICT contracts and agreements are in place and these are documented on a register to allow easier assessment of current contracts/agreements.

- 2.10 Procurement and contract management activity is undertaken using the Oracle financial system and a hierarchy for expenditure for WAST is set within to ensure compliance with SFIs.

- 2.11 Procurement procedures and the SOP set out the relevant expenditure thresholds for which contracts must be in place, alongside the requirements for gaining quotations or tenders in order to provide these. We note that there are contracts in place for ICT services which comply with these requirements.
- 2.12 A contract register has recently been developed by the ICT Contract Manager which shows the current position of the contracts which sit within the ICT budget. The register was developed from a mixture of sources including discussions with the Finance Business Partner and budget holder, reviewing Oracle information and obtaining an expenditure report from NWSSP. This register does not include all suppliers, such as those used for single capital orders or for contracts which may include ICT requirements where the budget is held outside ICT. **Matter Arising 2**
- 2.13 The register contains key information that enables the monitoring of contracts, including Contract title; supplier; value; department; lead within WAST; procurement process used and start and end dates. As such this provides a good basis for contract and supplier management.

Conclusion:

- 2.14 There is an ICT contract register in place which captures the current contracts and which facilitates contract management. We note that the register does not include contracts where budgetary responsibility sits outside Digital Services, and not all suppliers are recorded. Accordingly, we have provided **reasonable assurance** for this objective.

Objective 3: Contracts have appropriate performance standards and KPIs included, and performance against these is monitored and regularly reviewed to ensure requirements and performance levels are being adhered to, to resolve problems or unforeseen events, and changes are communicated appropriately.

- 2.15 The SOP sets out the requirements for ongoing contract management, with three different levels of monitoring defined which depend on key factors such as value and length of contract, business criticality and risk.
- 2.16 The ICT Contract Manager is responsible for ensuring the contract is appropriately executed, monitoring and managing supplier performance, supporting innovation and continuous improvement and effective exit management in accordance with relevant policies and procedures.
- 2.17 Our testing of a sample of 5 contracts from the 51 in the register, confirmed that they contained criteria for measurement of performance. Contracts include provision for performance monitoring along with expected performance levels and a requirement for the contractor to provide regular performance reports.
- 2.18 Our testing also identified appropriate contract management and monitoring being undertaken, in line with requirements of the SOP. There were regular (monthly or quarterly) meetings being held with suppliers which included the service lead, and the provision of supplier performance reports which included key performance indicators (KPIs). We note however that the supplier / contract meetings are not formally recorded, for example in the form of minutes or agreed actions, and as

such there is a lack of evidence to demonstrate the process in the event of poor performance. **Matter Arising 3**

- 2.19 We also noted that due to staff capacity and resources this contract management process is not applied to all contracts, in particular for those defined as lower risk and for those where budgetary responsibility sits outside of ICT. **Matter Arising 3**
- 2.20 Currently the contract management process is being undertaken by a single individual within ICT (WAST ICT Contract manager), with service leads only involved at scheduled performance meetings. We note there is work ongoing to develop a SharePoint site which will facilitate greater involvement from wider services and enable ongoing monitoring of contract performance and KPIs. This site is intended to hold all documents and correspondence created as part of the contract management process.

Conclusion:

- 2.21 There is a contract management process operating, which follows the requirements of the SOP. This includes regular meeting with suppliers and receipt and review of performance reports. We note that this process isn't fully documented however, and is not operational for all contracts and suppliers. Accordingly, we have provided **reasonable assurance** over this objective.

Objective 4: Contracts are monitored to identify those due for retender, with timely action taken to competitively source and agree a new contract prior to expiry of the existing contract.

- 2.22 We were informed that the renewal and retender requirements for contracts is monitored by the ICT SMT quarterly meeting. Using the contract register which clearly shows renewal dates, ICT SMT assess what contracts are coming to an end and the requirements for the relevant procurement process, i.e. obtain 3 quotes or retendering. However, these meetings are not minuted and do not hold action notes. We also note that the contract register does not currently capture actions taken in relation to establishing new contract requirements at the end of contract term. As such there is a lack of evidence to show this process is operating. **Matter Arising 4.**
- 2.23 The SOP requires that before proceeding with a procurement for goods and/or services that all internal options first be investigated to identify whether the procurement is necessary, as well as consulting with the appropriate stakeholders or stakeholder groups. As noted above, without action notes this process cannot be evidenced, although we note that the ICT Contract Manager does have regular contact with finance and NWSSP Procurement colleagues.
- 2.24 As per the SOP and procurement requirements, where the value of the procurement exceeds £25K (excl. VAT), a process of planning the procurement is required to be undertaken with NWSSP Procurement Services and an appropriate representative from Digital Services and other appropriate stakeholders. Again, this process cannot be evidenced for contract renewals, although we note that the

contracting process is managed by NWSSP Procurement, and we have not identified any exceptions.

- 2.25 Whilst the procurement of IT products and services was outside the scope of this review, we did undertake an exercise to compare the IT contract register to the tender reports submitted to Audit Committee over the last year. We could see that recently awarded contracts were captured on the contract register. However, as the IT contract register has only recently been developed, we weren't able to confirm whether the procurement process related to contracts previously in place and if they had been initiated in a timely manner. We also note the level of single tender actions raised is comparable to other NHS bodies.

Conclusion:

- 2.26 There is a process to monitor contracts prior to the end of term in order to effectively assess and plan the retender process, with renewal dates of contracts clearly stated on the contract register. However, this process is not formally documented and so there is a lack of clarity and evidence provided to support this function. We note however, that there is regular reporting on contracting activity, including single tenders actions. Accordingly, we have provided **reasonable** assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Deployment of the Standard Operating Procedure (Operation)		Impact	
The SOP was approved and published as we concluded our work and as yet is not fully embedded within the organisation.		Potential risk of: <ul style="list-style-type: none">Lack of consistent guidance.	
Recommendations		Priority	
1.1	To embed the SOP into the organisation by raising awareness and providing training / workshops to relevant staff within Digital Services to provide a consistent approach to the contract management process.	Low	
Agreed Management Action		Target Date	Responsible Officer
1.1	An official notice was published on the Trust intranet on the 31 st Jan 2024 to raise awareness and the SOP has been made available to access on the Trust intranet. A training / workshop schedule will be devised and delivered across Digital Services.	June 2024	ICT Contract Manager

Matter Arising 2: Contract register (Operation)		Impact	
The contract register does not include all suppliers, such as those used for single, capital orders or for contracts which may include ICT requirements where the budget is held outside ICT.		Potential risk of: <ul style="list-style-type: none">• Lack of contract visibility outside of ICT.• Multiple single supplier contracts not highlighted.	
Recommendations		Priority	
2.1	The contract register should be developed to include all ICT related contracts and main suppliers.	Medium	
Agreed Management Action		Target Date	Responsible Officer
2.1	<p>Whilst a single register which captures all Digital/ICT related commercial spend across the organisation would be constructive it would however be disproportionate to the time and effort required to maintain and the level of material value that information would provide over and above existing purchasing information which can be generated from the Oracle financial system.</p> <p>Where the requirement entails a recurring spend and an ongoing deliver of Digital/ICT services to the organisation over a set period (such as the supply of a software system) the register will be developed to provide 'a single source of truth' of the associated Digital/ICT commercial expenditure.</p>	October 2024	ICT Contract Manager


Matter Arising 3: Evidence of contract performance monitoring (Operation)		Impact	
<p>The supplier / contract meetings are not subject to formal recording, and as such there are no minutes or agreed actions that can be used to demonstrate the process in the event of poor performance.</p> <p>We also noted that due to staff capacity and resources the contract management process is not applied to all contracts, in particular for those defined as lower risk and for those where budgetary responsibility sits outside of ICT.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Poor performance is not addressed. 	
Recommendations		Priority	
3.1	Contract and supplier performance meetings should be subject to formal recording, wither using minutes or action notes.	Medium	
3.2	ICT contract management process should be applied to all ICT related contracts, with the ICT Contract Manager feeding into any management meetings within other areas		
Agreed Management Action		Target Date	Responsible Officer
	Each contract listed in the contract register is to be classified as requiring either a Low, Medium or High level of contract management to be applied. Supplier / Contract meetings are only required to be held for those contracts classified with a Medium or High level of contract management to be applied.	June 2024	ICT Contract Manager
3.1	Where a contract / supplier performance meeting is held the respective action notes are to be recorded formally.	March 2025	ICT Contract Manager
3.2	The Contract Management [SOP] process is to be applied to all contracts listed in the contracts register.	March 2025	ICT Contract Manager

Matter Arising 4: Evidence of the contract end of term review and assessment process (Operation)			Impact
The ICT SMT quarterly meeting are not minuted and do not hold action notes, as such there is a lack of evidence to show effective assessment and planning for contracts coming to the end of life.			Potential risk of: <ul style="list-style-type: none">Value for money not achieved.
Recommendations			Priority
4.1	Action notes related to contact assessment should be recorded from the ICT SMT meetings.	Medium	
4.2	Details of end of term review and assessment should be captured on the contracts register.		
Agreed Management Action		Target Date	Responsible Officer
4.1	ICT SMT meetings are held on a fortnightly basis and the pipeline of ICT commercial activity is reviewed at the ICT SMT meeting on a quarterly basis.	March 2024	ICT Contract Manager
4.2	The ICT SMT Decision Log will be utilised to record actions to be taken.		
4.2	The contracts register will be updated to capture associated commercial notes / actions taken with a contract as part of the end of term review.	June 2024	ICT Contract Manager

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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

AGENDA ITEM No	18
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

DIGITAL REPORTING

MEETING	Finance & Performance Committee
DATE	19 March 2024
EXECUTIVE	Jonny Sammut, Director of Digital
AUTHOR	Leanne Smith, Assistant Director of Digital
CONTACT	leanne.smith4@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report brings to the committee Digital Key Performance Indicators (KPIs) relating to Data & Analytics, ICT Systems, Service Provision and the Integrated Medium-Term Plan (IMTP).
2. The data in this report refers to the period of 1st April-23 to 29th February 2024 unless otherwise indicated.
3. Key points of note from this report include:
 - a. **Records Request** continue to be received at a sustained high level. A recent report to QUEST committee commented on the significant increase in demand and complexity of such requests – with over 50% increase in demand in the past 2 years, and only 2 FTE records officers to deal with these requests. This doesn't include internal requests for ePCRs.
 - b. **Data & Analytics turnaround** time for non-trivial tasks has seen a trend of improvement in recent months, however, it should be noted that this does not mean the team have been able to get ahead of the backlog, as monthly demand still outstrips capacity and so number of completed requests each month is still less than those received. The percentage of same day turnaround for 'quick' tasks has also seen a return to >50% in February following a difficult December and January (partially driven by high volumes of FOIs).
4. In terms of Digital's contribution to initiatives enabling the 2023/24 IMTP:

- a. The **Data Linkage** project is progressing with focus on the Out-of-Hospital Cardiac Arrest dataset which will be consumed via the National Data Resource (NDR) analytics platform and shared with the NHS Wales Executive / Cardiac Network and national registry. This pilot project will be closely followed by the ePCR minimum data set which is also going through information governance ahead of passage to DHCW's NDR.
- b. The **CAS Replacement** initiative has support from many members of the Digital team, from ICT and Cyber to IG and data experts, and this is taking priority with a consequence that some other initiatives have seen timelines push out beyond April.
- c. The **999 Upgrade** entered testing early March and is planned for April.
- d. Telephony and status **reporting for CSD** has been successfully developed to support CSD in reaching the consult & close targets.
- e. Although the **Digital Experience** and **Digital Champions** initiatives have not officially progressed at pace this year, there have been many supporting activities, such as automation of processes, engagement with colleagues (clinical and operational) and existing suppliers (e.g. Microsoft and Apple) to improve workplace experience for our people. This will continue through the remainder of Q4, and into Q1 2024/25.

KEY ISSUES/IMPLICATIONS

5. Staffing / resourcing continues to be under pressure, particularly in the areas of IG, Records Services, analytics, web development and ICT engineering. This results in risk to existing / planned projects as new in-year tasks materialise (e.g. from 6 Goals or in support of Winter pressures).
6. Additionally, the closure of 111 Integrated Information Solution (IIS) programme (aka SALUS) and initiation of the CAS replacement project has adjusted Q4 Digital priorities and capacity from the original 2023/24 plan.

RECOMMENDATION: The Committee is asked to NOTE the contents of the accompanying report and the trends in metrics presented.

REPORT APPROVAL ROUTE
Digital Leadership Group – 5 th March 2024

REPORT APPENDICES
Main report – ‘Digital Reporting Mar 24_Open FPC’

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)	Y
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA



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

AGENDA ITEM No	19
OPEN or CLOSED	Open
No of ANNEXES	1

Committee Cycle Monitoring Report

MEETING	Finance and Performance Committee
DATE	19 March 2024
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the agreed cycle of business for the Committee. There is nothing to escalate on the cycle of business monitoring report. The update regarding the Committee Priorities will be received in the substantive Committee effectiveness review item.

RECOMMENDATION

2. The Committee is asked to note the update.

KEY ISSUES/IMPLICATIONS

No issues to raise.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

Annex 1 – FPC Cycle of Business Monitoring Report

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

COMMITTEE CYCLE OF BUSINESS MONITORING FOR 2023/24

SITUATION

3. This report updates the Committee on progress against the agreed cycle of business for the Committee.

BACKGROUND

4. The Committee's cycle of business was approved by the Committee in May 2023. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.
5. The monitoring report is at Annex 1. Items in green show they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports. The blue indicates that the item is either on the agenda as scheduled or is an ad hoc item which was discussed in agenda setting.

ASSESSMENT

There is nothing to escalate on the cycle of business monitoring report. The update regarding the Committee Priorities will be received in the substantive Committee effectiveness review item.

RECOMMENDATION

6. **The Committee is asked to note the update.**

PAPER	PRE-C'EE FORUM	FREQUENCY	MAY	JUL	SEP	NOV	JAN	MAR	LEAD	PURPOSE	COMMENTS
FINANCE AND PERFORMANCE COMMITTEE - CYCLE OF BUSINESS 2023/24											
See full cycle of business for reference to the duties in the terms of reference as they relate to Committee reports below											
MAIN ELEMENTS											
FINANCE											
Annual revenue budget	EMT	Annually							EDOF	Endorsement	March 24: Budget Setting Paper 24/25 rec'd.
Annual capital budget	Capital M'ment Board	Annually							EDOF	Endorsement	Presented at May meeting (private session); March 24: Budget Setting Paper 24/25 rec'd.
Financial report	EMT	Each meeting							EDOF	Assurance	
Financial Sustainability Programme	EMT	Each meeting							DPC	Assurance	Keep on each meeting for 23/24 and re-evaluate
Business cases over £500K	TBC	As required							EDOF	Endorsement	No business cases for May, July, Sept, Jan and March 24 mtgs.
IMTP financial plan	STB/EMT	Annually							EDOF	Endorsement	Programmed for Jan 24 (update inc in the IMTP 24-27 item) and March 24.
Value Based Healthcare Report	TBC	Every other meeting							DOF	Assurance	Papers for May, November and March 24.
Assurance paper on PIR process	TBC	One off and then cyclical							EDSPP	Assurance	PIR process in July IMTP paper
Post Implementation Reviews	TBC	As required							Relevant Director	Assurance	No PIRs for May, July meetings; MDVS Gateway Review Sept meeting, no PIR for Jan or March 24.
Monitoring of key projects as requested from time to time	TBC	As required							Relevant Director	Assurance	Salus monitoring in closed; Q4 CAS update in open.
PLANNING											
Refreshes of 2030 Delivering Excellence	EMT	Ad Hoc							EDSPP	Endorsement	No refreshes due
Service or Directorate Specific Plan New & Refreshes	EMT	Ad Hoc							EDSPP	Endorsement	No plans for review May, July, Sept, Nov, Jan or March 24 meetings.
IMTP for following year	STB/EMT/Board	Annually							EDSPP	Endorsement	Programmed for Jan 24 and March 2024 (final).
Report on commissioning	TBC	TBC							EDSPP	Assurance	National Commissioning Review in September. Further update due in January
Demand and capacity reviews	EMT	Ad Hoc							EDSPP	Endorsement	Paper in May meeting; Winter 2023/24 Modelling paper inc for Nov '23 (added on 26.10.23); Strategic D&C Review outcomes for March 24.
PERFORMANCE											
Monthly Integrated Quality Performance report	EMT	Each meeting							EDSPP	Assurance	
MIQPR review of metrics	EMT/Board Committees	Annually							EDSPP	Endorsement	Delayed from May meeting to July
Annual HART KPI report	TBC	Annually							DO	Assurance	Reported in July meeting
IMTP progress updates	STB/EMT/Board	Each Meeting							EDSPP	Assurance	
ESTATES AND FLEET											
Estates and fleet strategy refreshes	TBC	Periodically as required							EDOF	Approval	No refreshes May, July, Sept, Nov, Jan, Mar 24 meetings. To pick up in 24/25 re Estates refresh.
Fleet replacement programme	Capital M'ment Board	Annual BJC see notes							EDOF	Approval/Endorsement	On closed November meeting
Fire safety update	EMT	Periodically as required							EDOF	Assurance	No update May, July, Sept, Nov meetings. Fire Safety Annual Report 22/23 (inc updates for all of 2023) programmed for Jan 24.
ENVIRONMENTAL AND SUSTAINABILITY											
Decarbonisation Update	Decarb Programme Board	Every other meeting									Reported in May and Sept meetings
Waste Management Update	Decarb Programme Board	Annually							EDOF	Assurance	Reported in Sept meeting; Waste Management Annual Report 22/23 was received in September 2023; March 24: WM update programmed.
DIGITAL SYSTEMS AND STRATEGY											
Digital strategy	STB	Periodically as required							DD	Review and Endorse	No refreshes May, July, Sept meetings. Update on strategy direction in September meeting. Verbal update to be received at March 2024 mtg.
Metrics for digital systems infrastructure	TBC	Each meeting							DD	Assurance	Reporting began from Sept meeting and will be bi-monthly from there. Verbal update to be received at the March 2024 mtg.
Review/Monitor of digital major projects	TBC	Ad Hoc							Relevant Director	Assurance	Salus (closed); MDVS Sept meeting
BUSINESS CONTINUITY											
WVG Annual Emergency Planning Report	EMT/Board	Annually							EDO	Assurance	Reported in July meeting
Incident Response Plan Report	EMT	Annually							EDO	Assurance	Due to report in November 2023
Business Continuity Annual Report	EMT	Annually							EDO	Assurance	Not reported in July; The BC Annual Report was received in November 2023.
Cyber Resilience and Cyber Security Reporting	TBC	TBC							DD	Assurance	Reporting commenced in closed in September
POLICIES AND RISK											
Report from policy group	Policy Grop	Annually							BS	Assurance	Policy Report presented July 2023 meeting.
Policies for review and approval	Policy Grop	Ad Hoc							BS	Approval	March 24: TBC re Waste Management Policy
Board Assurance Framework	Board	Each meeting							BS	Assurance	
Corporate Risk Register	Board	Each meeting							BS	Assurance	
Audit Recommendation Tracker	ADLT	Each meeting							BS	Assurance	March 24: No additional update as Q3 reporting received at the Jan 2024 FPC mtg.
Audits within purview of Committee	Audit Committee	Ad Hoc							Relevant Director	Assurance	
STANDARD ITEMS											
Quarterly operations update	TBC	Each meeting							EDQN	Information/Discussion	Only received in quarter, not at every FPC meeting.
GOVERNANCE											
Committee effectiveness review and annual report	Audit/Board	Annually							Board Sec.	Approval	Scheduled for Q4.
Review of Terms of Reference	Audit/Board	Annually							Board Sec.	Approval	Scheduled for Q4.
Committee cycle of business refresh	N/A	Annually							Board Sec.	Approval	
Committee Cycle of Business review	Audit/Board	Each meeting							Board Sec.	Approval	
Committee Review of Annual Priorities	None	Every other meeting							Chair	Review	
SUB-GROUPS											
Where applicable	N/A	Ad Hoc							N/A	N/A	No sub-groups established
IPROMPTS											
External Reports	N/A	Ad Hoc							TBC	TBC	No external reports for review

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

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